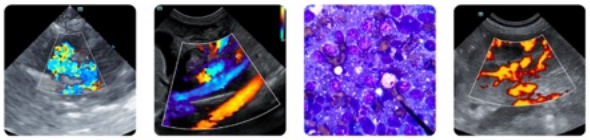


PATIENT

Gracie Hunter

SPECIES

Canine

BREED

Retriver Mix

SEX

Spayed female

AGE

13 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Bramlett

INVOICE

73627

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Patient has not eaten since Tuesday
- Previous history of elevated liver enzymes (ALP)
- Vomiting and having diarrhea. Acting lethargic
- ALK PHOS- 1151

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.

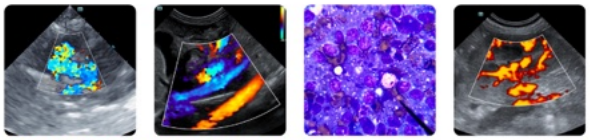
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased 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 5.56 cm. The right kidney revealed a cortical infarct. The right kidney measured 5.5 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 0.86 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 0.66 cm at the cranial pole and 0.58 cm at the caudal pole.

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 was noted.



PATIENT

Gracie Hunter

SPECIES

Canine

BREED

Retriver Mix

SEX

Spayed female

AGE

13 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Bramlett

INVOICE

73627

DATE

3/19/26

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was over distended with sand accumulation and measured 8.0 cm in length x 5.0 cm in width. Comet tail lung pattern was noted through the diaphragm.

Gastrointestinal

The **stomach** was filled with ingesta. the upper duodenum was empty post flexure. A portion of the pylorus was visible without evident pathology; however, portions of the pyloric outflow and upper duodenum were not evident. The small intestines and colon were unremarkable and empty with normal curvilinear mural patterns. Reactive mesentery was noted associated with portions of the small intestine.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Reactive mesentery.

Delayed outflow tract gastric pattern.

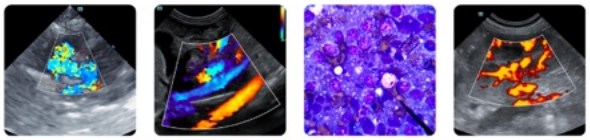
Excessive gallbladder debris, over distended.

Moderate degenerative renal changes were noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the ingesta noted in the stomach, the pylorus and proximal duodenum were not able to be imaged. Therefore, further imaging sliding dorsal to the spine in SDEP 13 would be recommended to assess for any physical cause of delayed outflow. Otherwise, medical management is warranted.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Gracie Hunter

