

PATIENT

Lincoln Kimble

SPECIES

Canine

BREED

Wire Fox Terrier

SEX

Neutered male

AGE

Almost 8 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenny Russell

HOSPITAL NAME

Southwest Texas
Veterinary Medical
Center

REFERRING VET

Dr. Stokes

INVOICE

72257

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- After dental several months ago P was put on Denamarin for a month but then it was not continued.
- Overall P had been doing fine but the weekend before current visit he wasn't as interested in food and vomited once. But he was back to his normal self Monday morning, so they just decided to send bloodwork off.
- P had previously had mildly elevated ALT before a dental -Bile acids were sent off and were normal, Lepto negative -Last weekend P was off so owners thought it might be his liver again, after sending off bloodwork ALT and ALP were significantly increased than last time, rest of bloodwork was unremarkable -P was better so no medications were given but O elected to go ahead and do US for peace of mind

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 was noted. Ureteral papillae were normal.

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 6.05 cm. The right kidney measured 5.83 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 2.43 x 0.38 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 2.27 x 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed slightly increased portal markings. Minor gallbladder polyps were noted, yet not pathological. The gallbladder and common bile duct were unremarkable with non-specific changes.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

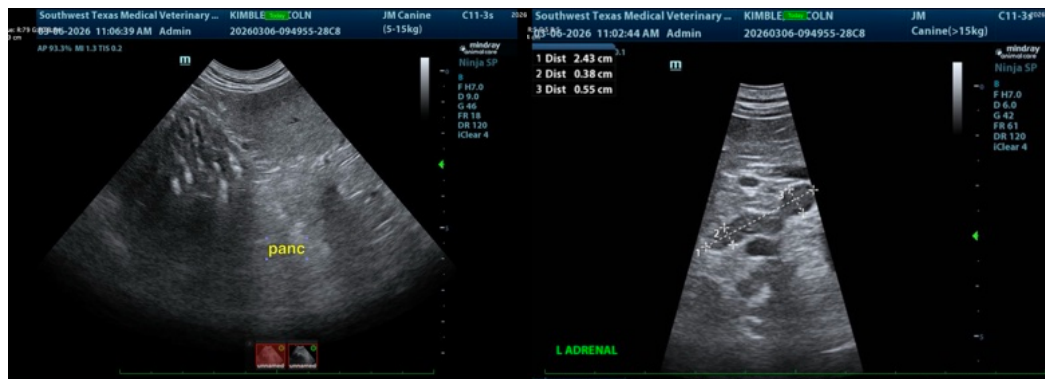
ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

Benign hepatic presentation. Likely reactive hepatopathy or minor low-grade inflammatory hepatopathy. Minor retention of ingesta noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. FNA can be considered for further definition.





