

**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Gillander

- QAR, wobbly (had Gabapentin and Buprenorphine together at home this am)
- Stage 1 kidney disease, reactive to abdominal palpation, vomiting, inappetence
- Has been on Maropitant, Zentonil and Ursodiol in hospital

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: M1 increased BUN, ALT, ALP, GGT, Total Bili, Cholesterol and PLI

**BREED**

Cockapoo

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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 were noted. Ureteral papillae were normal.

**AGE**

13 Years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.38 cm in length.

**WEIGHT**

9.6 kg

**INTERPRETED BY**

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

**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 1.62 cm x 0.52 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland measured 1.46 cm x 0.86 cm width at the cranial pole and 0.49 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

**HOSPITAL NAME**

Hamilton Region  
 Emergency Clinic

The **spleen** presented with a focal hypoechoic nodule measuring 0.58 cm at the mid body.

**Liver**

**REFERRING VET**

Dr. Hussein

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

**INVOICE**

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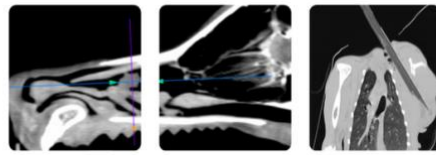
**Gastrointestinal**

**DATE**

02/09/26

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**



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Rosie Gillander

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**REFERRING VET**

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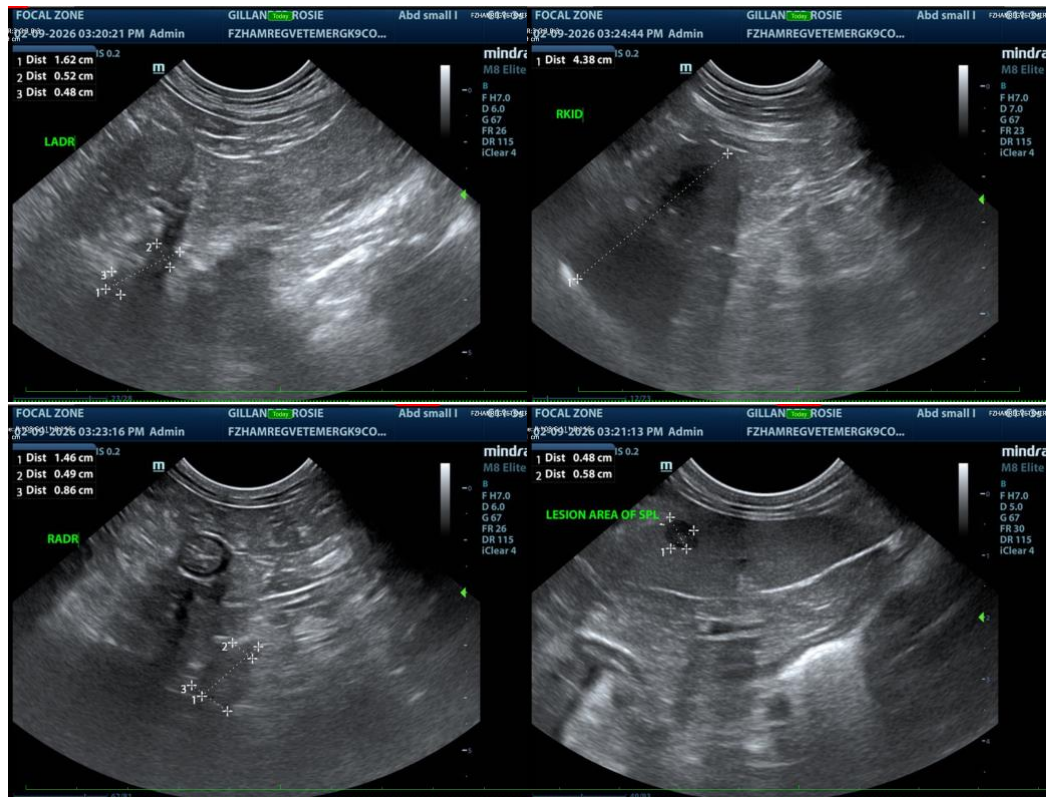
The **pancreas** revealed mixed echogenic changes in the right pancreatic base. This suggests for inflammation in the region of approximately 3.0 cm.