SPECIES

Canine

BREED

Retriver Mix

SEX

Spayed female

AGE

13 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

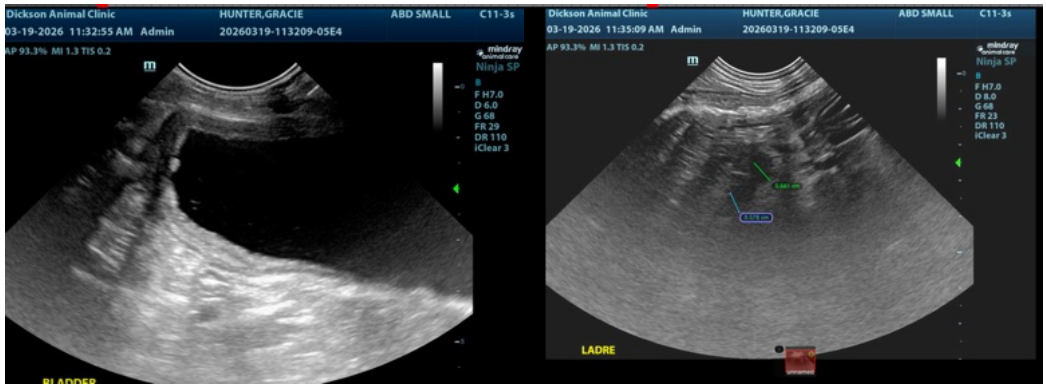
Dr. Bramlett

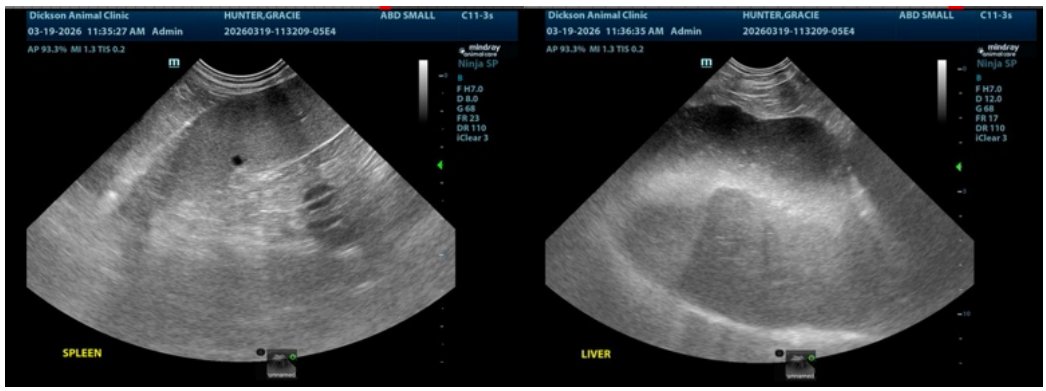
INVOICE

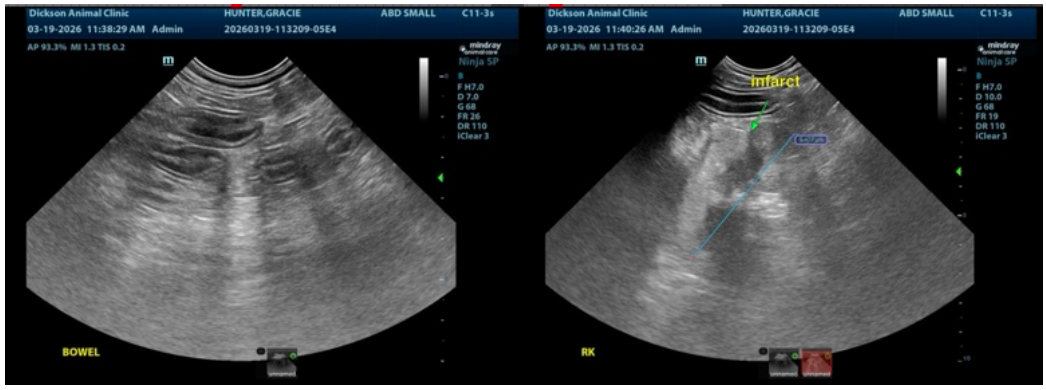
73627

DATE

3/19/26







PATIENT

Gracie Hunter

SPECIES

Canine

BREED

Retriver Mix

SEX

Spayed female

AGE

13 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

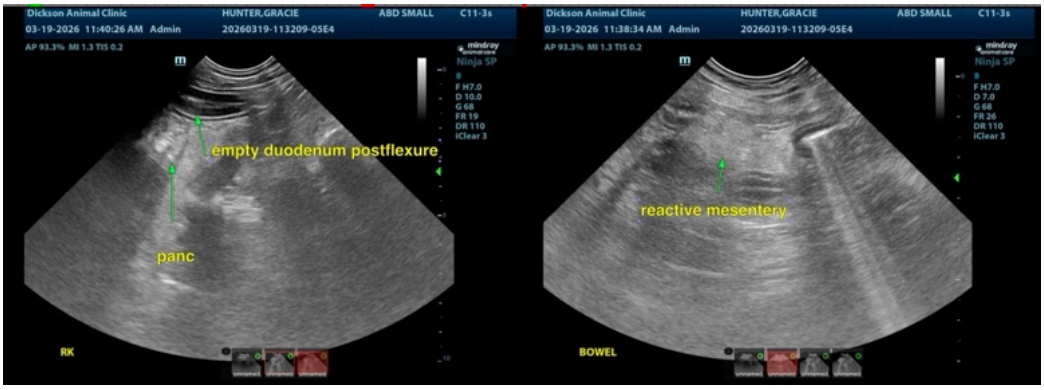
Dr. Bramlett

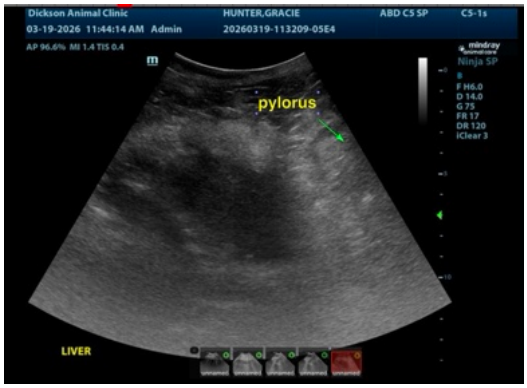
INVOICE

73627

DATE

3/19/26





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

info@SonoPath.com