



PATIENT

Rhubarb Planic

SPECIES

Canine

BREED

Catahoula

SEX

Spayed Female

AGE

8 Years

WEIGHT

49.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sandra Jimenez

HOSPITAL NAME

Bramer AH

REFERRING VET

Dr. Sandra Jimenez

INVOICE

36186

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Presurgical bloodwork in preparation for dental cleaning and extraction shows elevated liver value (ALT). No other concerns

Abnormal PE/Chem/CBC/UA Results: PE: 104 purulent discharge with gingivitis - suspect tooth root abscess CBC/Chem (3/10/26): MCHC 38g/dL, RDW 22.6%, ALT 235 U/L CBC/Chem (6/4/25) : all WNL - ALT 105 U/L CBC/Chem (12/10/24): All WNL - ALT 69 U/L

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. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 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. Slight pinpoint mineralizations were noted. The left kidney measured 5.3 cm. The right kidney measured 5.6 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** revealed coarse architecture, mild increased portal markings, and slight heterogenous hypoechoic nondisruptive nodular changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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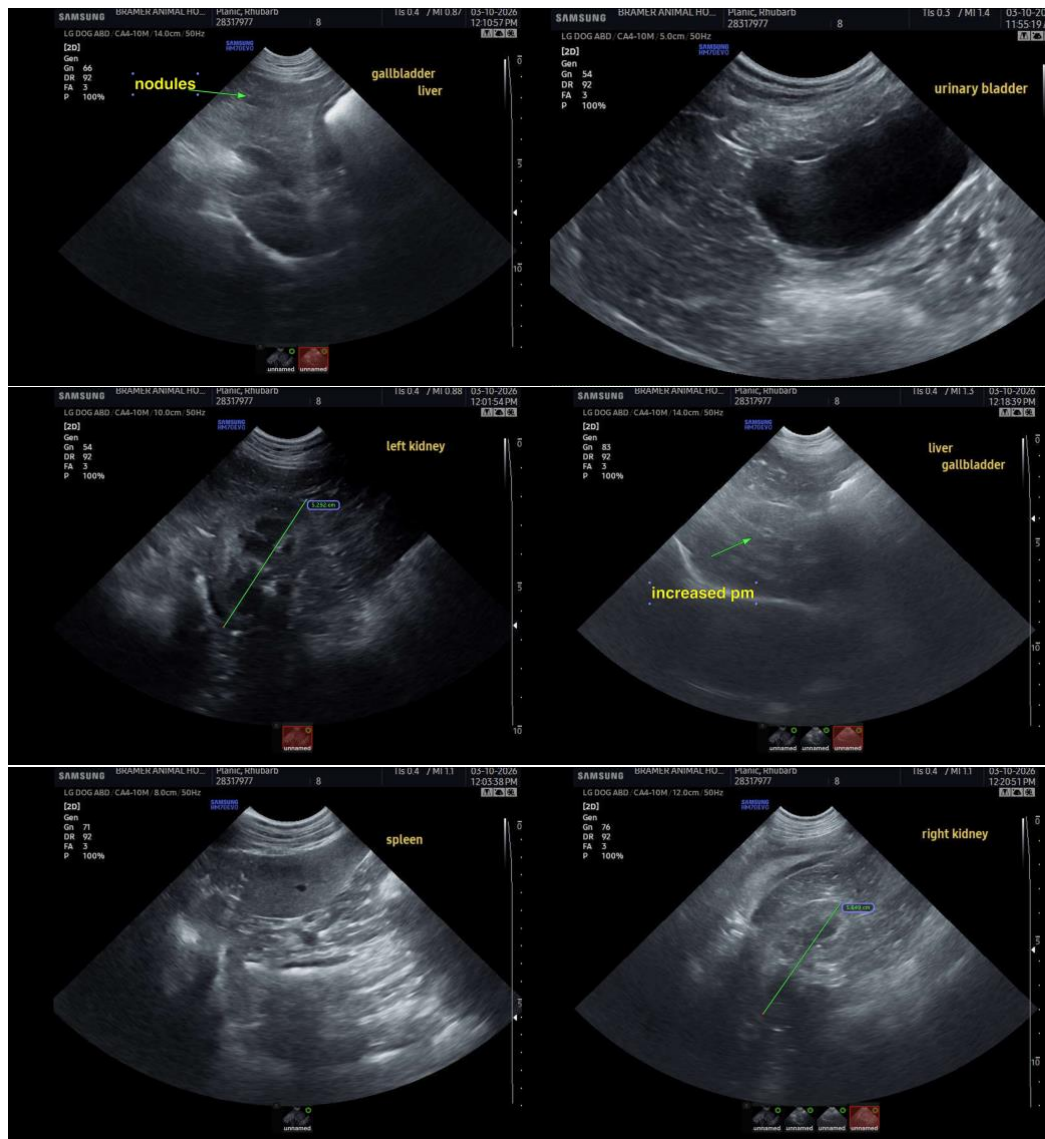
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nodular hyperplasia/mild chronic inflammatory hepatopathy liver pattern
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated for further definition. No gross contraindication to anesthetic procedure, however, FNA could be performed at the time of sedation/anesthesia for completeness.





