



PATIENT

Molly Bridger

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

9 Years

WEIGHT

69.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM, D,
 ABVP-CFP

HOSPITAL NAME

Steele Creek Animal
 Hospital

REFERRING VET

Dr. Johanna Clark

INVOICE

74787

DATE

4/28/26

PRESENTING CLINICAL SIGNS

H/O acute vomiting, inappetence, and lethargy . She had an episode of vomiting and diarrhea 2 weeks ago and responded to fluids and antiemetics. Prior H/O chronic liver enzyme elevation at previous vet for years and acid reflux. Diet- Blue Buffalo Sr. food.

Abnormal PE/Chem/CBC/UA Results:PE: BCS 5-6/9, T 103.7, RR 60, anxious, panting, dehydrated, cystic mass in SC over epaxial region, abdomen palpated as soft and non-painful CBC- WNL; PCV 58%, TP 7.8 CHEM- ALP 1033; lactate 4.3^, PCO2 25 Low, BUN 8 low N, POCUS - liver parenchyma appeared abnormal and inflamed; spleen and LK appeared normal, no free fluid or obvious masses noted

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 pelvic urethra was imaged 4.5 cm beyond the cystourethral junction.

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 5.6 cm. Left kidney measured 6.0 cm.

Adrenal Glands

The **right adrenal gland** was enlarged, measuring 2.9 cm x 1.7 cm at the cranial pole and 0.69 cm at the caudal pole.

The **left adrenal gland** presented normal size and contour, measuring 1.75 cm x 0.63 cm at the caudal pole and 0.57 cm at the cranial pole.

Spleen

The **spleen** presented very subtle micronodular appearance, consistent with reactive spleen. However, I cannot rule out emerging round cell neoplasia.

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. 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.



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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.

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.

Free Abdomen

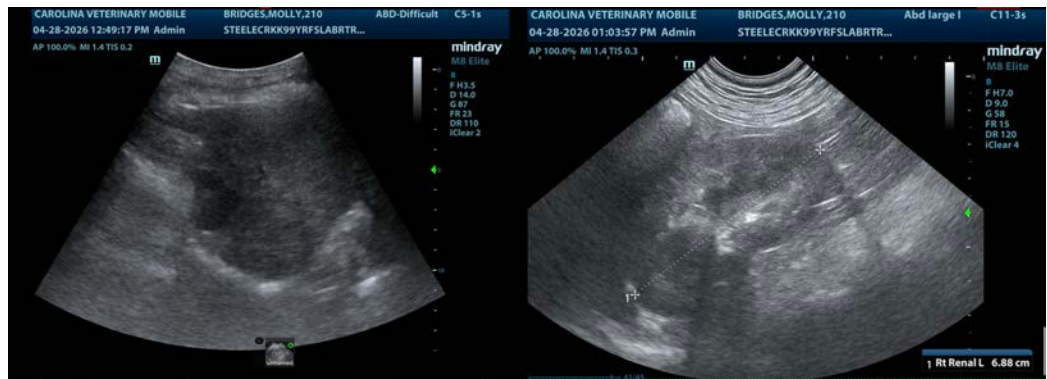
Enlarged reactive mesenteric lymph nodes noted. Largest measured 3.5 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Prominent right adrenal gland – likely hyperplasia or normal variant.
- Enlarged/reactive mesenteric lymph nodes, not likely to be neoplastic.
- Subtle micronodular spleen.
- Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If hypertension is an issue, urine metanephrine level indicated. Ultrasound guided FNA of the enlarged mesenteric lymph nodes indicated with cytology and culture. FNA of the spleen also warranted if clinical signs persist. Non-specific GI upset suspected. However, I cannot rule out an emerging neoplastic state. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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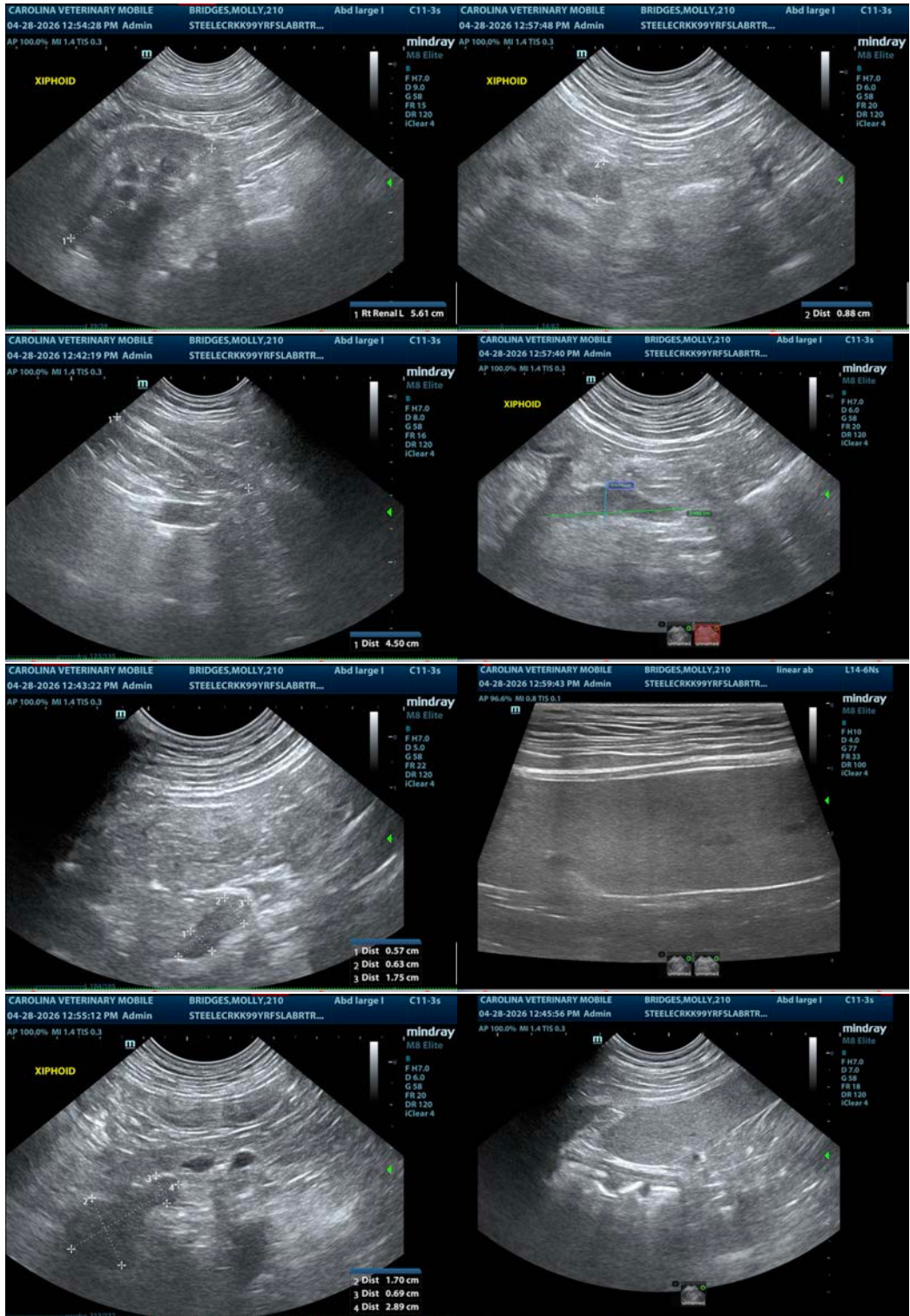
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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