



PATIENT

Cooper Dimura

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

30 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IUUSS

IMAGING PERFORMED BY

Dr. Schanche

HOSPITAL NAME

TotalBond VH
Davidson

REFERRING VET

Dr. Schanche

INVOICE

69427

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: 12 year old Mixed Breed with elevated liver value. At home, is drinking more, peeing more, and panting more frequently. Initially presented to primary vet for difficulty breathing and increased respiratory rate. Chest rads performed with primary vet reported to be wnl. Blood work on 11/23/25 showed Glob 4.0, Alb 4.2, ALT 208, ALP 44, Phos 6.2, PSL 212. The UA on this date showed USG 1036, no glucosuria, 2+ proteinuria, UPC 0.7, struvite >50. Full abdominal ultrasound performed to evaluate for elevated ALT causes. On exam patient is obese with normal heart and lung sounds. Patient has moderate dental ds- grade 2 to 3. Liver panel run after US today showed alb 4.6, glucose 216, ALT 433 - ALP, bili, and GGT were normal. Patient is nervous coming to the vet and in the car and drove 45 minutes to come get ultrasound. Fructosamine test is pending.

Abnormal PE/Chem/CBC/UA Results: Chest rads performed with primary vet reported to be wnl. Blood work on 11/23/25 showed Glob 4.0, Alb 4.2, ALT 208, ALP 44, Phos 6.2, PSL 212. The UA on this date showed USG 1036, no glucosuria, 2+ proteinuria, UPC 0.7, struvite >50. Full abdominal ultrasound performed to evaluate for elevated ALT causes. On exam patient is obese with normal heart and lung sounds. Patient has moderate dental ds- grade 2 to 3. Liver panel run after US today showed alb 4.6, glucose 216, ALT 433 - ALP, bili, and GGT were normal. Patient is nervous coming to the vet and in the car and drove 45 minutes to come get ultrasound. Fructosamine test is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.45 cm. The left kidney measured 6.4 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.8 x 0.38 cm at the cranial pole and 0.39 cm at the caudal pole. The left adrenal gland measured 0.6 cm at the caudal pole and 0.45 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.



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Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The portal vein was excessively large and increased in size compared to the vena cava, yet no macroscopic shunting was present. Gallbladder polyps and dependent debris was noted. This is not pathological.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy, prominent portal vein. Idiopathic finding.

Minor gallbladder polyps and dependent debris, not pathological.

Minor age related renal changes with trace mineralization.

Partially full stomach.

Age related pancreas.

Structurally normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition; however, subjectively appears benign.



