



## PATIENT

Gracie Kimball

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

13.8

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

## IMAGING PERFORMED BY

Ginny Dodd, DVM, D,  
ABVP (CFP)

## HOSPITAL NAME

Dr. Ginny Dodd

## REFERRING VET

Ginny Dodd, DVM, D,  
ABVP (CFP)

## INVOICE

35087

## DATE

12/26/25

## PRESENTING CLINICAL SIGNS

History: H/O mild elevation of ALP in 2024. On 11/20 it had increased to 334 (N< 212) and ALT was slightly elevated at 132 (N< 125) so referring vet Dr. Samantha Kern of Banfield 150 Bleacherry Blvd Asheville advised a sonogram. Owner is relative of Dr. Ginny Dodd.

Abnormal PE/Chem/CBC/UA Results: PE: periodontal disease stg 3, BCS 5.5/9, no murmur, few crackles bilat, no abdominal pain or masses palpated ALT 132 ALP 334.

## 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 3.5 cm. The right kidney measured 3.7 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 1.56 cm x 0.48 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.35 cm x 0.45 cm at the caudal pole and 0.47 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 age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume with no evidence of congestion. The gallbladder revealed mild overdistention with coalesced bile, measuring 3.5 cm x 1.7 cm.

### *Gastrointestinal*

There were some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear



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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

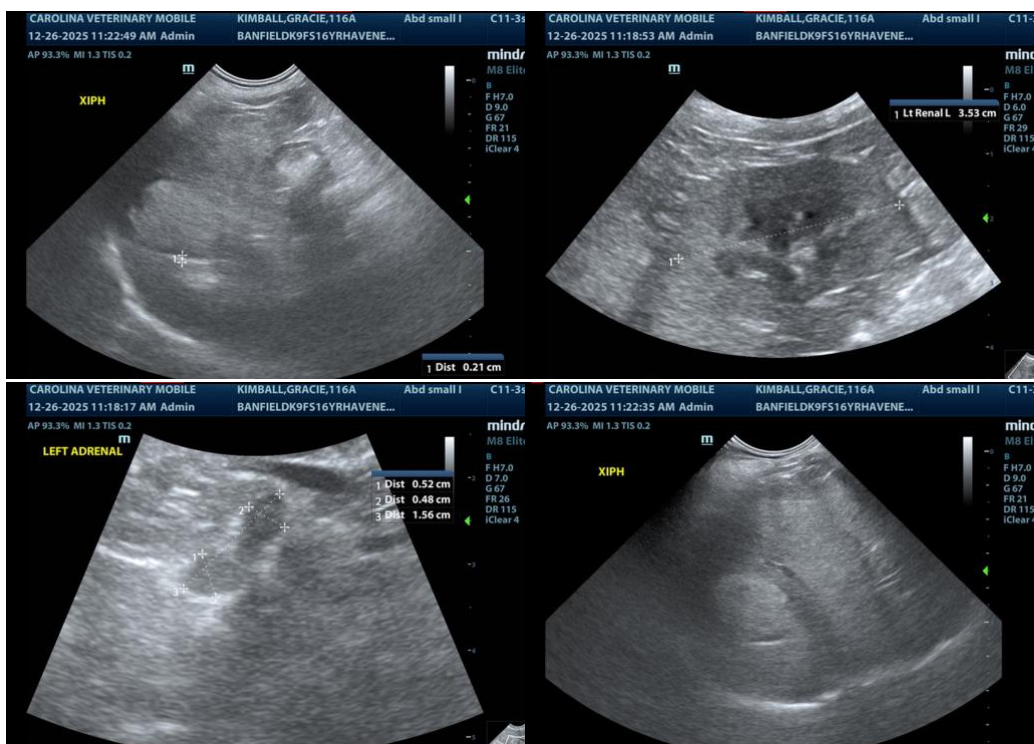
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Minor excessive gallbladder overdistention and coalesced bile
- Minor hepatic remodeling
- Partially full stomach
- Age-related abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. The gallbladder presentation is not likely pathological at this time, however, preventative ursodiol therapy is indicated. Ursodiol over a 6-8 week period and recheck of the gallbladder would be ideal. No contraindication to anesthetic procedure if necessary.





