



PATIENT	PRESENTING CLINICAL SIGNS
Lex Linta	History: Pet seen at rdvm for urinary issues drinks and urinates ++++ January 23rd, elevated liver values at that time. Then bloodwork repeated 4/10/26 liver values still elevated but better.
SPECIES	Owner pre med for AUS with Trazadone 450mg, Gabapentin 1600mg, and Alprazolam 3mg at 7a-10a Pre existing med: ear issues. Medications: ear meds plus premeds.
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: UR culture 1/2026: Candida parapsilosis, negative for bacteria UR culture 2/27/2026: Staphylococcus pseudintermedius UR 1/2026: SG 1.009; blood 3+; pH 7.0; Leu 3+; 26 wbc/hpf UR 2/2026: SG 1.004; blood 2+; pH 7.0; <1 wbc/hpf; <1rbc/hpf; <1 non squam/hpf UR 3/2026: SG 1.002; blood +; pH 7.0; 3 wbc/hpf; 2rbc/hpf; <1/hpf Rads: liver enlarged, air in SI, small area of increased radiopacity in retroperitoneal area Bloodwork 12/2025 ALP 310; Lip 589 Bloodwork 3/2026 ALP 380; Lip 307.
Black Russian Terrier	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	
AGE	<i>Urinary System</i>
12 Years	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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable. The prostate was not overtly visible.
WEIGHT	
43.4 kg	
INTERPRETED BY	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. Slight pinpoint mineralizations were noted. The right kidney measured 7.83 cm. The left kidney measured 8.44 cm.
Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS	
IMAGING PERFORMED BY	<i>Adrenal Glands</i>
Erin Wicks	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 4.0 cm x 0.95 cm at the cranial pole and 0.83 cm at the caudal pole. The right adrenal gland measured 3.16 cm x 0.83 cm at the caudal pole and 0.77 cm at the cranial pole.
HOSPITAL NAME	<i>Spleen</i>
Shores VEC	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.
REFERRING VET	<i>Liver</i>
Dr. Kerr	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. The gallbladder presented some dependent debris with essentially normal
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DATE	
4/24/26	



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contour. The cystic and common bile ducts were normal. 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.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

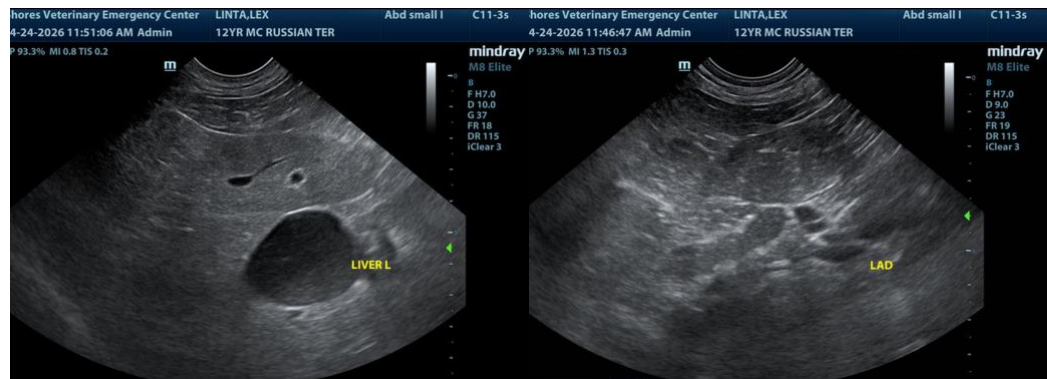
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. A pancreatic cyst was noted, measuring 1.5 cm at the right base, not pathological.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic cyst
- Slight pinpoint renal mineralizations
- Partially full stomach
- Age-related abdominal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Periodic passage of calculi may be an issue, yet no calculi were noted at the time of the sonogram. The lower urinary tract was unremarkable. Cannot rule out distal urethral pathology. If prostatic disease is suspected, further imaging of deep pelvic urethra and prostate is warranted.