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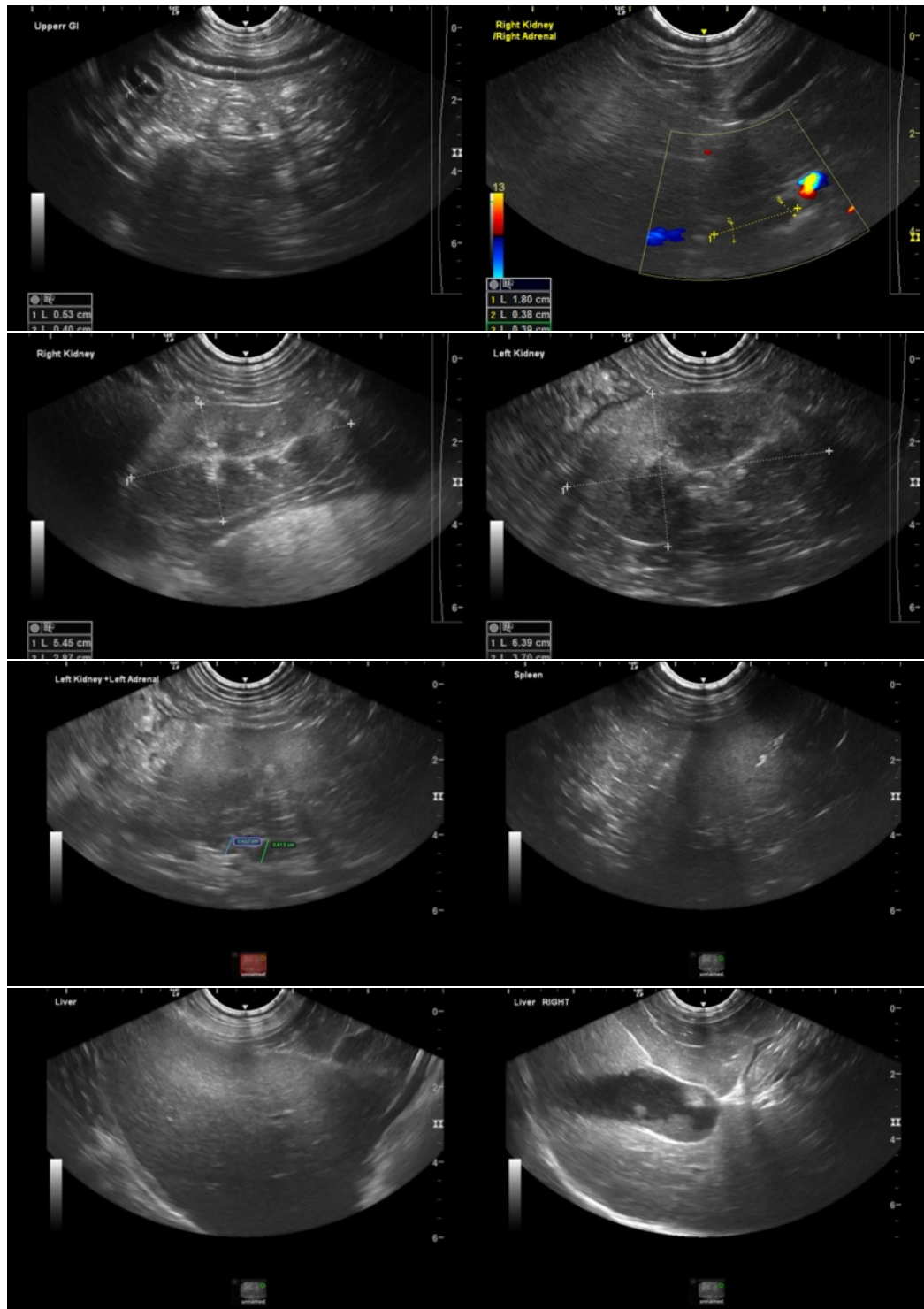
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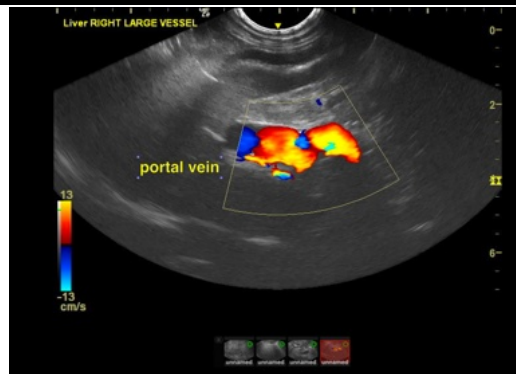
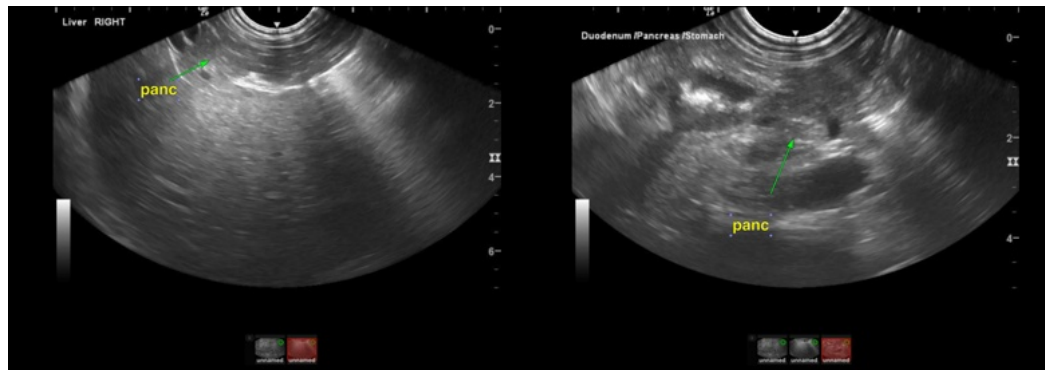
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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