



**DATE PRESENTING CLINICAL SIGNS**

03/27/26 Patient History: P is a referral from Cambria vet, most recent bloodwork done there showed elevated liver values.

**PATIENT**

Buddy Johnson Current Medications: None listed.  
Labwork Results: labwork not attached, reported as: ALT (SGPT) 509 12-118 IU/L HIGH, Alk Phosphatase 176 5-131 IU/L HIGH

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed by: Stephanie Warga RDCS, RVT.

**BREED**

Chihuahua Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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**

03/16/15

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 4.22 cm in length. The right kidney measured 4.24 cm in length.

**WEIGHT**

Not Provided

**Adrenal Glands**

**INTERPRETED BY**

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

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some moderate heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.73 cm x 0.57 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland measured 1.38 cm x 0.43 cm width at the caudal pole and 0.54 cm width at the cranial pole.

**HOSPITAL NAME**

Homeward Bound  
Veterinary Services

**Spleen**

**REFERRING VET**

Dr. Dorn

The **spleen** revealed hypoechoic nodules measuring 0.78 cm and 0.91 cm with mild disruption of architecture.

**INVOICE**

14697

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***Gastrointestinal***

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

### ***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.

### ***Free Abdomen***

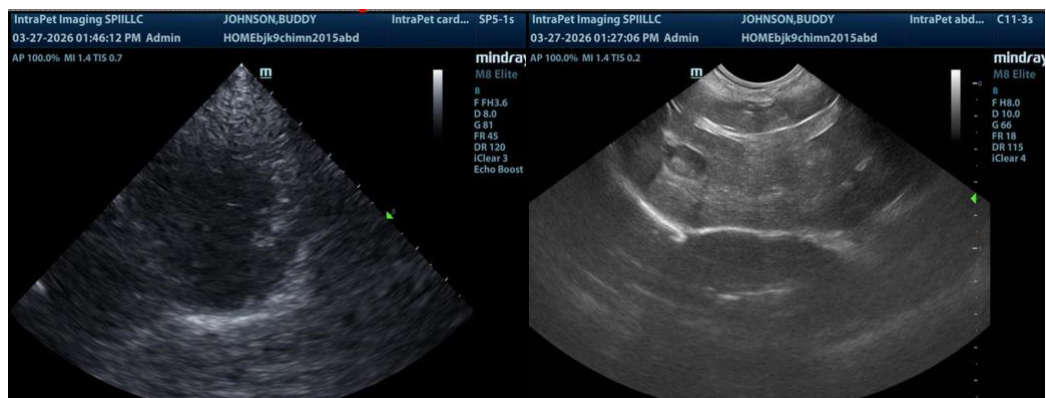
Rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

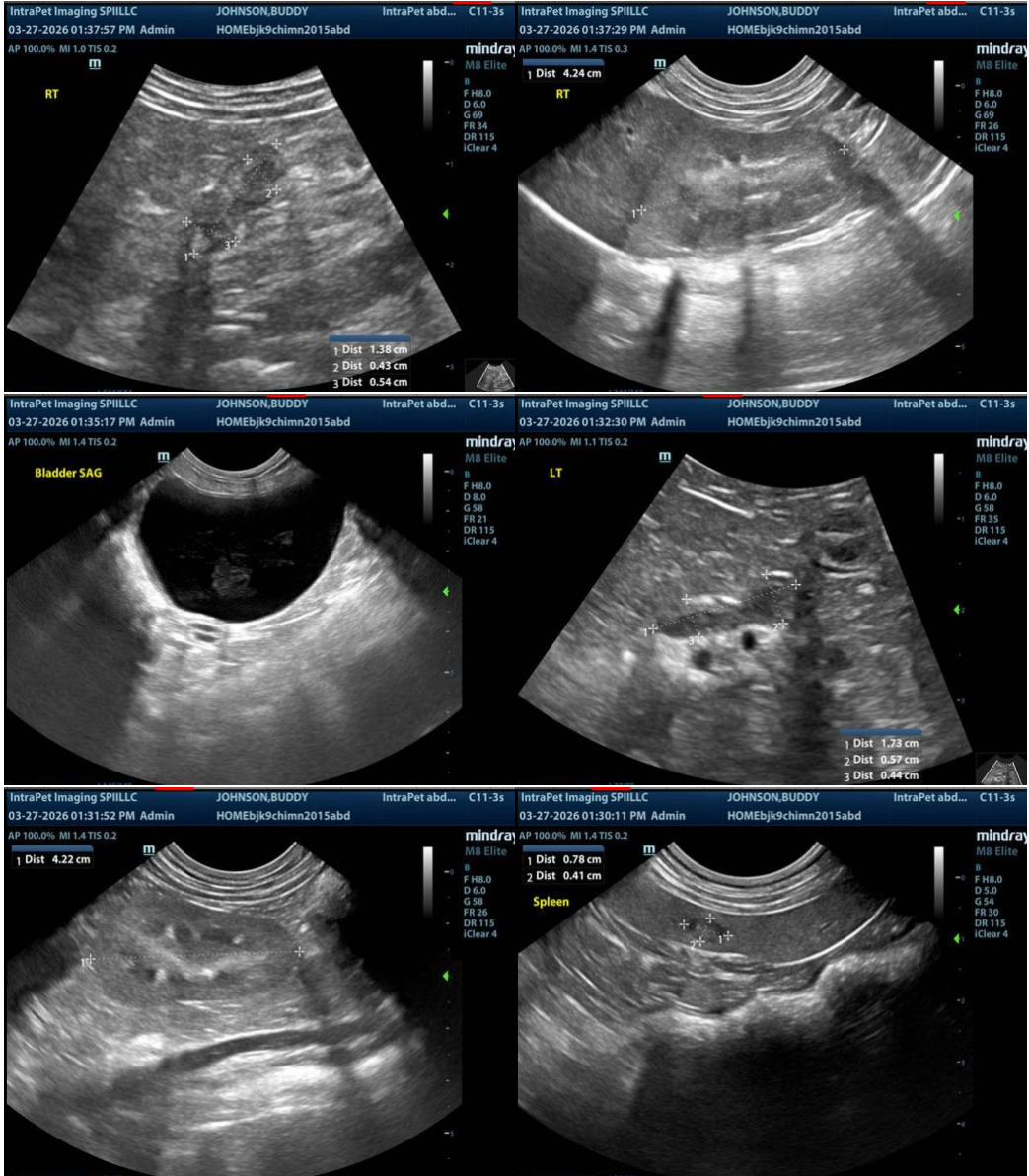
### **ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic splenic nodules- hyperplasia, emerging round cell neoplasia, hemangiosarcoma are all possible and should be monitored.
- Adrenal and hepatic remodeling- chronic inflammatory hepatopathy. No evidence of metastatic disease.
- Age-related renal changes with nonobstructive mineralizations.
- Full stomach.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA or direct proactive removal are indicated.







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.

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