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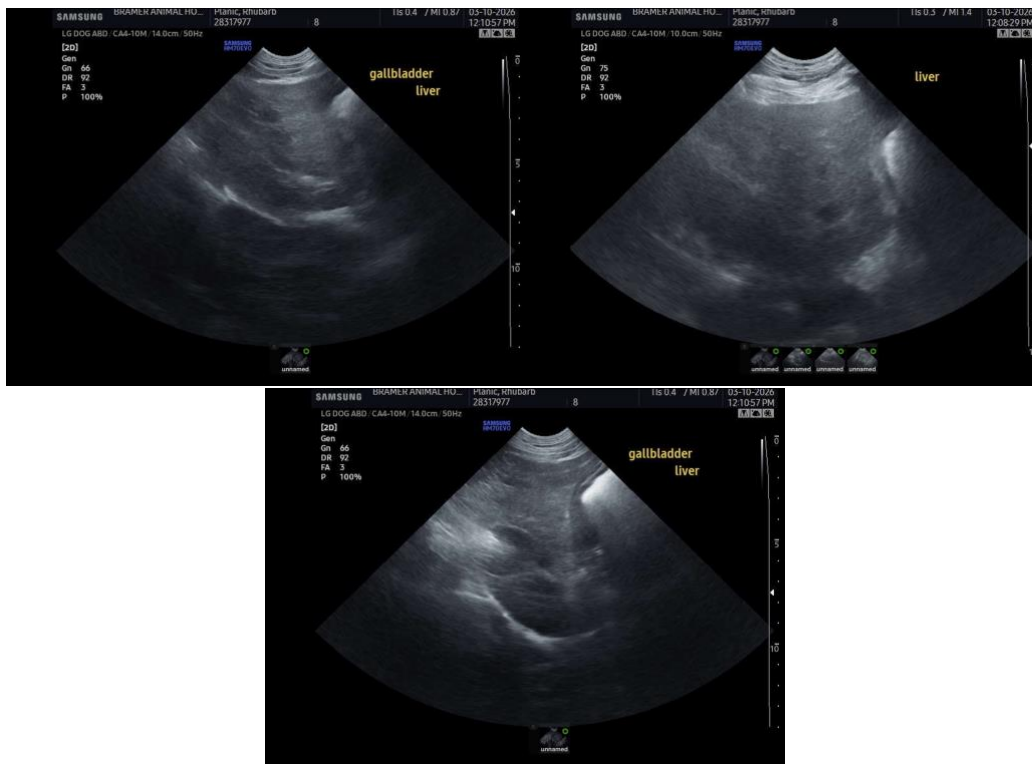
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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