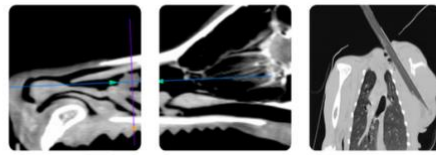
**ULTRASONOGRAPHIC FINDINGS**

- Heterogenous right pancreatic base.
- Hypoechoic splenic nodule.
- Structurally unremarkable liver- acute insult is suspected given the liver enzyme elevations. Structurally, this is an age-related hepatic presentation without specific pathology.
- Age-related abdominal changes otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel and ultrasound guided FNA of the liver is indicated. Leptospirosis titers is indicated. Assessment for other causes of acute insult is indicated.





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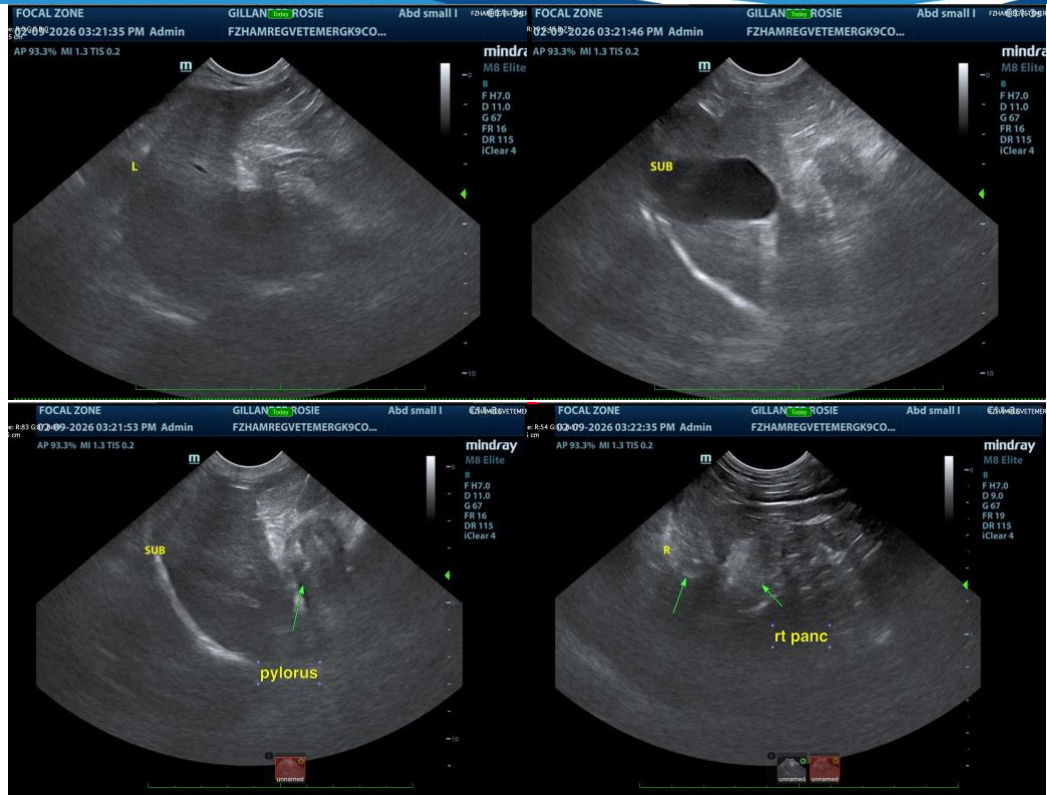
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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