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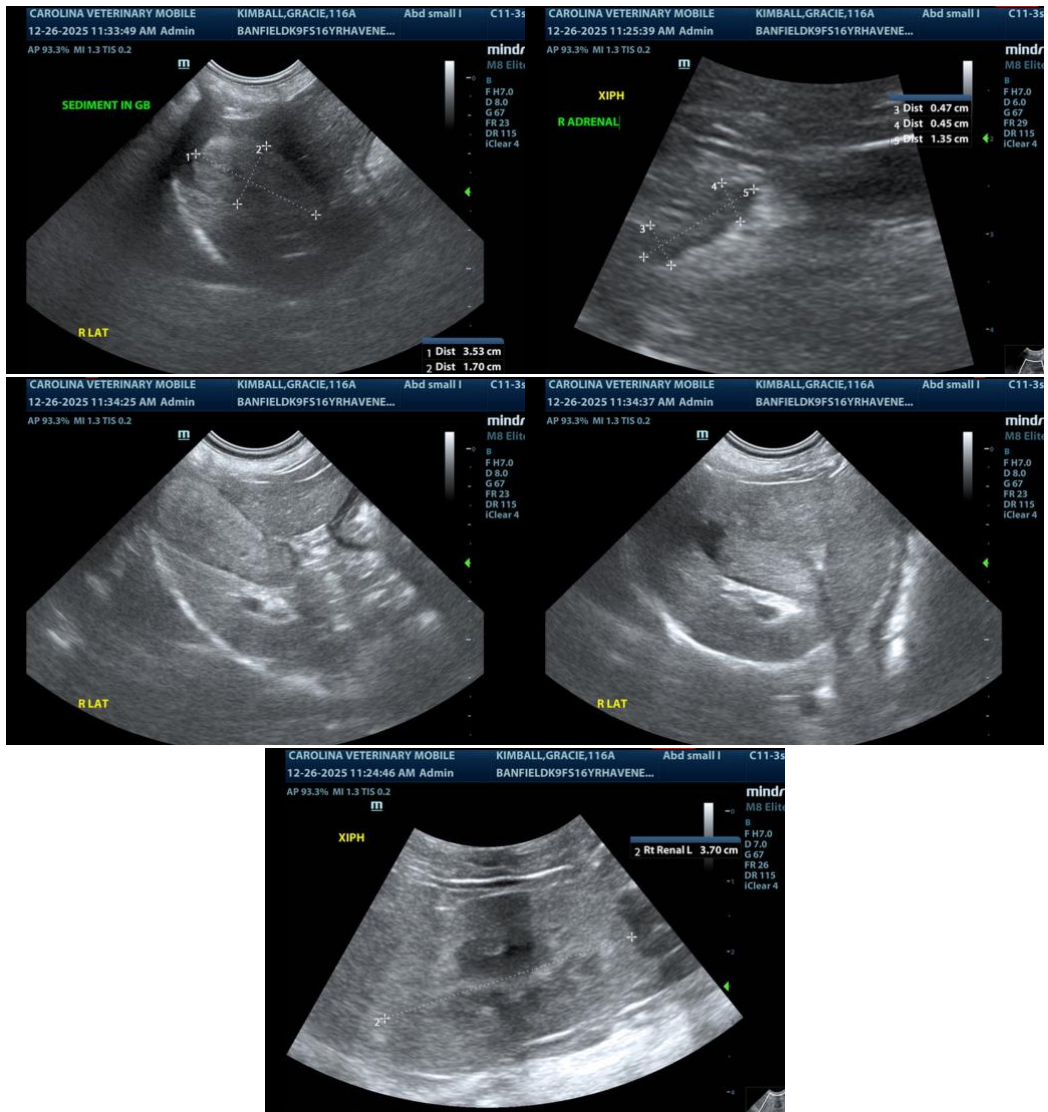
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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