

## PATIENT

Ziva Gordon

## SPECIES

Canine

## BREED

Greyhound

## SEX

Spayed female

## AGE

11 years

## WEIGHT

52.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jennifer Todd

## HOSPITAL NAME

Lambs Gap AH

## REFERRING VET

Dr. Kinney

## INVOICE

74415

## DATE

4/13/26

## PRESENTING CLINICAL SIGNS

**History:** Ziva is an 11 year-old, female spayed Greyhound who has a history of suspected IBD. She has a history of mildly elevations in GGT and ALP. She is on Royal Canin HP, famotidine BID, omeprazole SID, phycos, B12, probiotics, gabapentin, Denamarin, cerenia PRN, and tacrolimus. She was on tylan and psyllium but owner owner's reported they did not think it helps

She has had a recent episode of diarrhea and vomited once and was diagnosed with clostridial diarrhea and metronidazole was started. She is feeling fine and has a good appetite. Three days before this, blood work sent out and the ALP and GGT are increased and her AST and ALT are now mildly elevated as well. An abdominal ultrasound was recommended due to increasing hepatic enzymes in spite of being on Denamarin.

3/19/26: ALT=144, AST=59, ALP=946, GGT=18

## 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 7.2 cm. The right kidney measured 7.36 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 2.57 x 0.41 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 2.4 x 0.6 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 was noted.



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## Liver

The **liver** revealed slight heterogenous parenchymal changes with parenchymal changes with a mixed echogenic nodule in the base of the caudate process. The nodule was largely isoechoic with a hyperechoic center measuring 1.27 cm and is in the midst of a hypoechoic 5.7 cm non-disruptive macronodular change/technically a mass, yet architectural deviation was minimal. This is most consistent with hyperplasia; however, FNA of the general parenchyma is recommended. A separate nodule was noted in the left medial liver with mild capsular expansion measuring 1.5 cm. 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.

## 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

Nodule or macronodular hepatomatous type liver nodules and non-disruptive mass, likely adenoma or hepatoma. Mild potential for carcinoma, suppurative hepatitis is possible, yet less likely.

Otherwise, unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ultrasound-guided FNA or monitoring of the two nodules and the macronodular changes in the right cranial liver is recommended for further definition.



