



## PATIENT

Cannon Gonzalez

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered male

## AGE

8 years

## WEIGHT

89.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Seth Edgar DVM

## HOSPITAL NAME

Overpeck Creek AH

## REFERRING VET

Dr. Edgar DVM

## INVOICE

69248

## DATE

12/2/25

## PRESENTING CLINICAL SIGNS

History: Cannon is an 8 year old NM Labrador presented for abdominal ultrasound. He has had elevated ALP starting back in 11/23. Initially, the value was 1567, then dropped to 461, and now, as of 11/15/25, is 1910. His ALT and CK are also elevated at 274 and 619 respectively. Recent LDDST was WNL. USG was 1.009. Ultrasound is to evaluate the elevation in liver enzymes. He is otherwise non-symptomatic at home, and doing well. Based on initial findings, will be starting Cannon on ursodiol for the gall sludge.

## 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.3 cm. The right kidney measured 8.4 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 left adrenal gland measured 2.63 x 0.48 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 0.9 cm.

### Spleen

The **spleen** was uniform and folded upon itself caudally.

### Liver

The **liver** revealed mild uniform enlargement with slightly increased portal markings and generalized excessive hypoechoicnity. Subtle, isoechoic nodular changes were noted in the liver. No masses are noted. The gallbladder was unremarkable with dependent debris.



**PATIENT**

**Gastrointestinal**

Cannon Gonzalez

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.

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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.

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**Pancreas**

**SEX**

Neutered male

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.

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**ULTRASONOGRAPHIC FINDINGS**

**Benign hepatopathy.**

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver can be considered for further definition, yet there was no evidence of significant disease. There was a mild to moderate amount of remodeling. Underlying Leptospirosis should be ruled out. The amount of coalesced bile in the gallbladder is physiological to normal.

**IMAGING PERFORMED BY**

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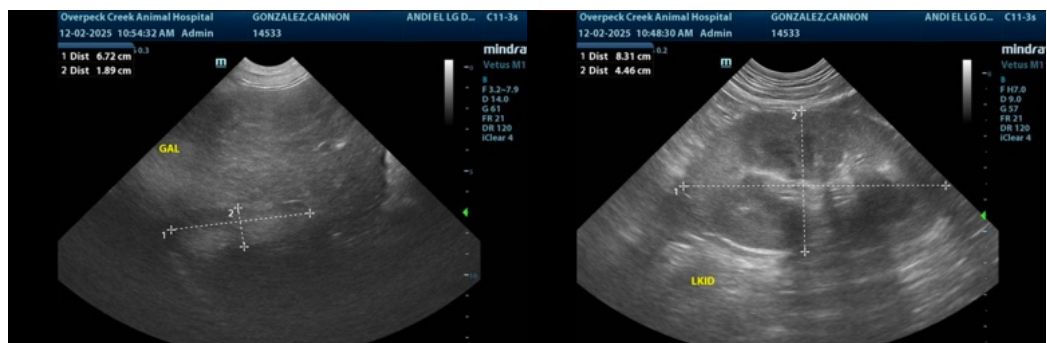
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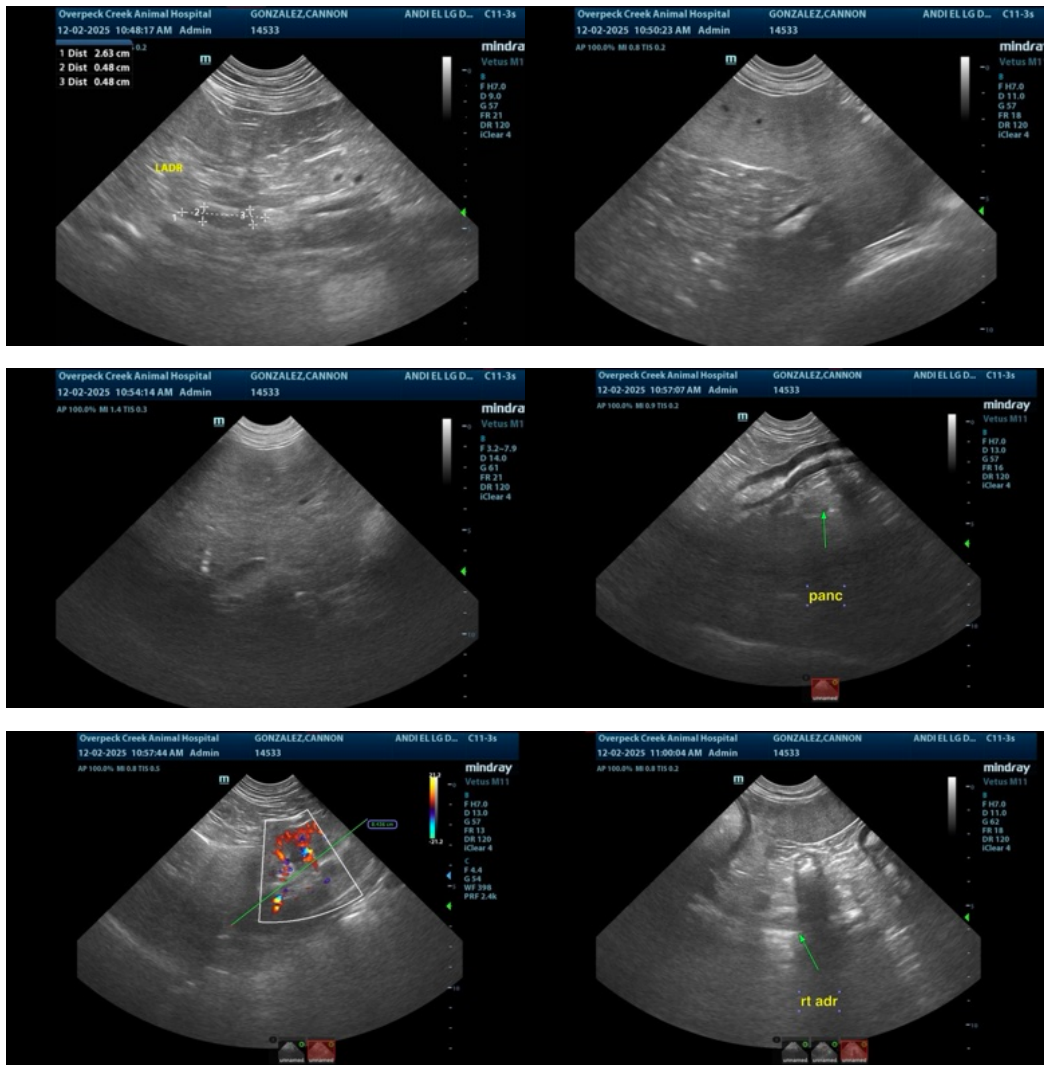
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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