



PATIENT

Little Darla Hutcheson

SPECIES

Canine

BREED

Retriever Cross

SEX

Intact female

AGE

8 years

WEIGHT

68.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Moser

INVOICE

73520

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- P presented to our hospital 3/2/26 for follow-up after an ER visit.
- P presented to ER 2/26/26 for sudden collapse and lethargy. O reports that collapsing episode occurred 2/25 PM; P was found on floor appearing confused and lethargic. O appreciated abdominal distension following collapsing episode. O reported to ER that P had been acting "off" for the last several weeks and attributed her behavior to household stress.
- ER suspected anaphylactic rxn d/t presence of GB wall edema and possible pseudopregnancy contributing to behavioral changes. ER rx'd Denamarin & N-acetylcysteine, and tx'd P w/ diphenhydramine and SQ fluids.
- Patient has been evaluated at our hospital a few different times since ER visit and has had several more diagnostics performed.
- O reports that patient has a decreased appetite, polydipsia, abnormal mentation and increased respirations at home.
- Patient has been tx'd at our hospital w/ Rimadyl, Cerenia, Convenia, Denamarin, and lactulose.
- Last heat cycle was Nov. 2025.
- NSF on PE. Normal respirations with normal effort. Labs at ER 2/26/26: RETIC 135.2K (H) ALT 339 (H) Repeat labs 3/2/26: MCV 74.7 (H) MCH 26.4 (H) RETIC 174.4K (H) PHOS 2.3 (L) ALT 259 (H) Chest and abdominal radiographs performed 3/4/26. Microhepatica noted, but otherwise NSF. Bile acids submitted 3/9/26 were WNL.

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 was noted. Ureteral papillae were normal.

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. The right kidney measured 7.6 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 right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.57 cm.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 inflammatory hepatopathy or reactive hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The deeper images were excessively dark in this patient and only limited information can be obtained in the cranial abdomen. FNA can be considered for further definition. In some views, increased portal markings were noted. This is suggestive for fibrosis or remodeling. There was no evidence of gross masses.

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 treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics,



