

PATIENT

Blue Raymond

SPECIES

Canine

BREED

Not Provided

SEX

Spayed Female

AGE

12 Years

WEIGHT

64 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands Animal
Hospital

REFERRING VET

Dr. Frankenberger

INVOICE

15028

DATE

04/11/26

PRESENTING CLINICAL SIGNS

Ultrasound for elevated ALP. Sedated with butorphanol IV for ultrasound. Blood panel normal except elevated ALP. Started pet on Novox for lameness and hip dysplasia. Cystocentesis obtained prior to abdominal US.

Abnormal PE/Chem/CBC/UA Results: CBC normal, ALP 886.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 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 6.45 cm in length. The right kidney measured 5.7 cm in length.

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 0.47 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland measured 0.56 cm width at the caudal pole and 1.2 cm width at the cranial pole.

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. The spleen measured 2.1 cm width. Occasional hyperechoic lipid plaques were noted yet not pathological.

Liver

The **liver** revealed heterogenous parenchymal changes with subjectively benign remodeling. Minor irregular swelling in the left liver was present with minor increased portal markings. 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.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Minor hepatic remodeling- benign hepatopathy.
- Largely age-related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinically significant disease. FNA could be considered for further definition.





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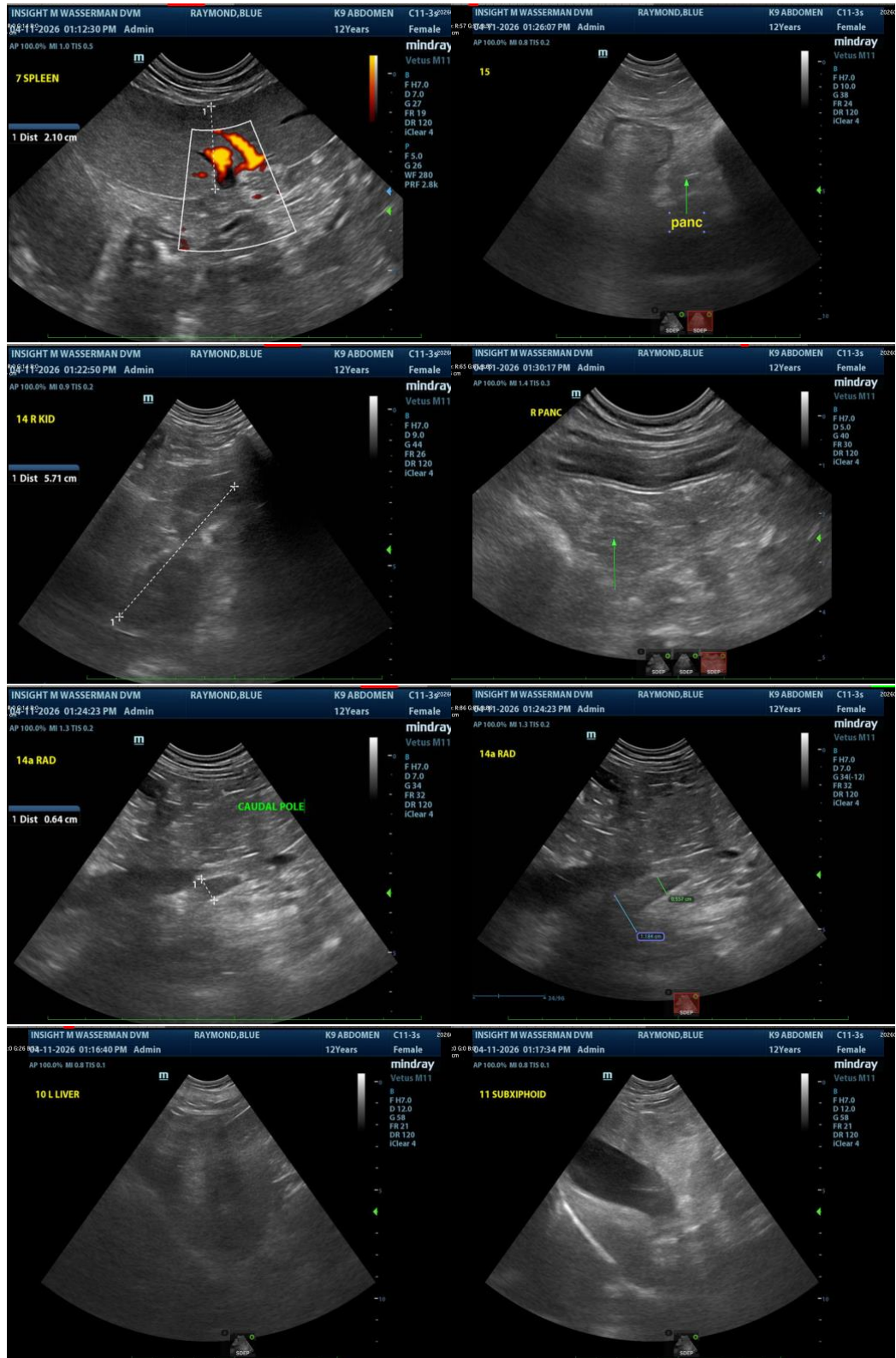
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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