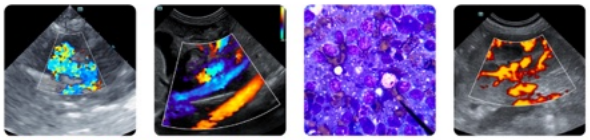


PATIENT

Charlie Burke

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

4 years

WEIGHT

41 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Torres

INVOICE

69640

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Patient sedated with dexdomitor for ultrasound. Pet presents for trouble eating. Primary vet checked bile acids and post-prandial sample was elevated (see attached). Recommended AUS with liver FNA to further investigate.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Minor micropolypoid changes were noted. 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 5.0 cm. The right kidney measured 5.09 cm.

Adrenal Glands

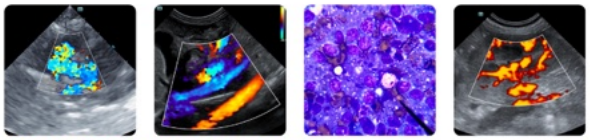
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.52 x 0.78 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 2.03 x 0.38 cm at the cranial pole and 0.54 cm at the caudal 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Intrahepatic vascular volume was normal. The portal vein to vena cava ratio was 1:1. The portal vein measured 0.9 cm at the trifurcation and vena cava measured 0.94 cm at the same level of the portal hilus. However, just cranial to this



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region the vena cava was dilated. This is secondary to Dexdomitor effect. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 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

Polypoid cystitis bladder pattern.

Structurally normal liver, no evidence of intrahepatic or extrahepatic shunting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis is warranted for any evidence of UTI if not already performed. Spurious elevations of bile acids should be considered. There was no evidence of significant structural disease. Core liver biopsy can be considered for further definition. If the bile acids remain elevated, then diet change to liver oriented diet could be considered. However, structurally the liver appears normal. Suspect spurious elevation of bile acids. If persistent then medical management is indicated. Recheck bile acids is recommended in 4-6 weeks to assess for persistence of bile acid elevations.

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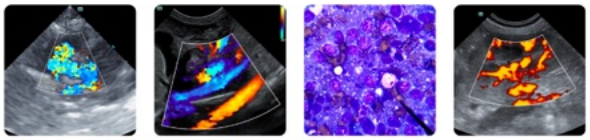

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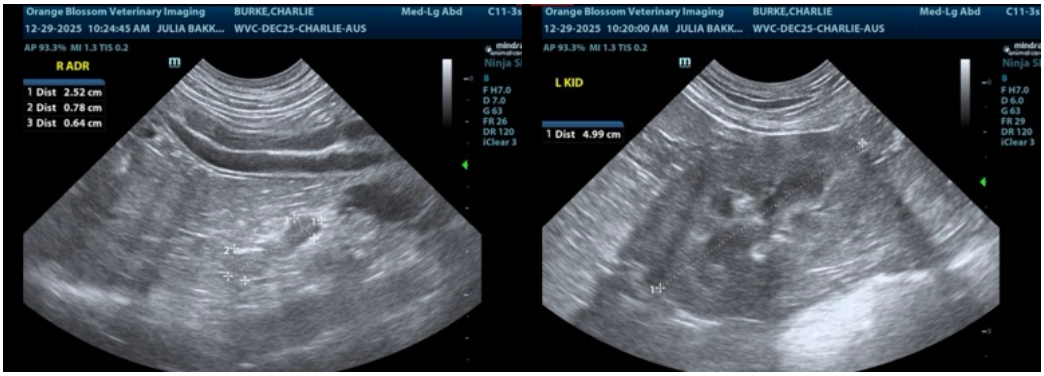