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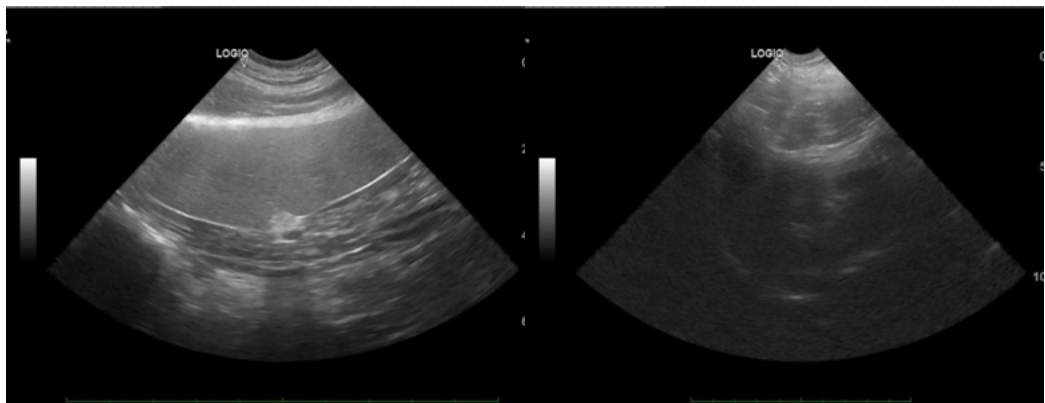
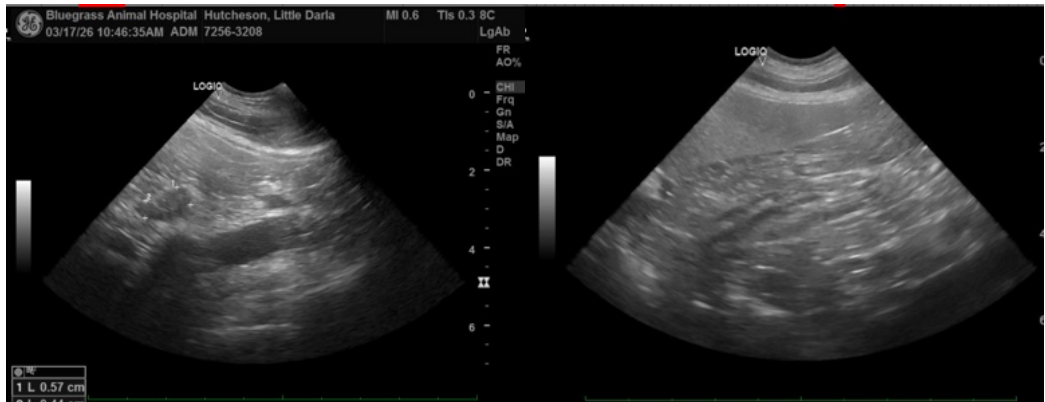
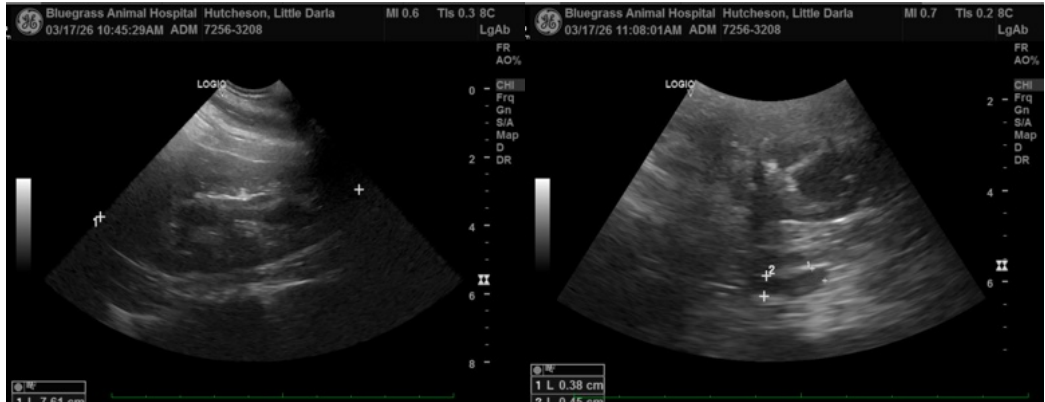
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deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can 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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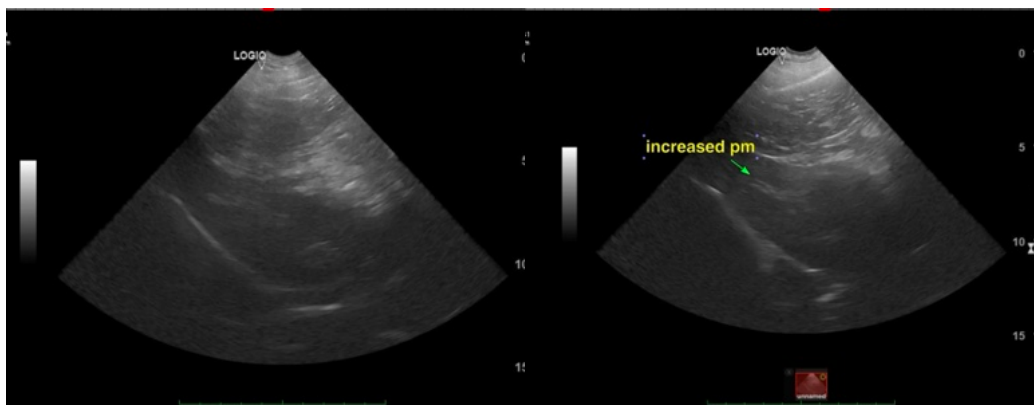
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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