



## PATIENT

Luna Maneely

## SPECIES

Canine

## BREED

Labrador Mix

## SEX

Spayed female

## AGE

8 years

## WEIGHT

80.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kevin Moon, DVM

## HOSPITAL NAME

Shiloh VH

## REFERRING VET

Dr. Kaczor

## INVOICE

72100

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

- Ultrasound for continual elevation in liver enzymes, ALP has almost doubled since last panel that was taken prior to dental and mass removal and there has also been increase in ALT (although still within reference range). Luna does not have any PU/PD, or panting but she does beg for food and starting last fall she started counter surfing and getting into the trash. Since her dental she has not done this behavior.
- Summary of current diagnostics performed: Bloodwork, U/A with first morning sample being concentrated making Cushing's less likely, fecal No parasites observed
- 1/24/26 ALT (SGPT) 103 IU/L (12-118) Alk Phosphatase 1398 IU/L (5-131) 12/13/25 ALT (SGPT) 71 IU/L (12-118) Alk Phosphatase 777 IU/L (5-131)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 iliac trifurcation was unremarkable.

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 left kidney measured 6.5 cm. The right kidney measured 6.3 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 0.78 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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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## Liver

The **liver** revealed slight, coarse architecture. Normal hepatic vascularity was noted. there was no evidence of masses. The gallbladder and common bile duct 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.

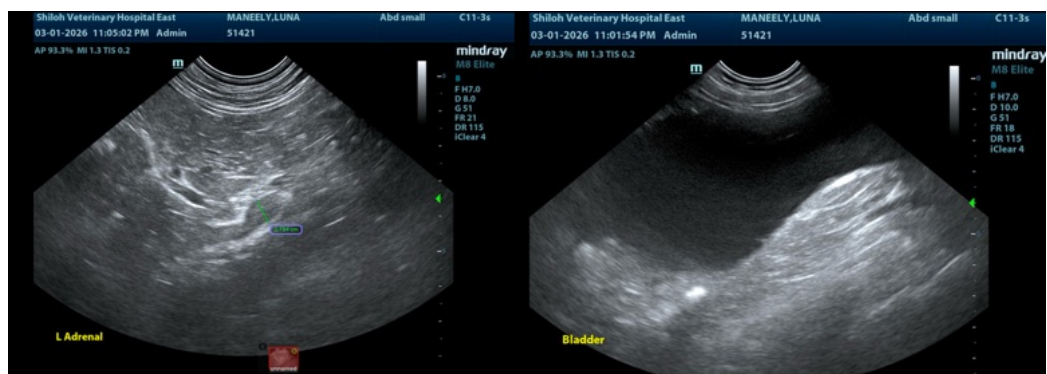
## ULTRASONOGRAPHIC FINDINGS

Non-specific, low-grade inflammatory hepatopathy with minor remodeling.

Occasional, non-disruptive nodular change was noted.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver and nodular changes are indicated.





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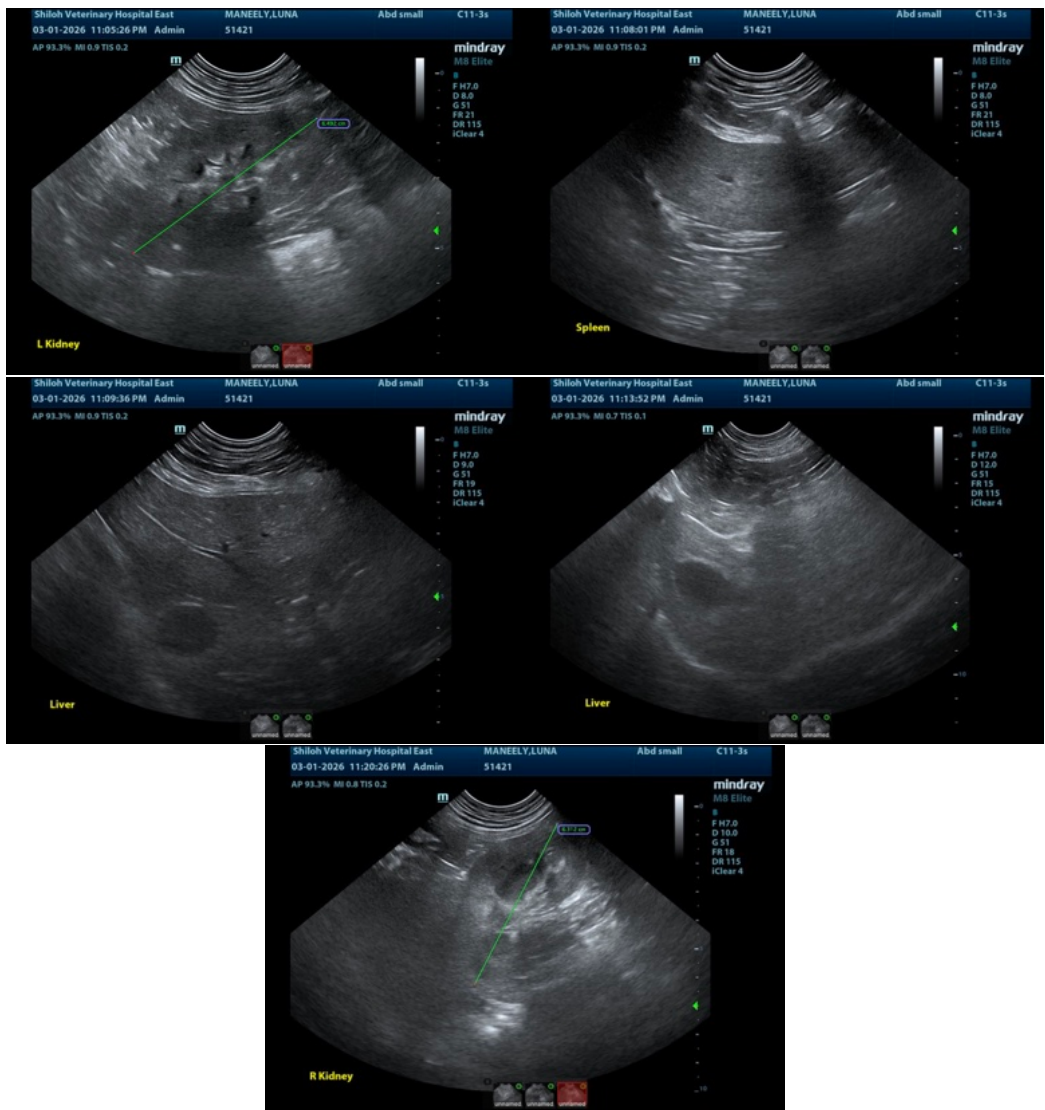
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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