



PATIENT

Feldspar Evans

SPECIES

Canine

BREED

Brittany

SEX

Spayed female

AGE

9 years

WEIGHT

43.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Andrews

INVOICE

72159

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Splenectomy Sept 2025, biopsy showed hemangioma. Liver biopsied at that time, showed MILD LYMPHOPLASMACYTIC PORTAL INFLAMMATION (REACTIVE HEPATOPATHY)
- P presented 2/19 for decreased appetite and difficulty walking, particularly in the hind end
- Labwork showed highly elevated platelet counts, anemia (31%), elevated ALP (chronic, over 1000 since 2023)
- 2/20/26 Globulin 4.5g/dL (1.6-3.6) Alk Phosphatase 1145 IU/L (5-131) HCT 31 % (36-60) Platelet Count $1128 \times 10^3/\mu\text{L}$ (170-400) Platelet Estimate Increased

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 3.0 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 **kidneys** were swollen with thickened cortices with thickened corticomedullary calculi. The left kidney measured 7.2 cm. The right kidney measured 7.4 cm.

The residual prostate measured 0.7 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 and right adrenal gland measured 0.8 cm.

Spleen

The **spleen** was not visualized as it was previously removed.

Liver

The **liver** revealed slight, coarse architecture with mild, uniform enlargement. 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. A minor amount of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

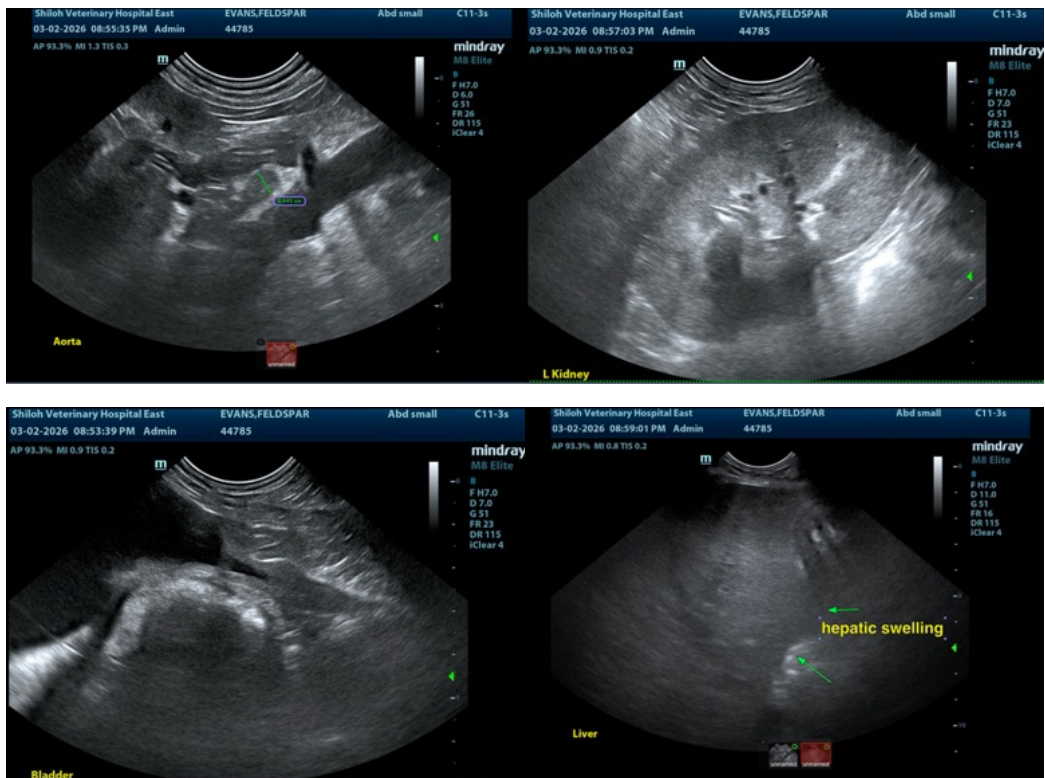
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Enlarged kidneys and liver, non-specific presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the renal cortex and liver can be considered for further definition. The cause of anemia is unclear. CBC path review +/- bone marrow aspirate would be appropriate. The renal and hepatic changes are likely benign. However, I cannot ignore the enlargement and thickened cortices on the kidneys and the generalized enlargement of the liver.





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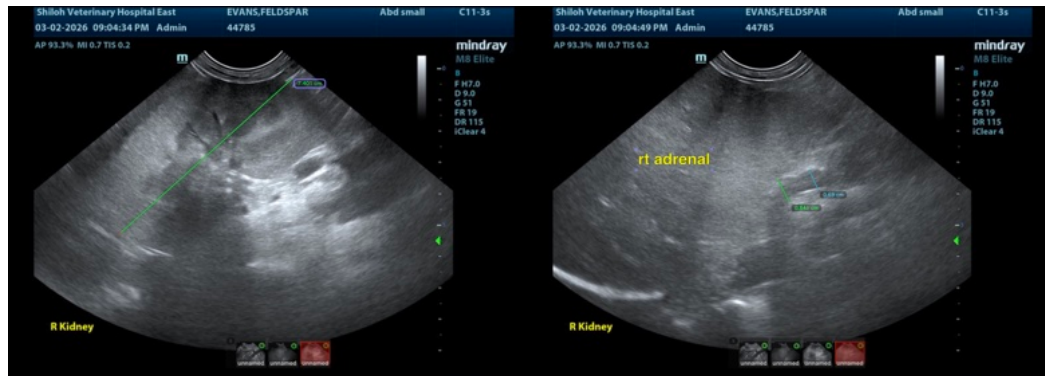
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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