



PATIENT

Abe Weister

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

43.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annville-Cleona
Veterinary Associates

REFERRING VET

Dr. Alexandra
Pinamonti

INVOICE

15433

DATE

04/24/26

PRESENTING CLINICAL SIGNS

V+ multiple times 4/23/26 - anorexia this morning. Lethargy. 4/10/26 - rx cephalexin and prednisone - discontinued yesterday thinking possible reaction to medications

Abnormal PE/Chem/CBC/UA Results: TBil = 7.6 ALP= 594 Ca =12.1 Painful on abdominal palpation Too icteric for creatinine and ALT readings

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** in this patient presented uniform corticomedullary ratio; however, the ill-defined hyperechoic corticomedullary band was present bilaterally. This is consistent with medullary rim sign. Mild degenerative renal changes were noted. The contour was uniform. This is an idiopathic finding, yet at times can be related to FIP or lymphoma in cats but most of the time is idiopathic. This finding in dogs can be related to tubular disease. Assessment for any proteinuria would be warranted if not already performed. The left kidney measured 5.7 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The region of the **adrenal glands** were imaged with no evident pathology.

Spleen

The **spleen** revealed subtle micronodular changes with relatively normal size. The spleen was folded upon itself cranially.

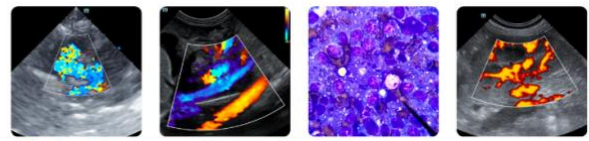
Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. The gallbladder was overdistended with suspended debris measuring 5.4 cm x 3.0 cm consistent with emerging gallbladder mucocele.

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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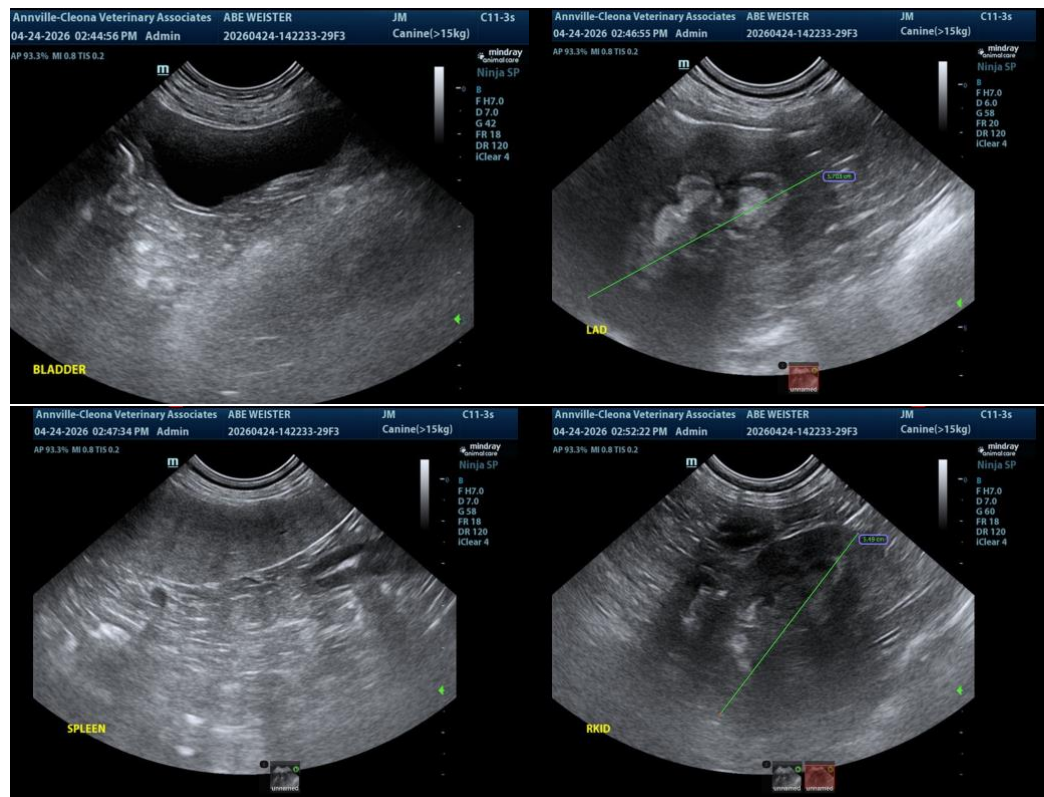
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis liver pattern.
- Micronodular splenic pattern.
- Emerging gallbladder mucocele.
- Idiopathic medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers is indicated. Screening FNA of the spleen and liver is indicated. Supportive care with ursodiol over a six-to-eight-week period, however, if the liver values are not improving, I recommend further imaging in the common bile duct under sedation. Direct cholecystectomy in the liver biopsy is indicated. The prednisone therapy may be suppressing a more significant presentation. Both parenchymal disease and gallbladder disease appear to be the primary issues in this patient.





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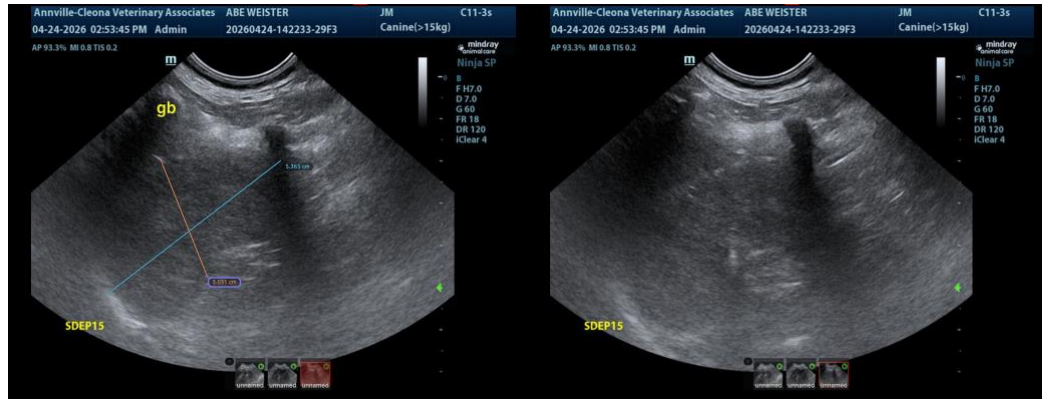
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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