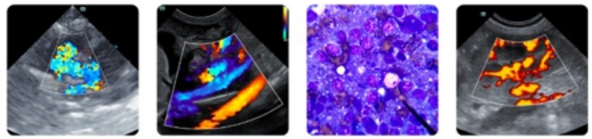


PATIENT

Abby Jones

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

11 years

WEIGHT

63 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jaime Uren

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Uren

INVOICE

74256

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Presents for chronic intermittent hyporexia, intermittent loose stool (chronic), increased panting, and inappropriate urination. Pt has a history of being treated for UTIs in the past but has not fully resolved symptoms.
- Rad report from rads taken 3/30/26: 1. Normal thorax
- 2. Slight gas distention of the small intestine and colon. Although this may be a transient gas accumulation of no significance due to aerophagia and eating a meal, in a patient with a history of ongoing gas intestinal disease I am also concerned that this might be a significant finding. Rule out inflammatory enteric disease such as enteritis, enterocolitis, inflammatory bowel disease, etc.
- Labwork from 3/30/26: mild neutrophilia (10.875), mild lymphopenia (0.75), mild thrombocytosis (416, mildly elevated ALT (204; historical), mildly elevated cholesterol (515), UA (free catch) had USG 1.032, wbc 15-20/hpf, rbc 20-30/hpf, rare rods, occ struvite crystals; UC grew mixed flora, suspect contamination
- Current meds: amoxicillin (just finished), gabapentin, proin (started on 3/31 as pt was leaking urine during visit on 3/30 & O noticed wet spots at home), proviable capsule&fiber supplement
- Previous sonopath AUS in March 2025 (due to mildly elevated ALT) conclusions: Likely reactive hepatopathy; Cystic splenic lesion (focal, hypoechoic cystic nodule in the mid spleen that measured 1.35 cm), should be monitored or direct proactive splenectomy can be considered with liver biopsy for further definition.
- Labwork from 3/30/26: mild neutrophilia (10.875), mild lymphopenia (0.75), mild thrombocytosis (416, mildly elevated ALT (204; historical), mildly elevated cholesterol (515), UA (free catch) had USG 1.032, wbc 15-20/hpf, rbc 20-30/hpf, rare rods, occ struvite crystals; Urine culture grew mixed flora, suspect contamination

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

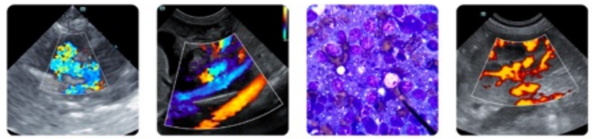
Urinary System

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 was noted. Ureteral papillae were normal.

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. The left kidney measured 6.4 cm. The right kidney measured 6.47 cm.

Adrenal Glands

The **adrenal glands** were not visualized.



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Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active 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.

Gastrointestinal

The **stomach** was over distended with fluid and gas obscuring some visibility. I cannot rule out underlying pathology. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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

Over distended stomach, may be obscuring more significant pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no other evidence of primary disease. Sedation and further imaging of the adrenal glands, 24-hour n.p.o. with further imaging of the upper gastrointestinal tract, particularly the pyloroduodenal junction in position SDEP 13.

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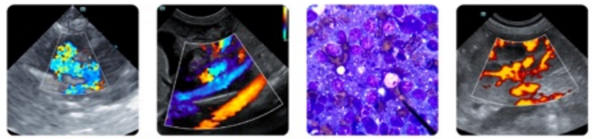
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com