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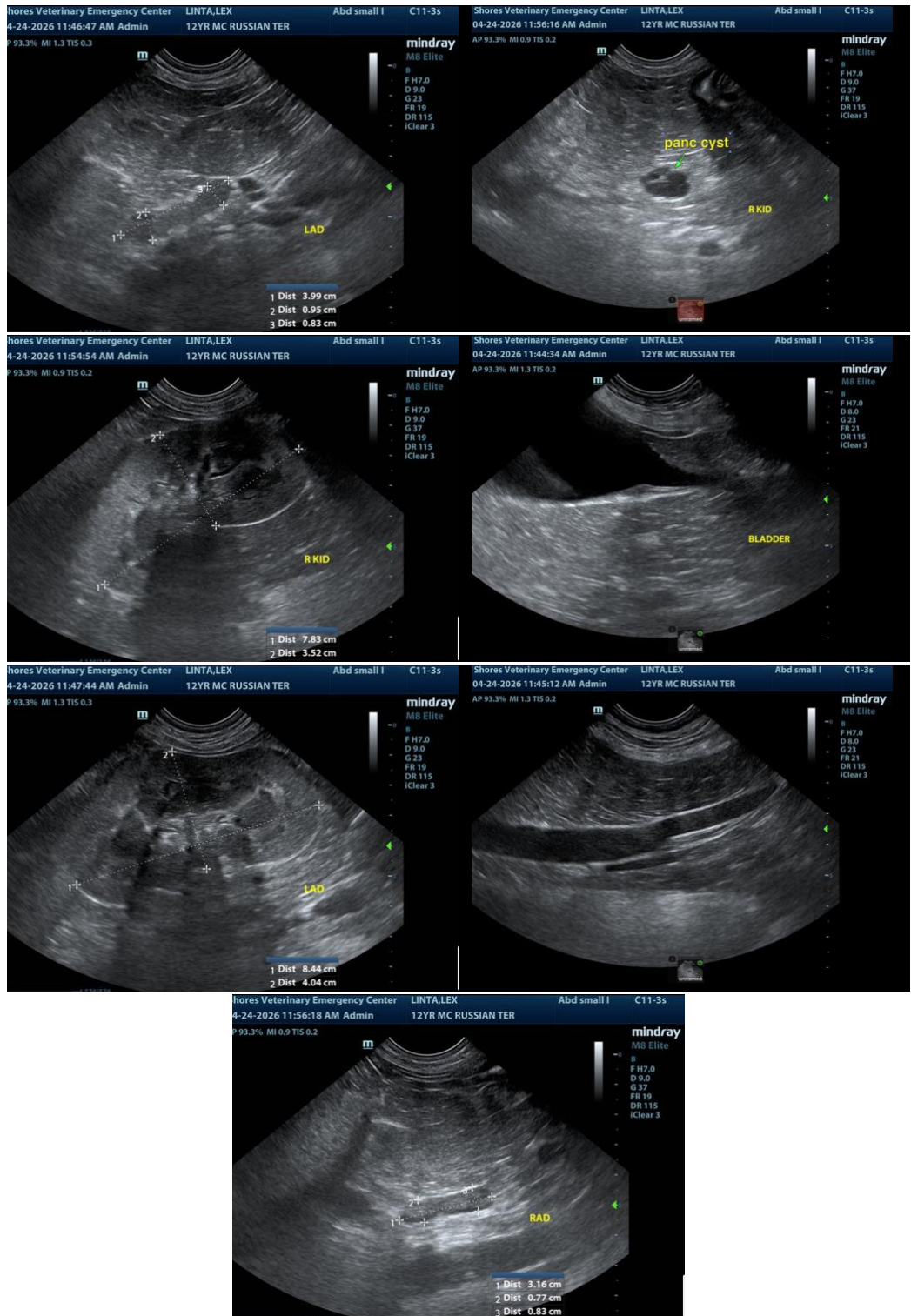
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The information and recommendations provided are based on the images presented by the referring



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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.

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