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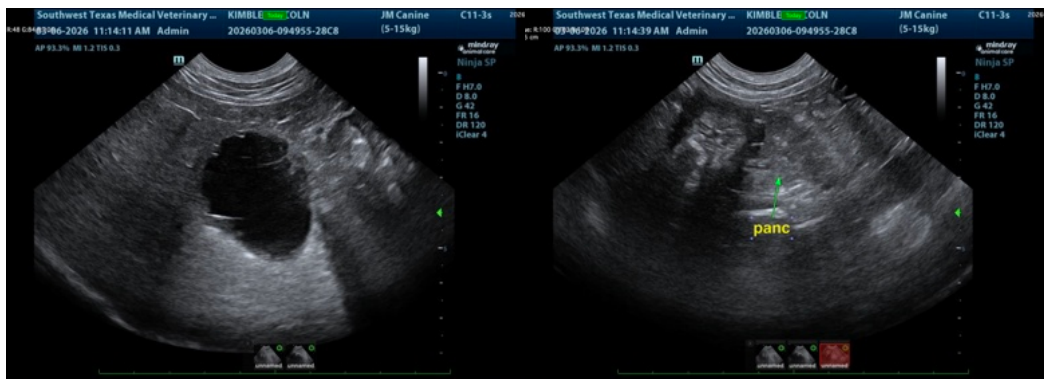
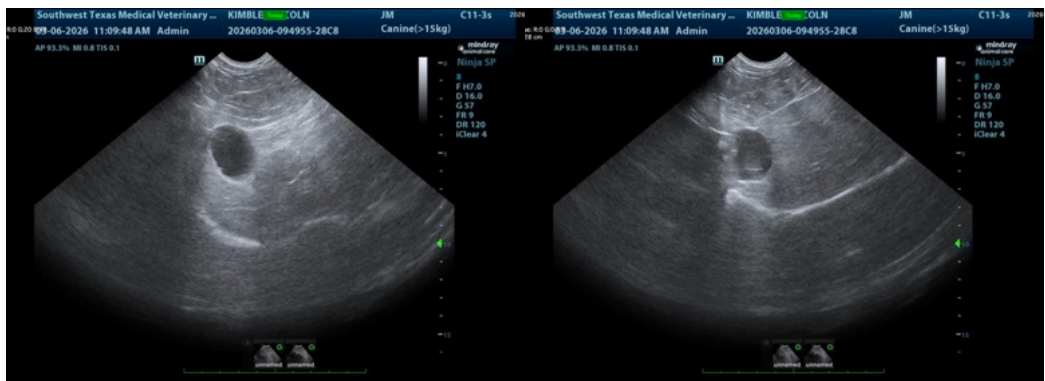
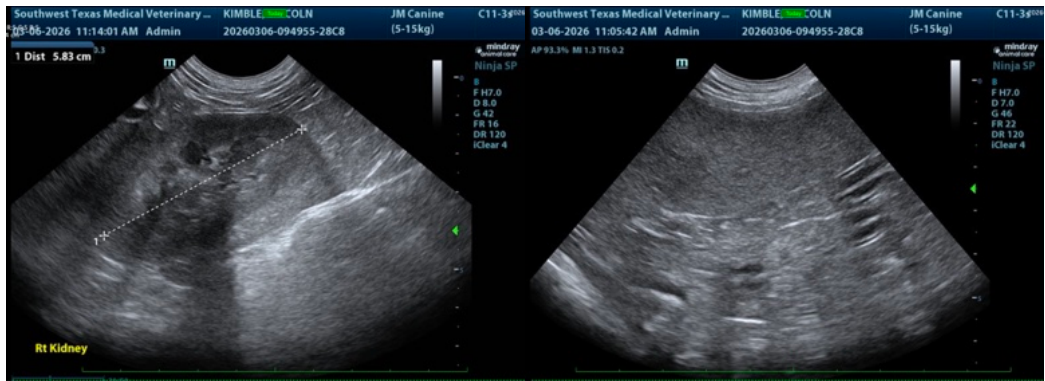
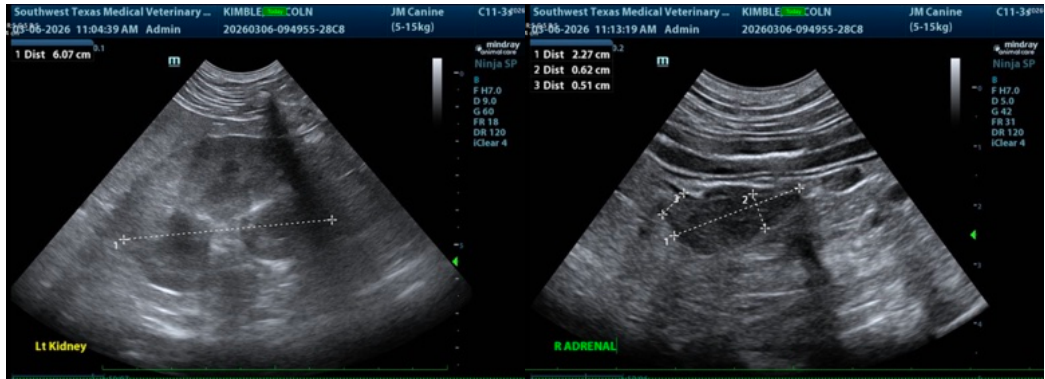
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com