



PATIENT

Nova McFadyen

SPECIES

Canine

BREED

Klee Kai, Alaskan

SEX

Spayed Female

AGE

8 Years 1 Month

WEIGHT

13 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

Lake Bonavista Animal
Clinic / Dr. Joanna Pytka

INVOICE

36422

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- On March - Acute seizure episode (~1 minute duration) on day of presentation, First known seizure event
- Abnormal PE/Chem/CBC/UA Results: Chemistry (March 22, 2026): ↑ ALT: 285 U/L (moderate elevation), ↑ GGT: 33 U/L (elevated) ALP: within normal limits Bilirubin: normal Electrolytes, glucose, renal parameters: WNL ,Lipase within reference range CBC: Within normal limits (no inflammatory leukogram) Follow-up chemistry (March 27, 2026): ALT normalized (65 U/L) ALP normal No persistent biochemical abnormalities.

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Mineralization was present in the kidneys. The right kidney measured 5.2 cm. The left kidney measured 4.87 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 1.45 cm x 0.5 cm. The left adrenal gland measured 0.49 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 were noted.

Liver

The **liver** itself was unremarkable. Minor excessive gallbladder debris/coalesced bile was noted.

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.



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Pancreas

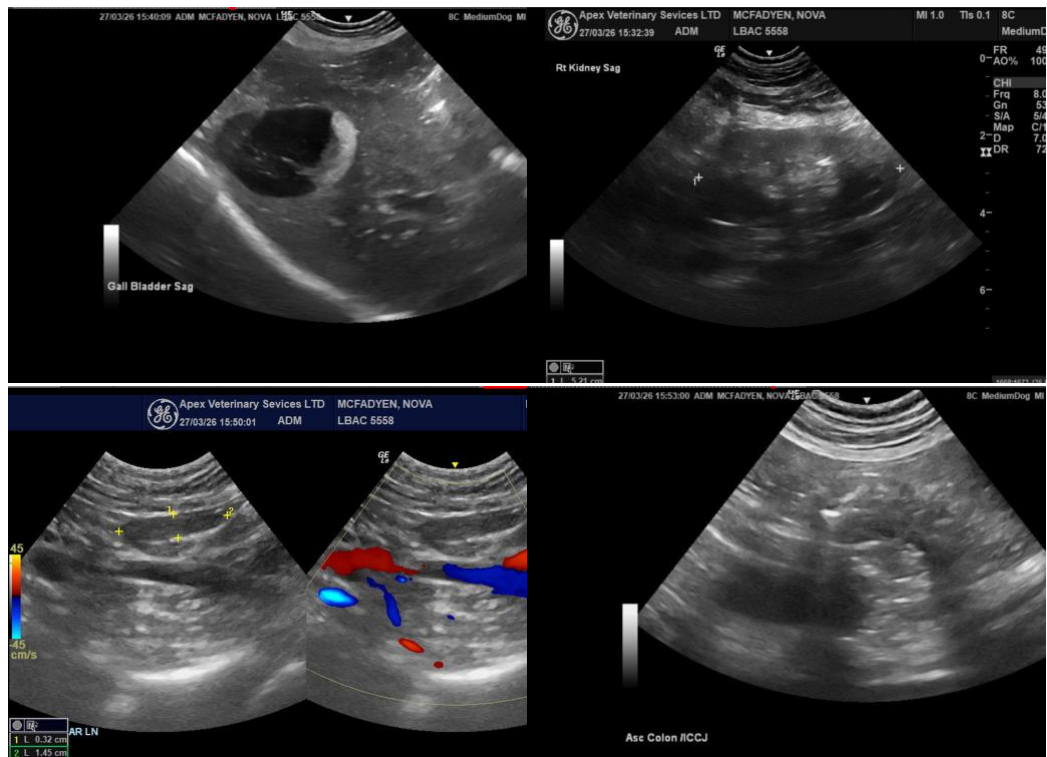
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Minor renal mineralization
- Excessive gallbladder sludge/debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical disease. Ursodiol therapy over a 6-8 week period is recommended as a preventive. Skull CT with contrast is indicated given the seizure activity.





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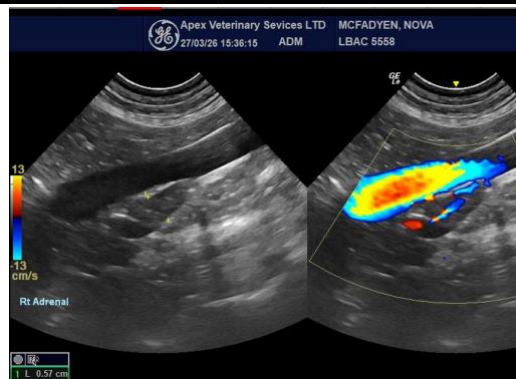
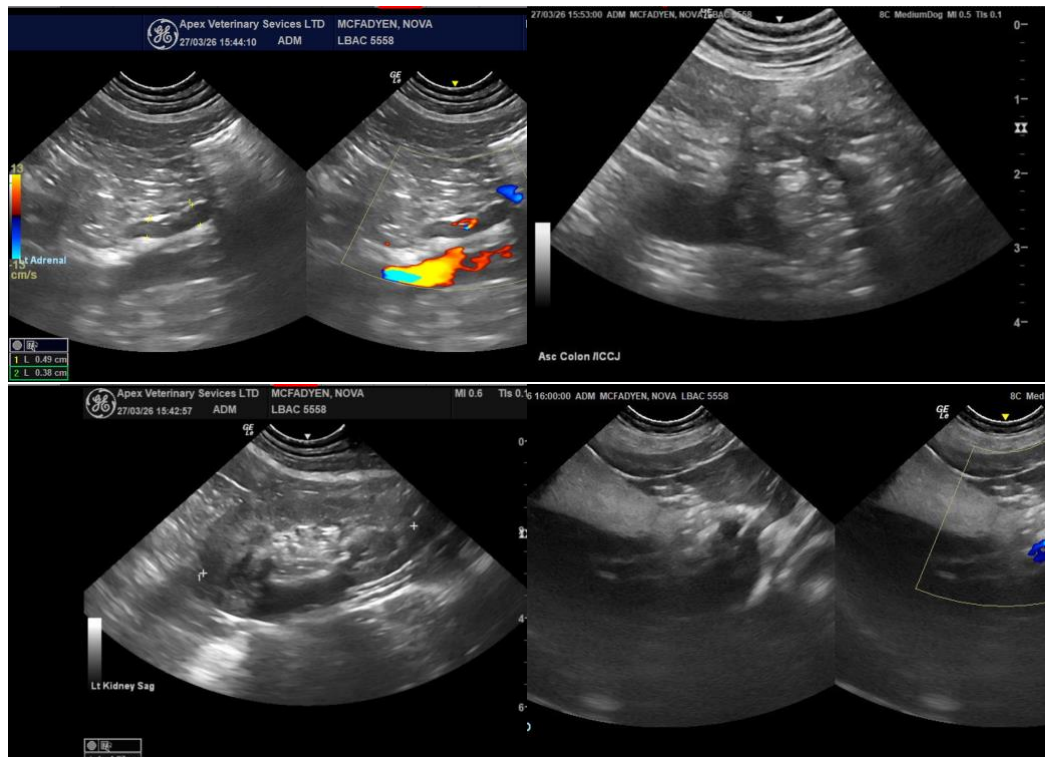
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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