



PATIENT

Lucy Vervoordt

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed female

AGE

10 years

WEIGHT

45.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

INVOICE

74979

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Elevated liver values, decreased appetite
Abnormal PE/Chem/CBC/UA Results: Calcium 12.4, ALT 585, AST 131, ALP 381, TOTAL BILI 0.4, GGT 19

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was thickened at the apical ventral wall measuring up to 1.2 cm. Small bladder calculi and sand were noted with suspended debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. The pelvic urethra was free of evident pathology.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The left kidney measured 5.3 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

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 was noted.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with 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. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

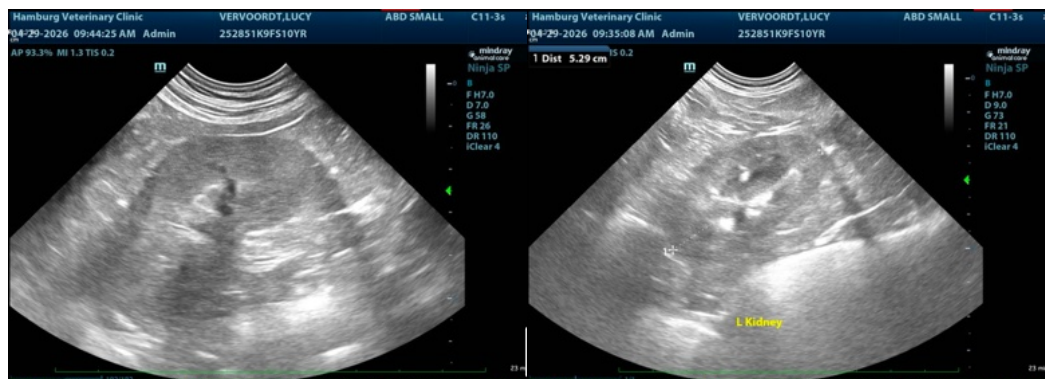
Bladder wall thickening with small sand and calculi, surgically resectable.

Minor nephrolithiasis, non-obstructive.

Otherwise, age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder is most consistent with chronic cystitis; however, underlying carcinoma cannot be ruled out. Resection of the bladder wall is recommended from a surgical standpoint would be recommended. BRAF testing, cytospin and free catch urine sample are all indicated to assess for carcinoma. Cystotomy is recommend with partial apical ventral wall resection is recommended to ensure that carcinoma is not an underlying issue as well remove any nidus of infection. Sand analysis as well as normal and retrograde bladder flushing would be recommended. Liver biopsy can be performed, yet subjectively appears benign.





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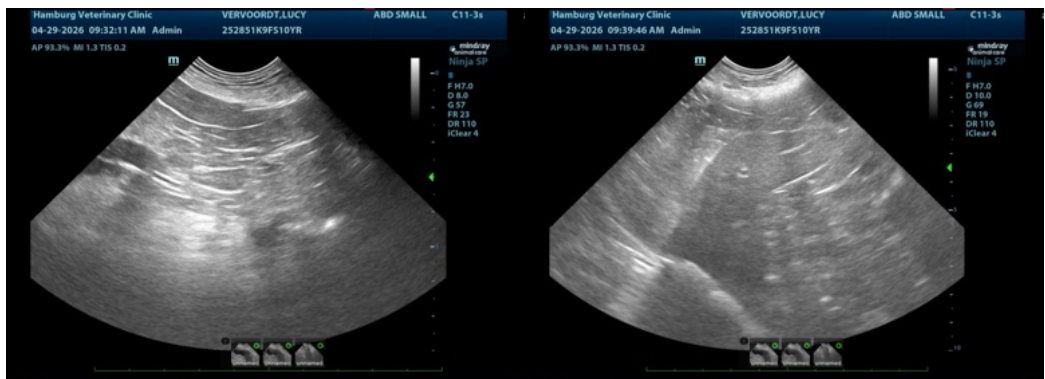
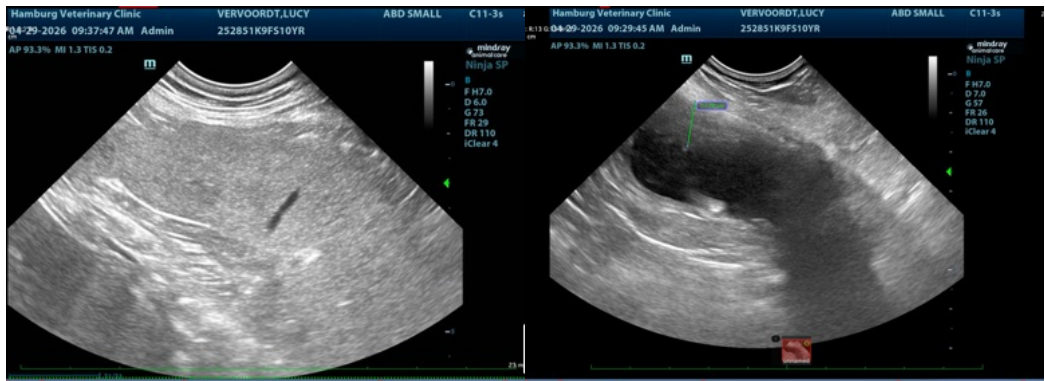
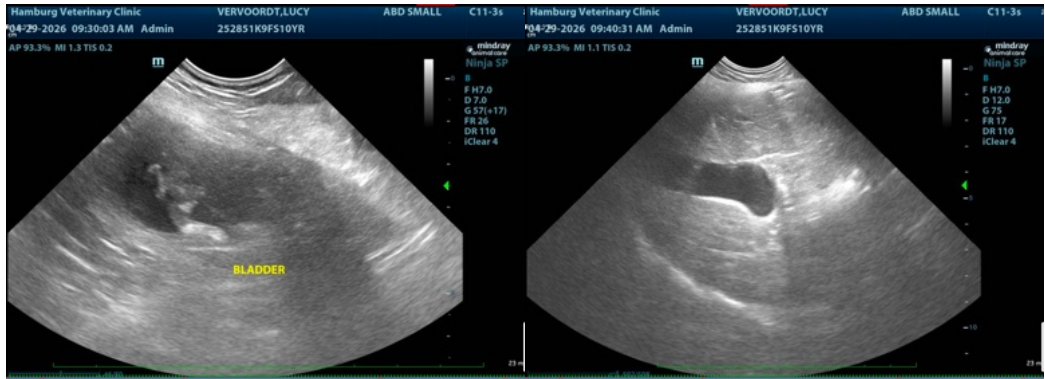
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com