



PATIENT

Coco Bowditch

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

10 Years 7 Months

WEIGHT

60 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

15563

DATE

04/28/26

PRESENTING CLINICAL SIGNS

*Mild persistent elevation in ALT *Asymptomatic *Positive for anaplasma and ehrlichia with clinical signs in July 2025 - treated with doxycycline - now ehrlichia negative, still anaplasma antibody positive but PCR negative, CBC normal *Chronic seasonal allergic conjunctivitis

Abnormal PE/Chem/CBC/UA Results: ALT not measured at ER visit for July tick-borne disease episode ALT 165 (12-118) on wellness panel in October ALT 145 after Denamarin x 3 weeks ALT 195 in April - had stopped Denamarin

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 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 6.4 cm in length. The right kidney measured 6.57 cm in length.

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 0.55 cm width at the cranial pole and 0.53 cm width at the caudal pole. The right adrenal gland measured 0.94 cm width at the cranial pole and 0.45 cm width at the caudal pole.

Spleen

The **spleen** presented largely normal with focal hypoechoic nodule, likely hyperplasia just caudal to the splenic hilus measuring 0.97 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 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

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

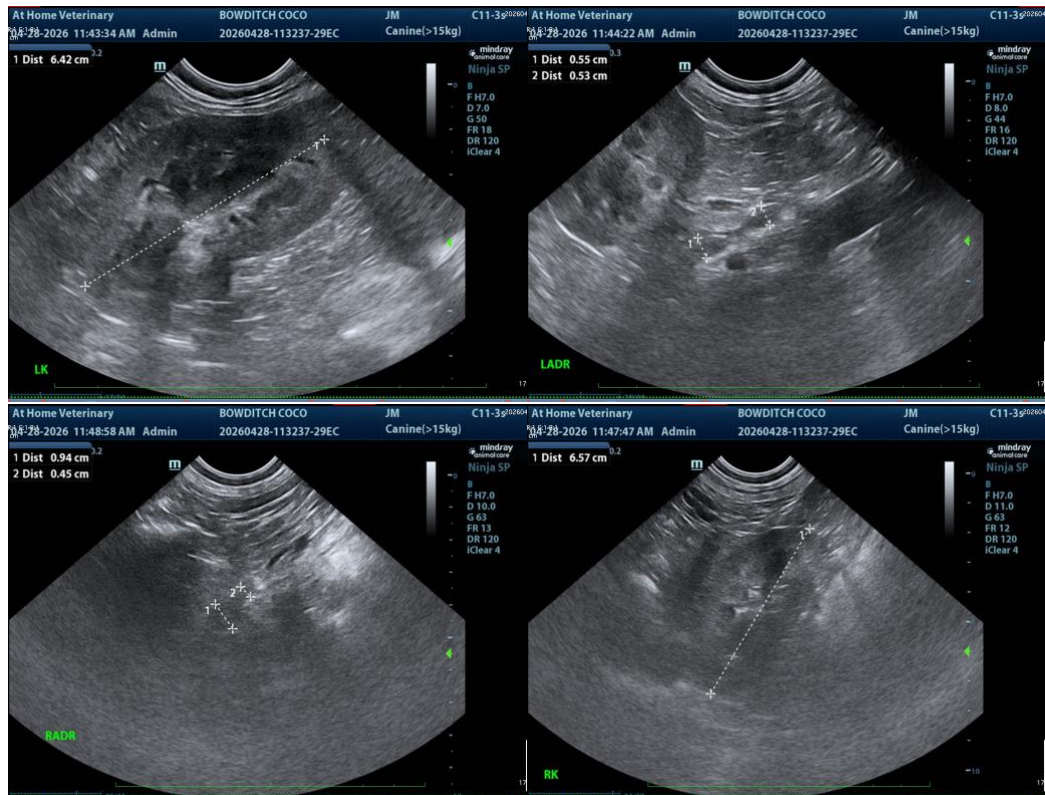
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

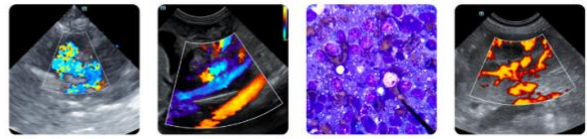
ULTRASONOGRAPHIC FINDINGS

- Focal splenic nodule- nondisruptive.
- Mild hepatic remodeling- likely reactive hepatopathy that's causing the elevated ALT, possible low-grade inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and splenic nodule would be ideal, however, subjectively the presentation appears benign. Recheck in one month of the splenic nodule primarily.





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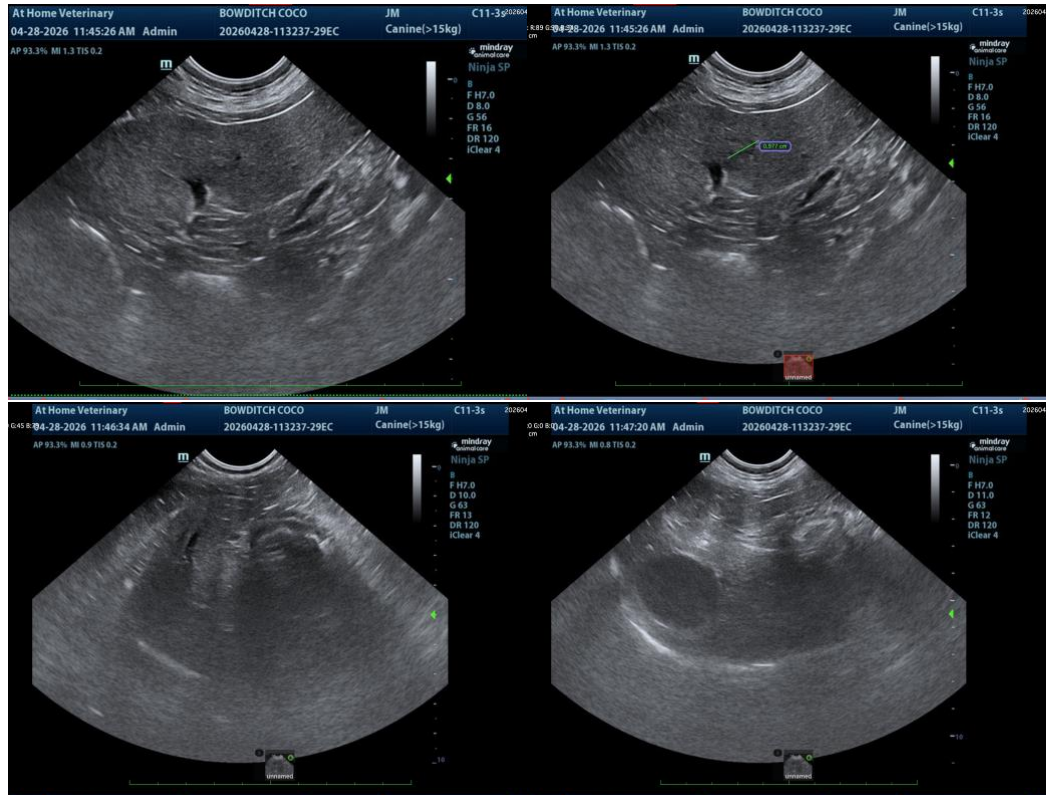
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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