



PATIENT

Nala Miracle

SPECIES

Canine

BREED

Labrador Retriever x

SEX

Spayed Female

AGE

11

WEIGHT

27.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kelly Schwanebeck

INVOICE

72334

DATE

12/4/25

PRESENTING CLINICAL SIGNS

Nala is a 11 YO FS Labrador Retriever Mix who was presented for continued hyporexia and difficulty medicating. She has previously been diagnosed with, and hospitalized for, pancreatitis, hepatopathy (benign changes noted on FNA), azotemia, and UTI. Since developing the UTI, she has become particularly difficult to medicate. Owners have not been able to get her antibiotics in her. Owners purchased renal rx food but patient is not eating it. She is eating chicken at home - last ate 8pm last night. This morning around 3:30am she vomited chicken and fluid.

Abnormal PE/Chem/CBC/UA Results: EPOC: Na⁺ 132, BUN 57 (prev 67 on 11/29 after IV fluids), crea 4.73 (prev 3.47 on 11/29 after IV fluids) ALT: 453 (prev 438 on 11/27) ALP: 201 (prev 177 on 11/27) EPOC: Na 138, BUN 51, Crea 3.71, Hct 35 EPOC: pH 7.479, Na⁺ 138, BUN 40, crea 3.07, HCT 32% EPOC: HCO₃ 31.7, pH 7.486, BUN 27, crea 2.30 EPOC: HCO₃ 30.5, pH 7.466, BUN 19 (prev 27), crea 2.11 (prev 2.30) ALT: 616 (prev 453) ALP: 243 (prev 201)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was not visualized.

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. Mild increased cortical echogenicity noted. Medullary structure differed distinctly from that of the cortex. Occasional cortical cysts noted. Left kidney measured 7.0 cm. An anechoic cyst was noted at the dorsal cortex of the right kidney. The right kidney measured 7.3 cm with slight pyelectasia.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. Left adrenal gland measured 0.99 cm. Right adrenal gland measured 1.8 cm at the cranial pole and 0.90 cm at the caudal pole.

Spleen

The **spleen** presented subtle micronodular changes and mild enlargement, folded upon itself caudally.

Liver

The **liver** revealed increased portal markings and heterogeneous parenchymal changes, consistent with non-specific inflammatory hepatopathy. Occasional non-disruptive nodule noted. Minor over distention of the gallbladder with dependent bile. Pericapsular inflammation noted associated with the liver, primarily the right caudal liver.

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



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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.

Free Abdomen

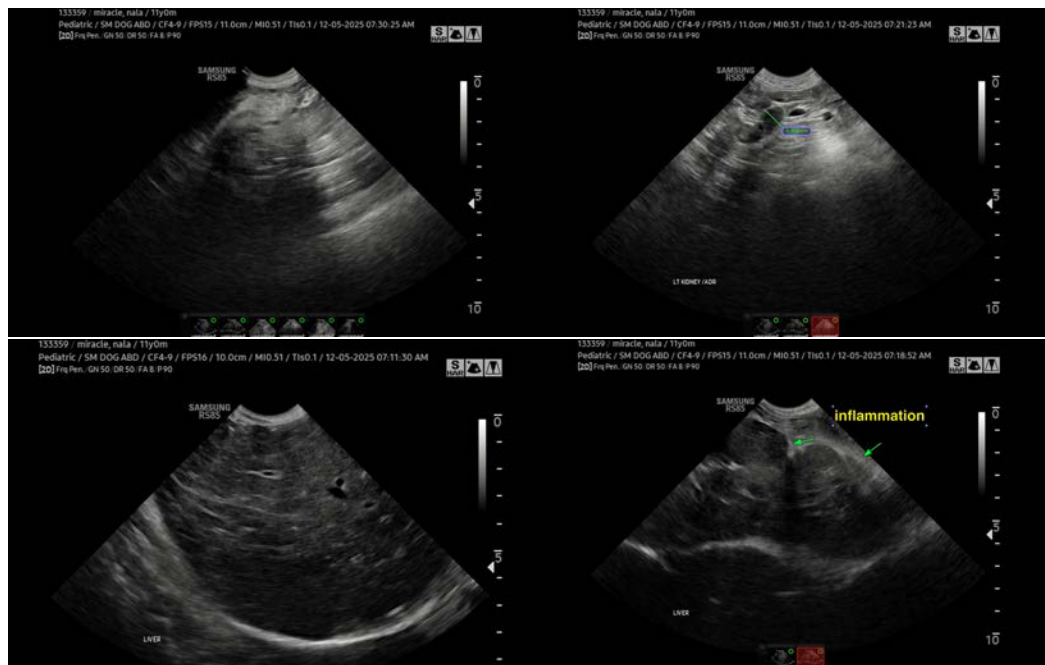
Some reactive mesentery noted in the mid abdomen with mesenteric remodeling.

