



PATIENT

Frida Albrich

SPECIES

Canine

BREED

Mixed Breed/Australian Shepherd Mix

SEX

Spayed Female

AGE

1 Year

WEIGHT

27.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE

36667

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: Patient presents as a transfer from Vetco. Patient was lethargic at home starting on Monday morning. She has been refusing to eat her normal meals since then but she will still eat treats intermittent. She had one episode of vomiting on Monday morning but she has not had any vomiting since then. The owner is uncertain about her recent bowel movements since she goes outside unsupervised. Bloodwork at the rDVM this morning showed elevated ALT and ALP. The owner can not account for any potential toxin exposure. She does not have any prior history of liver disease. Pet is urinating blood. Attempting to free catch a UA. 3 veiw RADS were taken and submitted for review.

Abnormal PE/Chem/CBC/UA Results: Alt= 1438 RDVM Alk Phos = 238 RDVM Pt= Greater than 100 Ptt= 212

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a large amount of suspended and coalesced debris creating a blood clot or similar that should be differentiated from a mass with power doppler.

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 6.5 cm. The right kidney measured 6.1 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.

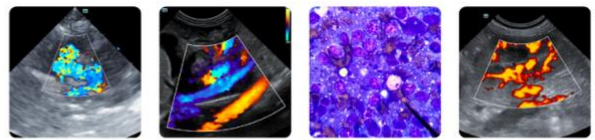
Liver

The **liver** revealed mild increased portal markings and coarse architecture, consistent with cholangiohepatitis or history of cholangiohepatitis. 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



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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.

Free Abdomen

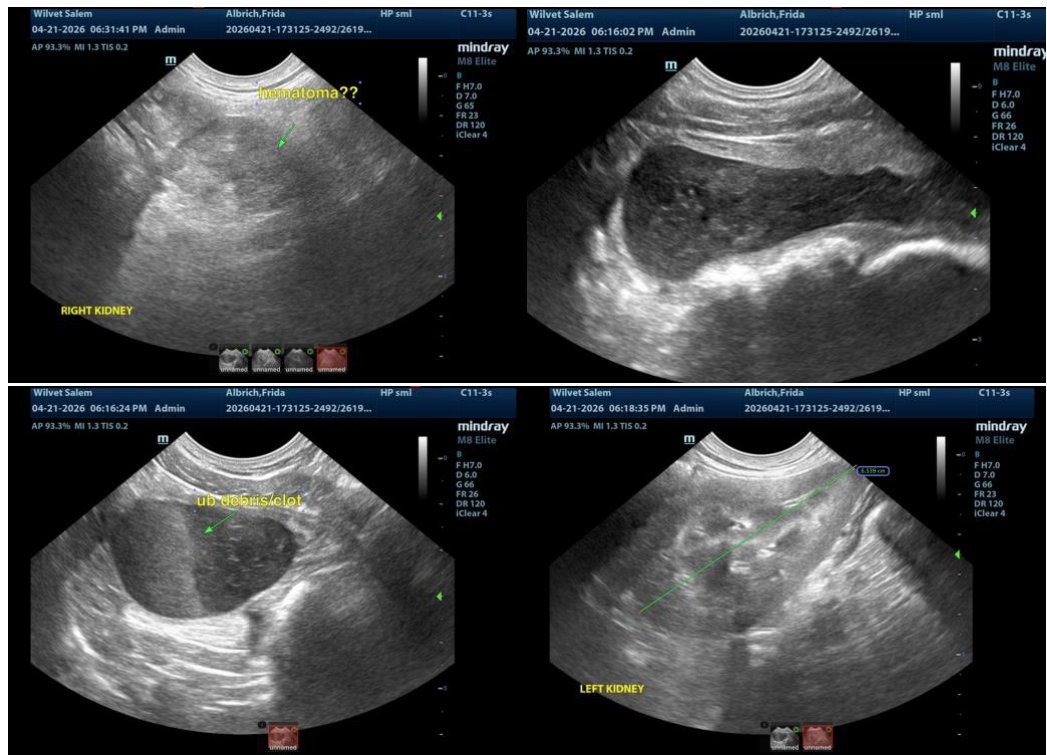
Free fluid was noted in the abdomen. Heterogenous mixed hypoechoic tissue or blood clots were noted in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

- Bladder hematoma
- Undefined free fluid
- Undifferentiated tissue or blood clots in the abdomen
- Concurrent cholangiohepatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for potential bladder rent or hemorrhage. Spontaneous hemorrhage is possible. Full coagulation panel is indicated. Recommend assessing if any cystocentesis has been performed in this patient given the probable blood clot in the bladder. Plasma transfusion would be warranted. Leptospirosis titers is indicated. Supportive care is indicated. Eventual exploratory surgery may be necessary if coagulation panel is able to be normalized. Medical management and daily sonogram is recommended regarding the urine production and the free fluid in the abdomen. Prognosis is guarded. Warfarin toxicity should also be considered as a potential.





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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
info@SonoPath.com