



PATIENT

Rosie Spangler

SPECIES

Canine

BREED

Jack Russel Mix

SEX

Spayed female

AGE

11 ½ years

WEIGHT

42.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Seven Valleys VH

REFERRING VET

Dr. Hollway

INVOICE

71850

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Presented 2/6/26 for lump on face. Suspected to be a tooth root abscess. ABX sent home, BW performed, and COHAT recommended. Recheck showed improved swelling but ALT still elevated even with fasting. AUS recommended prior to COHAT to evaluate the liver further. No concerns at home.
- BAR. Caution. Abdomen: TTP, some lip smacking noted -- Hx increased ALT. Cardiovascular: NSF. Respiratory: Lungs auscultate clear bilaterally; trachea clear. Normal ambulation; overweight. BCS 8/9 hx R MLP 2/4. L cr thorax 2.5-3cm SQ--expl could FNA vs MR at time of dental vs CTM; top L foot pigmented skin tag vs other. L rostral top muzzle 2-3mm skin tag--o notes gets 1-2 and then they disappear--this is p's 3rd as far as he is aware. Hx Calc 1-2/4, underbite, bilat max PM4 open pulp canal, mod swelling under L eye--R/o TRA; -- TRYING TO BITE FOR EVALUATION. 2/6/26 CBC: NSF CHEMISTRY: ALT 183 H (125)--r/o nonfasted vs liver vs other Lytes: Cl 108 L (109) T4 = 2.8 NSF 2/20/26 - FASTED SAMPLE ALT = 281 (worse) PT/PTT = pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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. 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 5.6 cm and the right kidney measured 5.8 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 0.6 cm. The right adrenal gland revealed an anechoic cyst measuring 1.97 cm. The right adrenal gland measured 3.3 cm.

Spleen

The **spleen** was enlarged with scalloping contour and minor coarse architecture measuring 2.2 cm in width. The spleen was folded upon itself cranially with no overt masses; however, reactive state is likely. There is a mild potential for emerging round cell neoplasia. 25-gauge FNA is indicated for further definition.



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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. An anechoic cyst was noted in the mid right liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. 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 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

Subjectively benign right adrenal cyst.
Age related hepatic changes with a hepatic cyst.
Reactive spleen.
Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out an emerging neoplastic formation, yet this is not suspected. Serial blood pressure measurements are warranted along with 25-gauge FNA of the spleen and 22-gauge of the liver to assess inflammatory cell type. However, this is likely reactive hepatopathy.

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical



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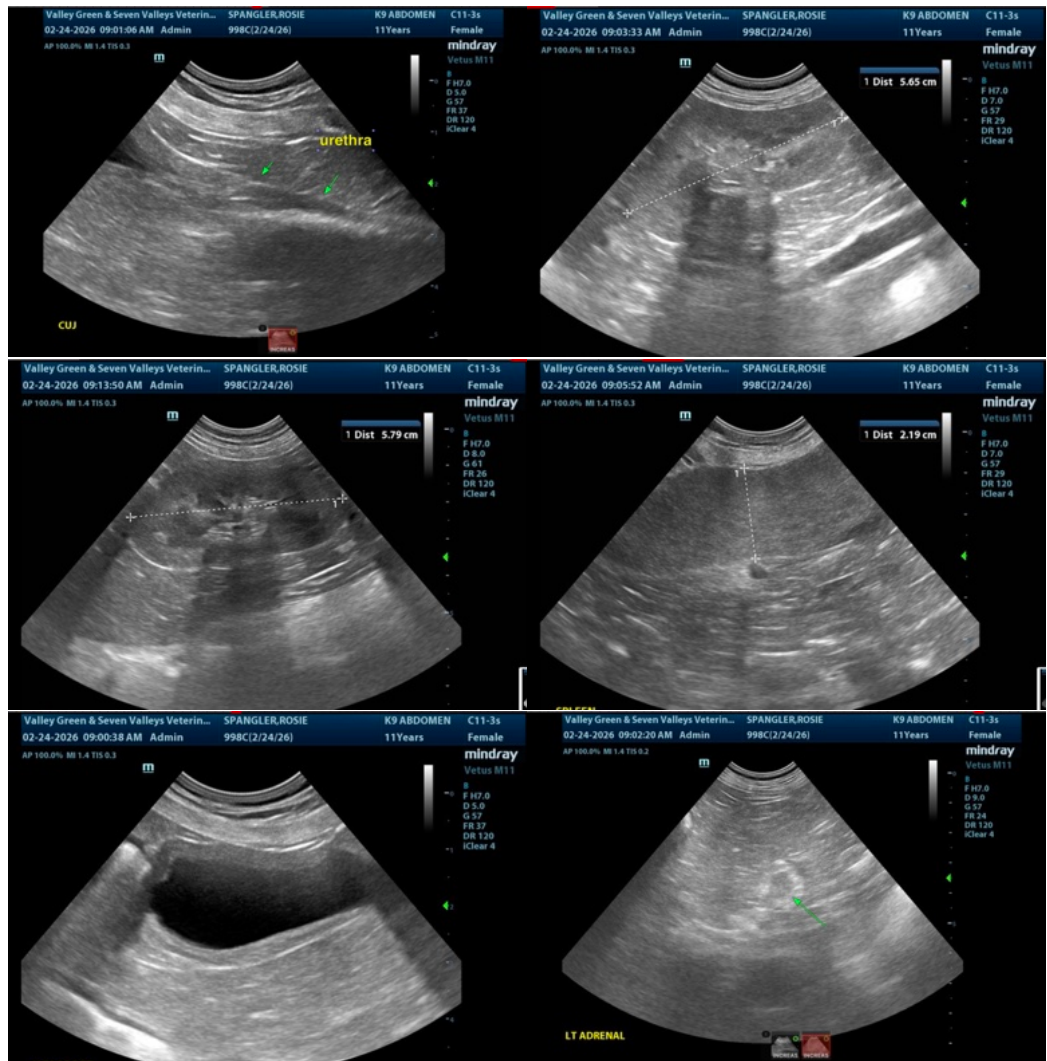
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treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.





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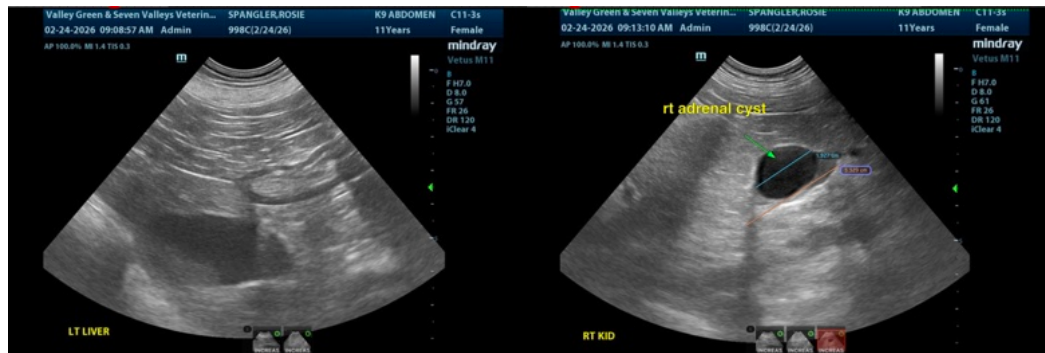
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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