



PATIENT

Sig Rogers

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

6 Years

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Sol Sath

INVOICE

73173

DATE

2/22/26

PRESENTING CLINICAL SIGNS

P has had a decreased appetite O was able to get a small amount of food in last PM. P vomited this am food and very yellow bile. Last PM P U+ and bm in the house and the U+ was a very dark yellow color. O noted that P gums and sclera were icteric last PM. The eyes have gotten worse and now P belly is icteric. O gave P 7mg pred last pm (owner had at home, P is not normally on prednisone). other medications given: benadryl, probiotic, joint supplement, powdered goats milk, and turmeric. No prior significant health concerns. Admitted for supportive care: iv fluids, cerenia, unasyn, Concern for Hepatitis, Hepatic neoplasia, Cholangiohepatitis, toxin, other

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain 1/4; abdomen soft on palpation CBC : WBC 18 (5.32-16.92), Neu 14.02 (3.05-12.1), Mono 1.93 (0.2-1.38), RET# 151.7 (9-115), Ret% 2.81 (0.16-1.85) Epc: pO2 55.4 (24-54) Chemistry: ALT >1000 (0-120), ALP >993 (0-140), GGT 15 (0-14), Total Bilirubin 9.3 (0-0.5); ALT (dilution) 1,625 H, ALP (dilution) 1,470 H rads: unremarkable lept (witness test): negative

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. Minimal amount of urine present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Right kidney measured 6.55 cm. Left kidney measured 5.9 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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** presented normal size and contour with slight increased portal markings. The gallbladder and common bile duct were unremarkable. This is consistent with non-specific acute on chronic inflammatory hepatopathy.



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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

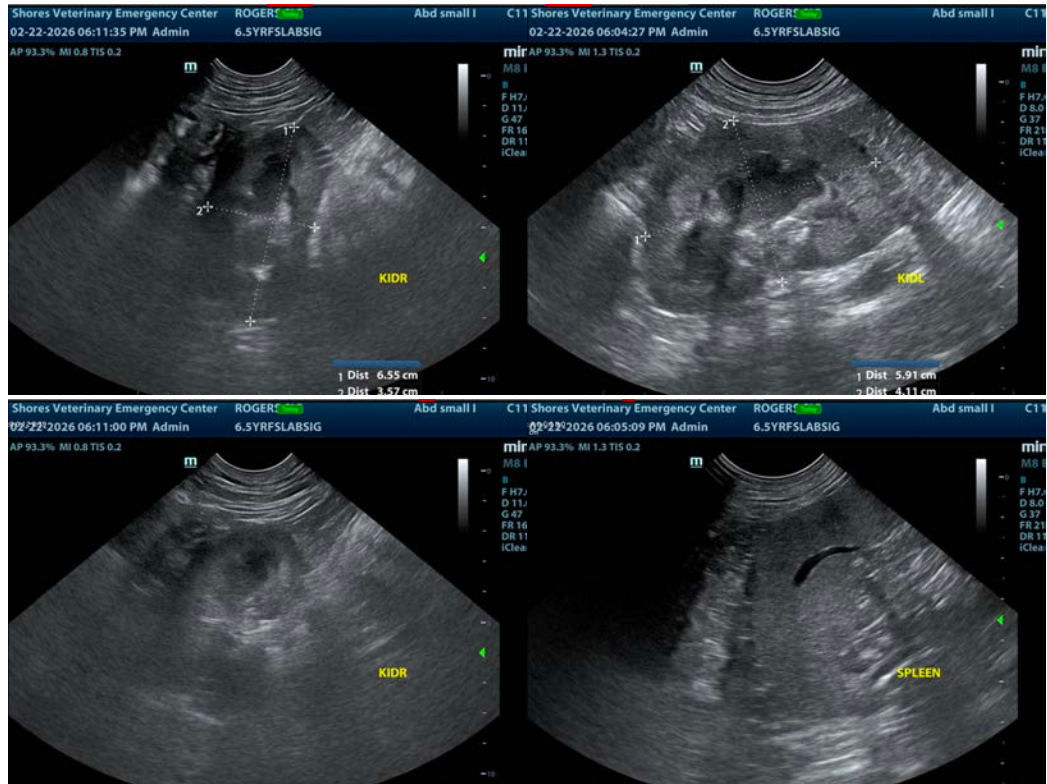
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Non-specific acute on chronic inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted. One approach to Leptospirosis testing is to test PCR both in serum and urine given that IgG presence is detected in the serum in early phase (up to 10 days) of infection and in the urine after 14 days. Paired convalescent titers after 2-3 weeks would be ideal. Urine testing is not affected by vaccination status. Core liver biopsy would be ideal in this patient. Assessment for hepatotoxins indicated.





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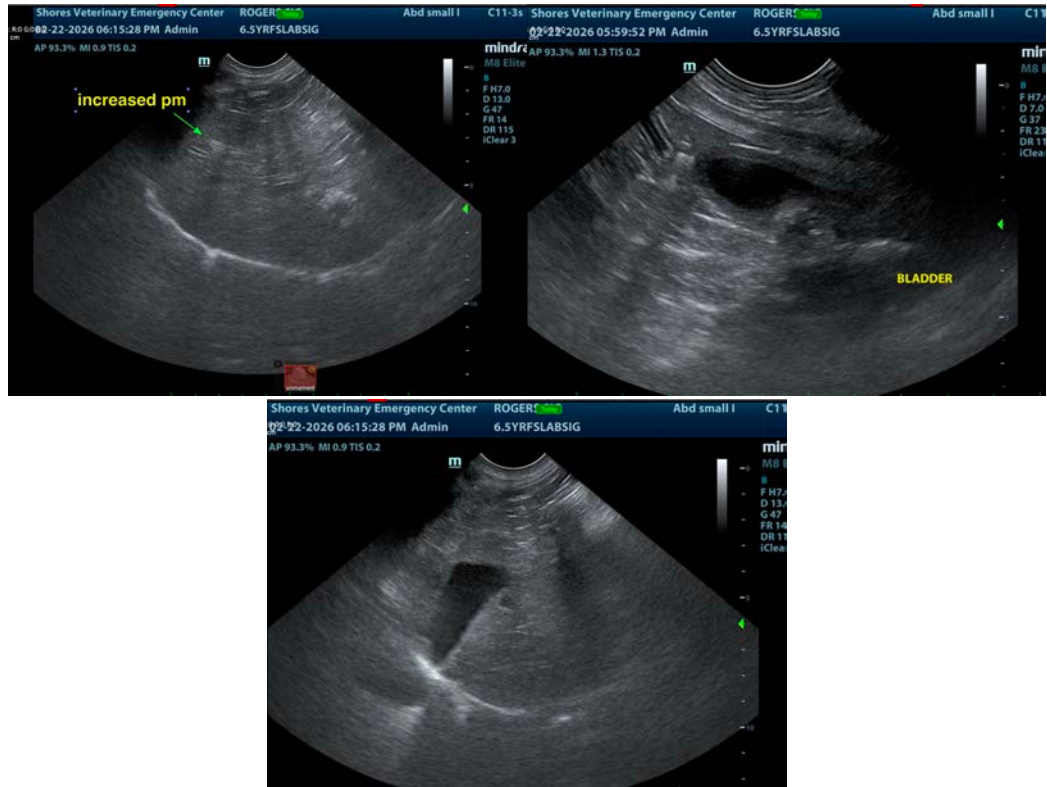
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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