ULTRASONOGRAPHIC FINDINGS

- Swollen, irregular liver with pericapsular inflammatory pattern – cholangiohepatitis likely, round cell neoplasia possible.
- Nodular splenic changes.
- Unremarkable age related renal changes with cysts, do not appear end stage.
- Bilateral adrenal hypertrophy – normal variant versus emerging PDH.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen and liver indicated with cytology and culture. Leptospirosis is a strong potential in this patient. However, underlying emerging round cell neoplasia of the spleen and liver with paraneoplastic azotemia possible. Sampling is essential. Leptospirosis titers indicated. Further imaging of the lower urinary tract indicated.





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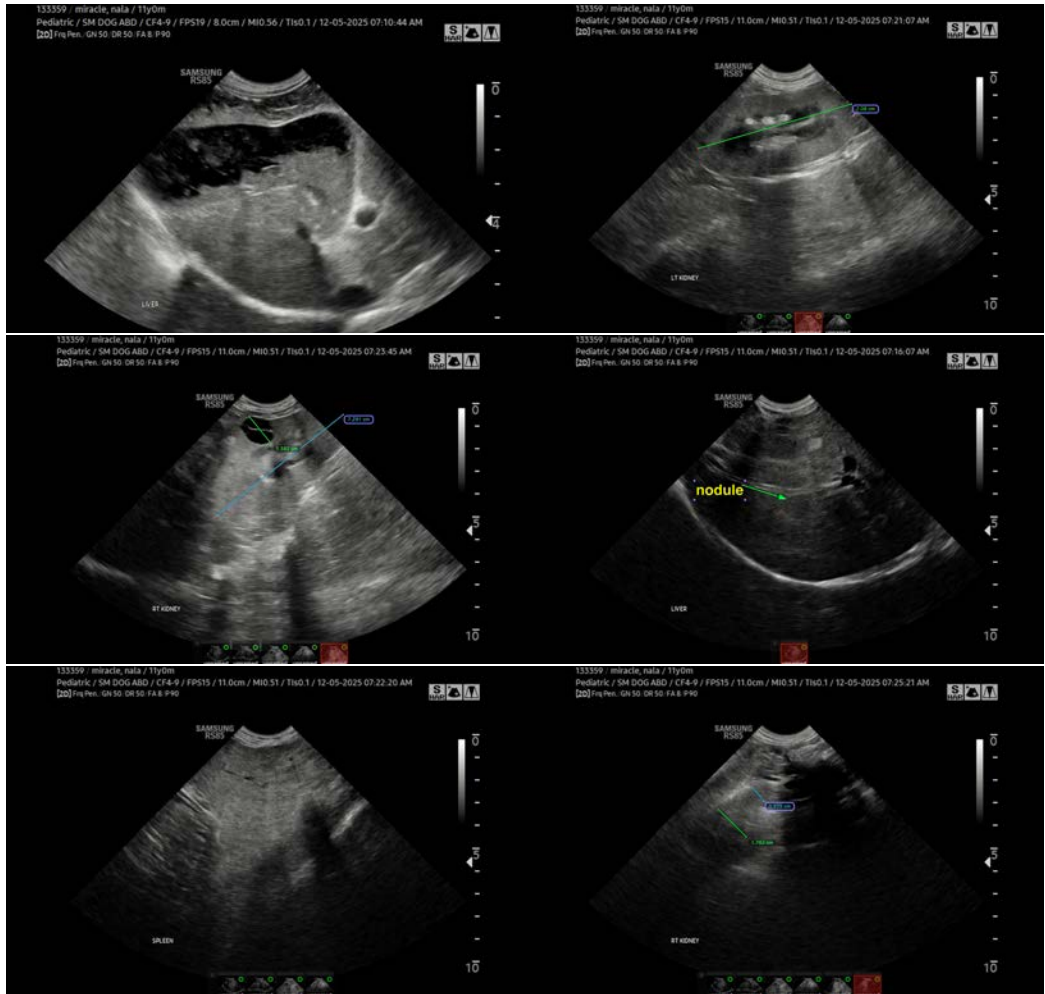
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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