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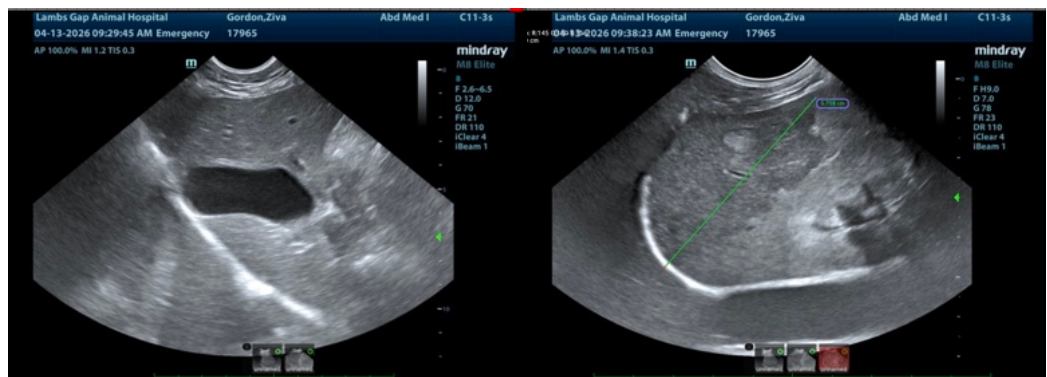
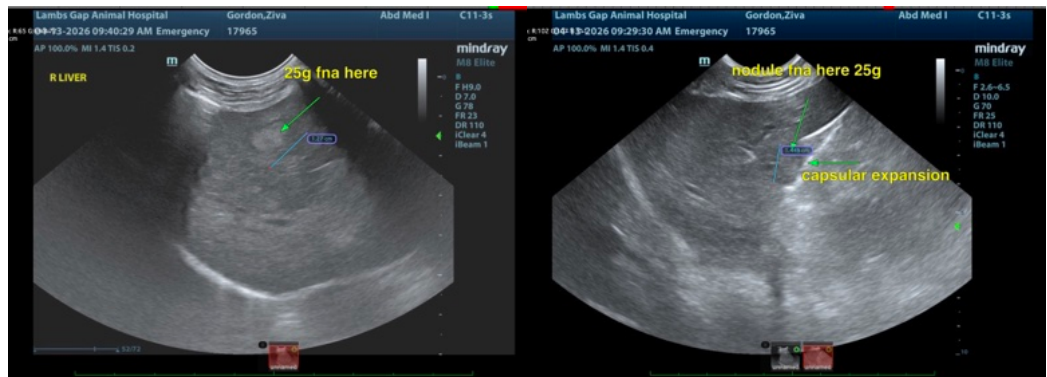
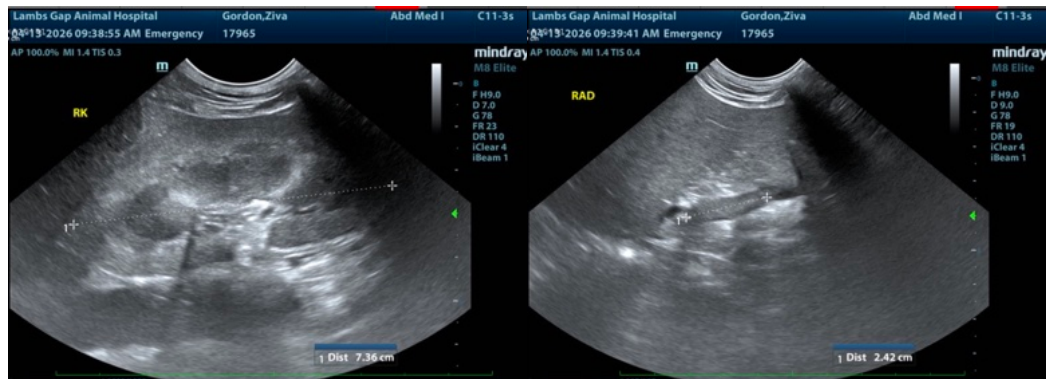
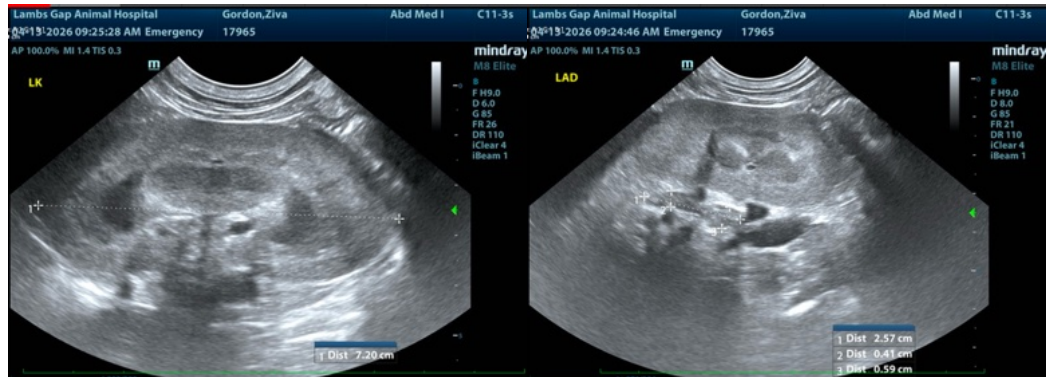
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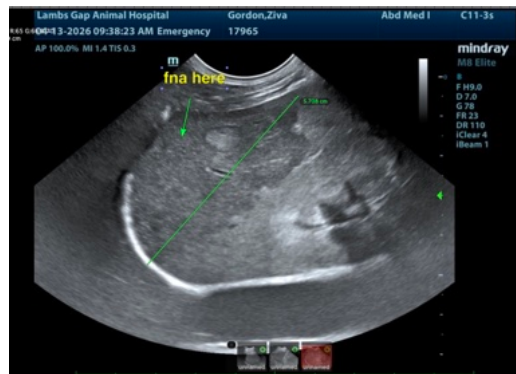
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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