



PATIENT

Penelope Hines

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

9 Years 5 Months

WEIGHT

2.18 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

35992

DATE

12/20/25

PRESENTING CLINICAL SIGNS

History / Presenting Complaint: Penelope presented to the clinic in a post-ictal state, having experienced a seizure prior to presentation and another shortly after arrival. Relevant Medical History: Penelope has a history of chronic liver abnormalities. Since June 2025, she has demonstrated persistently elevated bile acids (pre- and post-prandial, occasionally with a reversed pattern) and a prior marked ALT elevation, which has improved with Denamarin therapy. Current liver enzymes and bilirubin are within or near reference ranges. Renal values are normal. CBCs have been largely unremarkable aside from reactive thrombocytosis.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.3, Heart Rate/min (HR):280, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 48, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: post ictal ,Hydration: Adequate , BCS (scale 1 to 5): 2.5/5, bp- 100/88 (90) mmHg Cortisol - Resting 312.3 nmol/L

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 mild 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 left kidney measured 3.25 cm. The right kidney measured 4.17 cm. Slight areas of cortical mineralizations noted.

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 0.41 cm at the caudal pole and 0.46 cm at the cranial pole. The left adrenal gland measured 0.42 cm at the caudal pole and 0.38 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence



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of congestion was noted. The gallbladder presented some minor dependent debris, physiological and not pathological. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small intestine demonstrated normal luminal chyme. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Soft stool was noted in the colon.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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

- Structurally unremarkable abdomen
- Soft stool in the colon
- Minor dependent gallbladder debris, not pathological
- Age-related renal changes with slight areas of cortical mineralizations
- Age-related hepatic and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gross pathology directly related to the clinical signs. These are largely geriatric abdominal changes.





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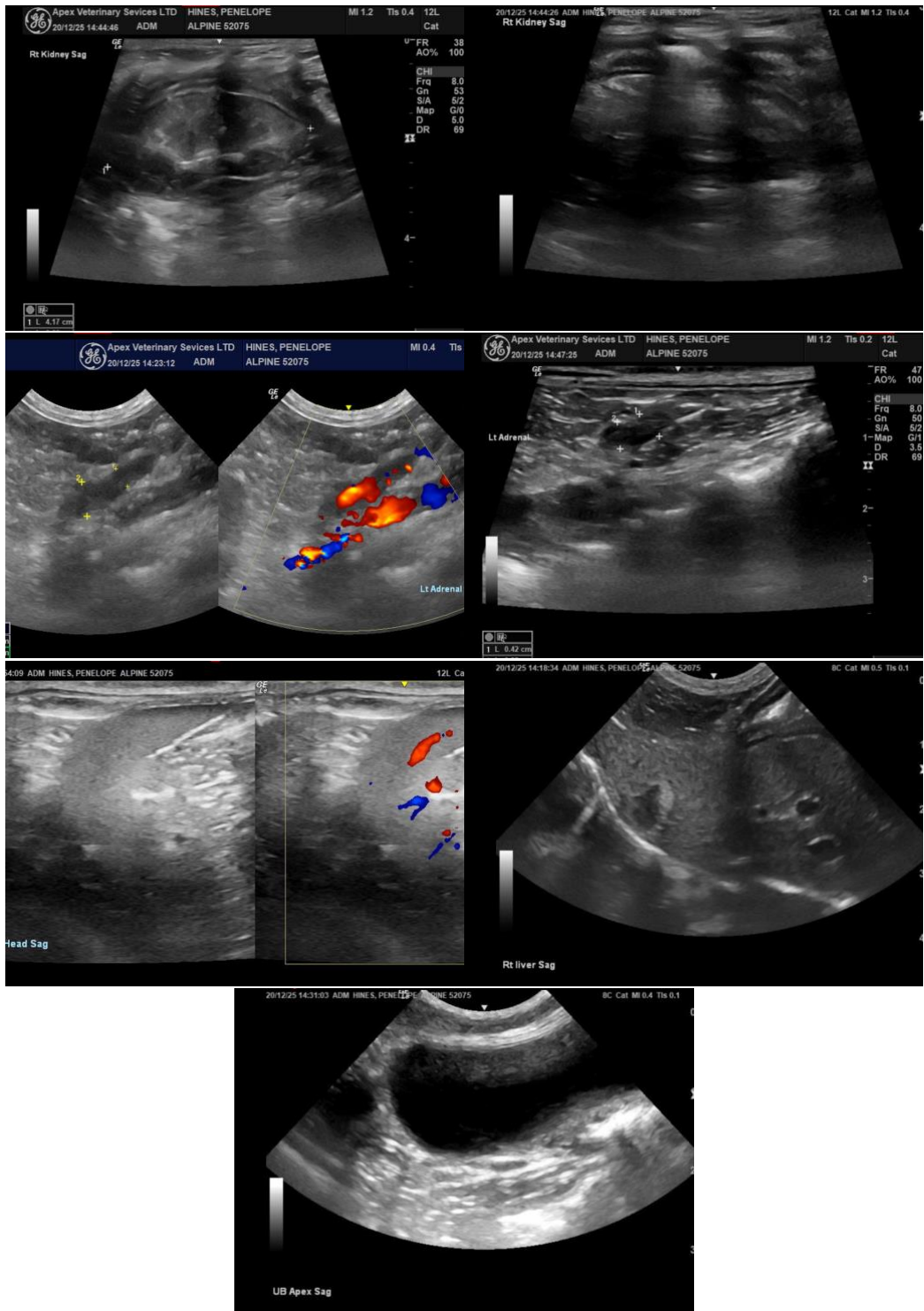
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The information and recommendations provided are based on the images presented by the referring



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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, Owner, Founder -- SonoPath.com

info@SonoPath.com