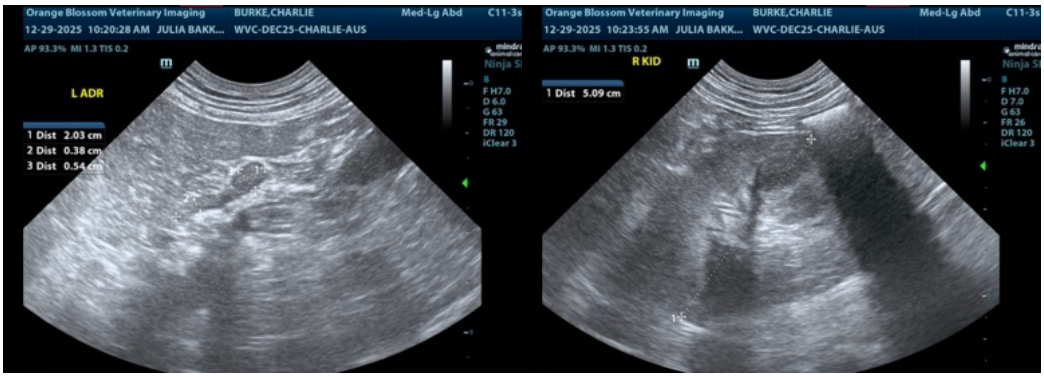

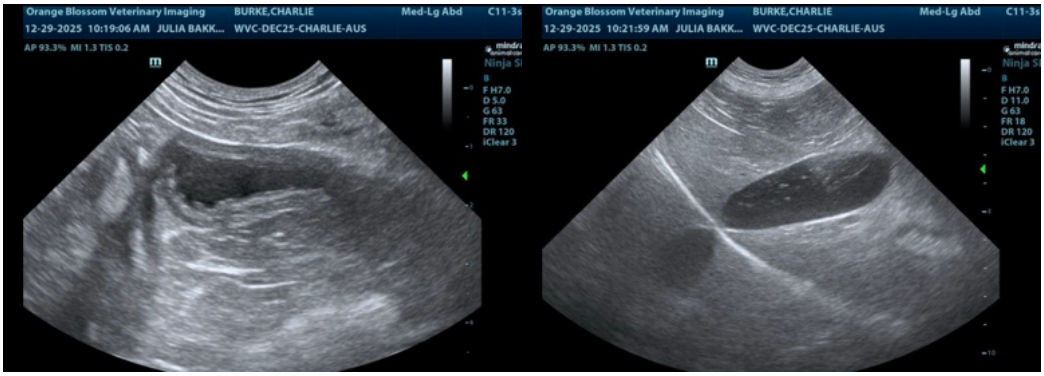

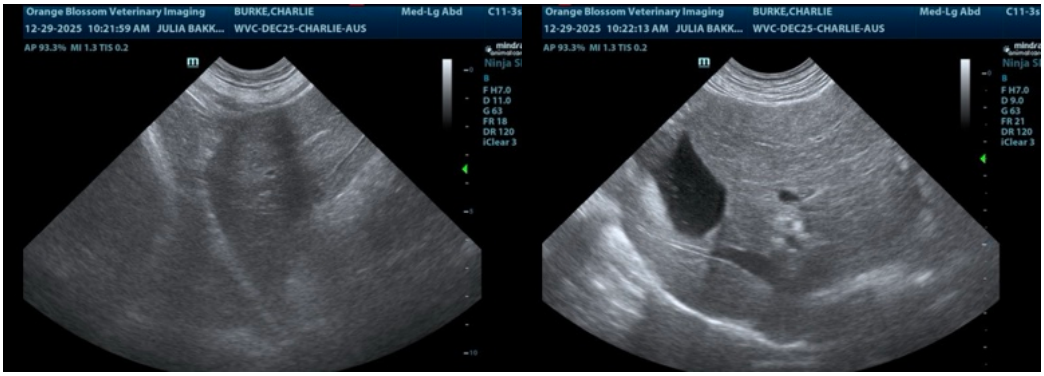

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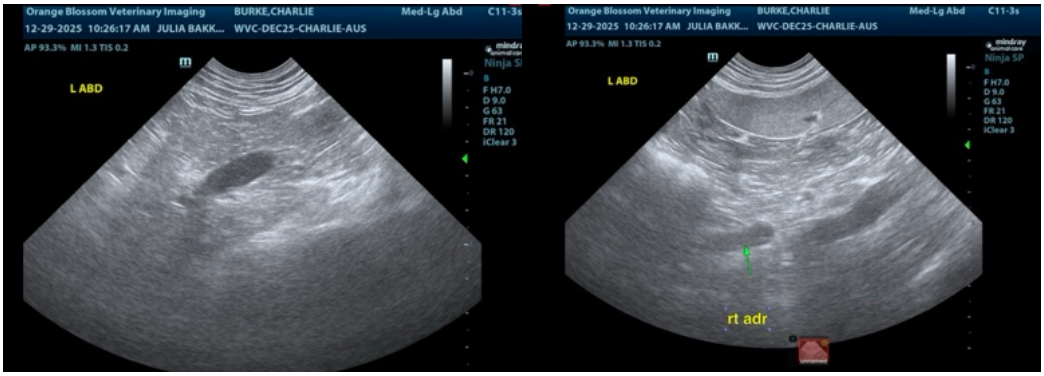

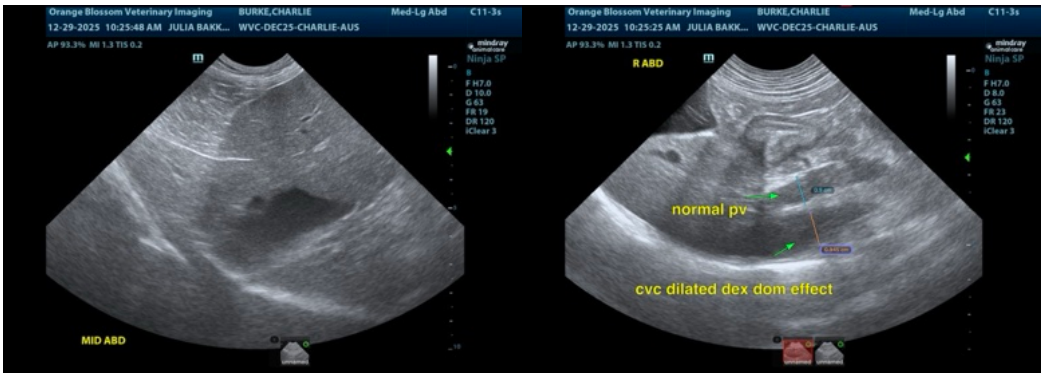

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com