



## PATIENT

Mocha Lazo

## SPECIES

Canine

## BREED

Cocker Spaniel x

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

29.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brittany Wolfe

## HOSPITAL NAME

HomeVets

## REFERRING VET

Dr. Brittany Wolfe

## INVOICE

74544

## DATE

4/17/26

## PRESENTING CLINICAL SIGNS

P presents for US for recent ALT elevation and new proteinuria.

P has a history of chronic liver enzyme elevations for years (ALT 700s). P had liver biopsies aug 2024 which revealed extrahepatic cause and mild e.coli growth. P was diagnosed w/ pancreatitis and liver enzymes drastically improved after tx w/ clavacillin, denamarin advanced, ursodiol, and rx low fat diet. P is still on denamarin, ursodiol, and rx diet, but ALT and ALP increased in dec and new proteinuria.

Abnormal PE/Chem/CBC/UA Results: USG 1.019 UPC 0.7, has improved since starting telmisartan. most recent UPC 0.3 UCC normal, 24 ALT 308, ALP 547 (previous ALT 204, P had been holding steady in the low 200s compared to his previous 700s prior to liver biopsies) Remainder of CBC/chem/T4/UA normal

## 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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 5.0 cm. Left kidney measured 5.0 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. Left measured 0.60 cm. Right measured 0.40 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional non-disruptive hypoechoic nodular change noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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**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**

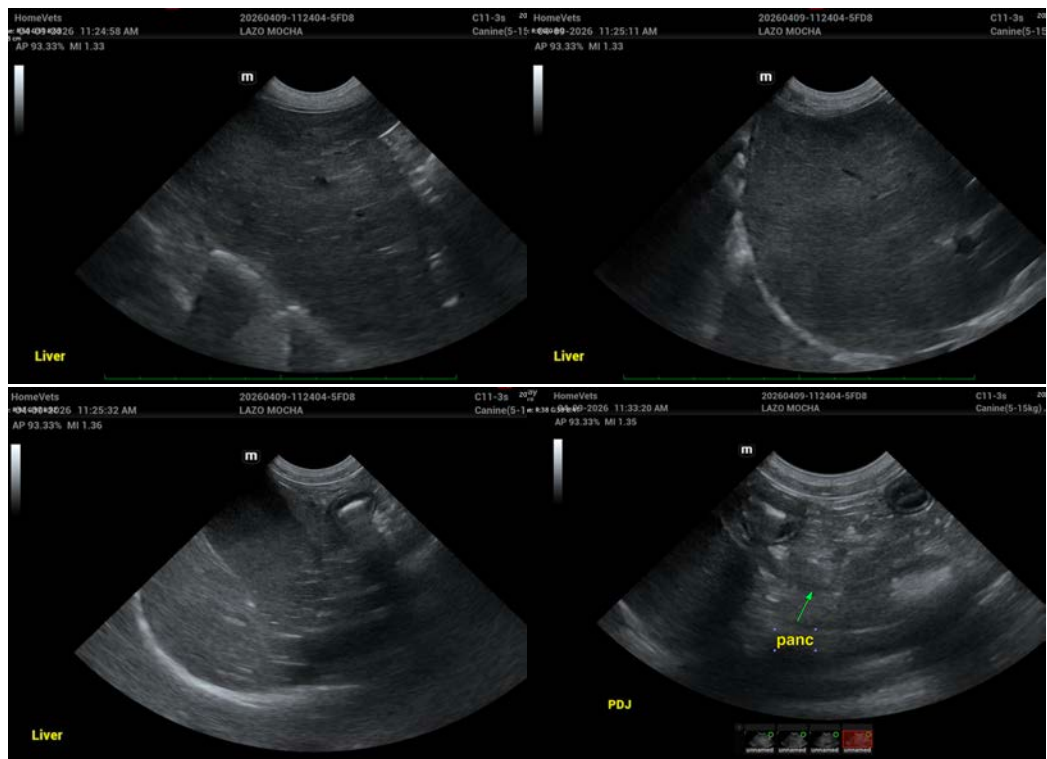
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy with mild to moderate amount of remodeling.
- Minor excessive gallbladder debris.
- Age related renal changes.
- Age related pancreatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of neoplasia or significant disease. FNA of the liver could be considered for further definition. Ursodiol therapy could be justified.





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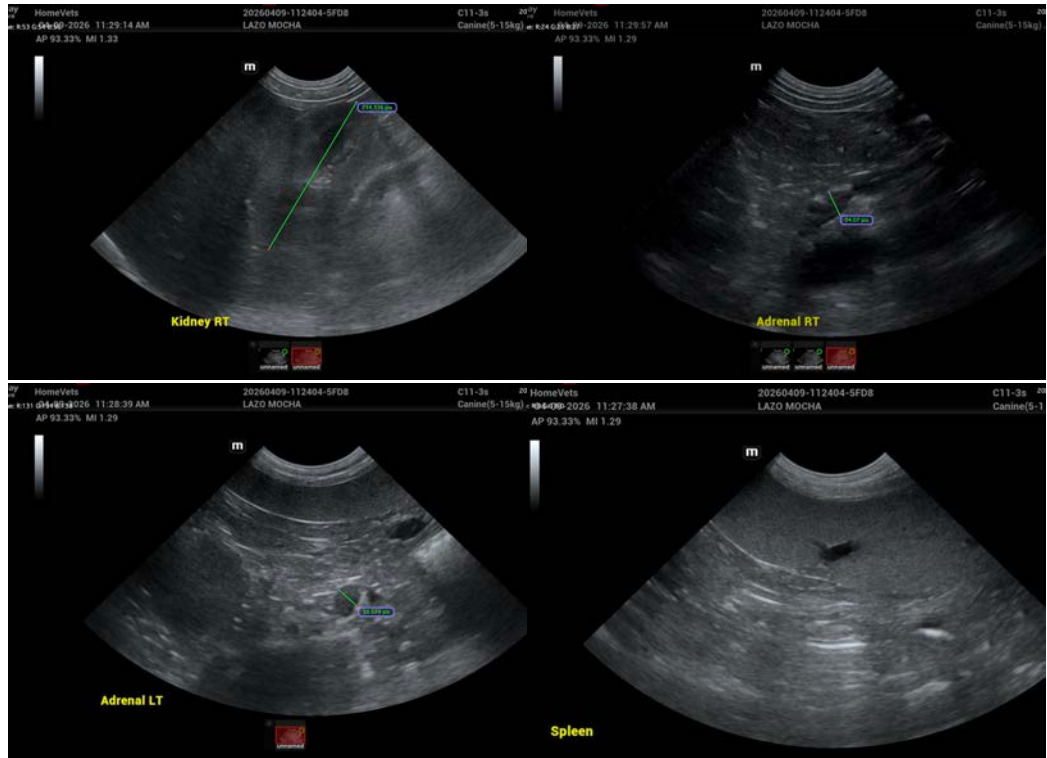
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
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