



PATIENT

Luna Alger

SPECIES

Canine

BREED

Corgi

SEX

Spayed female

AGE

10 years

WEIGHT

35 lbs

PRESENTING CLINICAL SIGNS

History: Vomiting, decreased appetite

Abnormal PE/Chem/CBC/UA Results: PE: bcs 6/9, icteric. cranial abdominal organomegaly, sensitive on palpation - tenses up CBC wnl CHEM: ALT 1497 AST 480 ALP 987 GGT 51 Tbili 9.0

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 5.0 cm. The right kidney measured 4.9 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

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INVOICE

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Adrenal Glands

The left **adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A hypoechoic nodule was noted in the mid caudal body and measured 1.0 cm. Subtle micronodular changes were noted elsewhere in the spleen. Mild splenic swelling was noted. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Increased portal markings were noted in the liver with a mild amount of remodeling. 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 was edematous.



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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. Some hyperechoic linear material was noted. This may be an incidental finding and measured up to 1.3 cm. 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 **pancreas** was hypoechoic and irregular.

ULTRASONOGRAPHIC FINDINGS

Heterogenous pancreas.

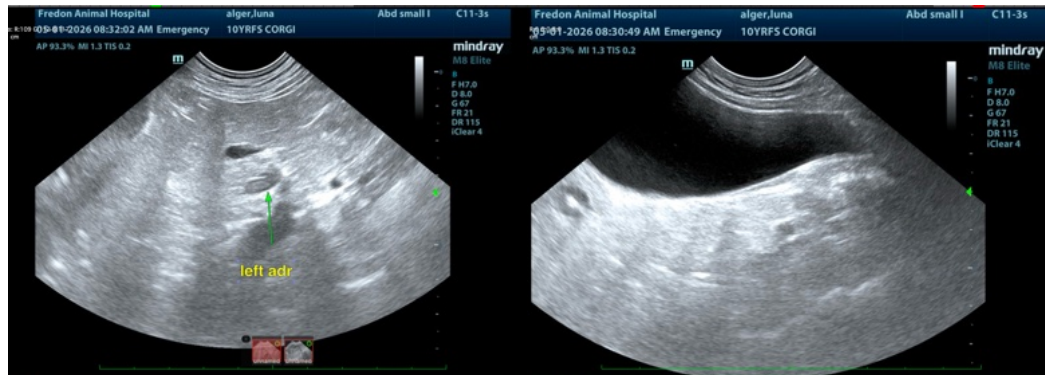
Swollen, irregular spleen with nodular change.

Cholangiohepatitis liver presentation.

Passive linear floating gastric material, likely incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis or other inciting cause is possible. I strongly recommend 25-gauge FNA of the spleen and splenic nodule and 22-gauge FNA of the liver +/- cholecystocentesis and culture. There is a strongly potential for emerging round cell neoplasia or underlying round cell neoplasia versus cholangiohepatitis and splenitis or reactive spleen. Sampling is essential.





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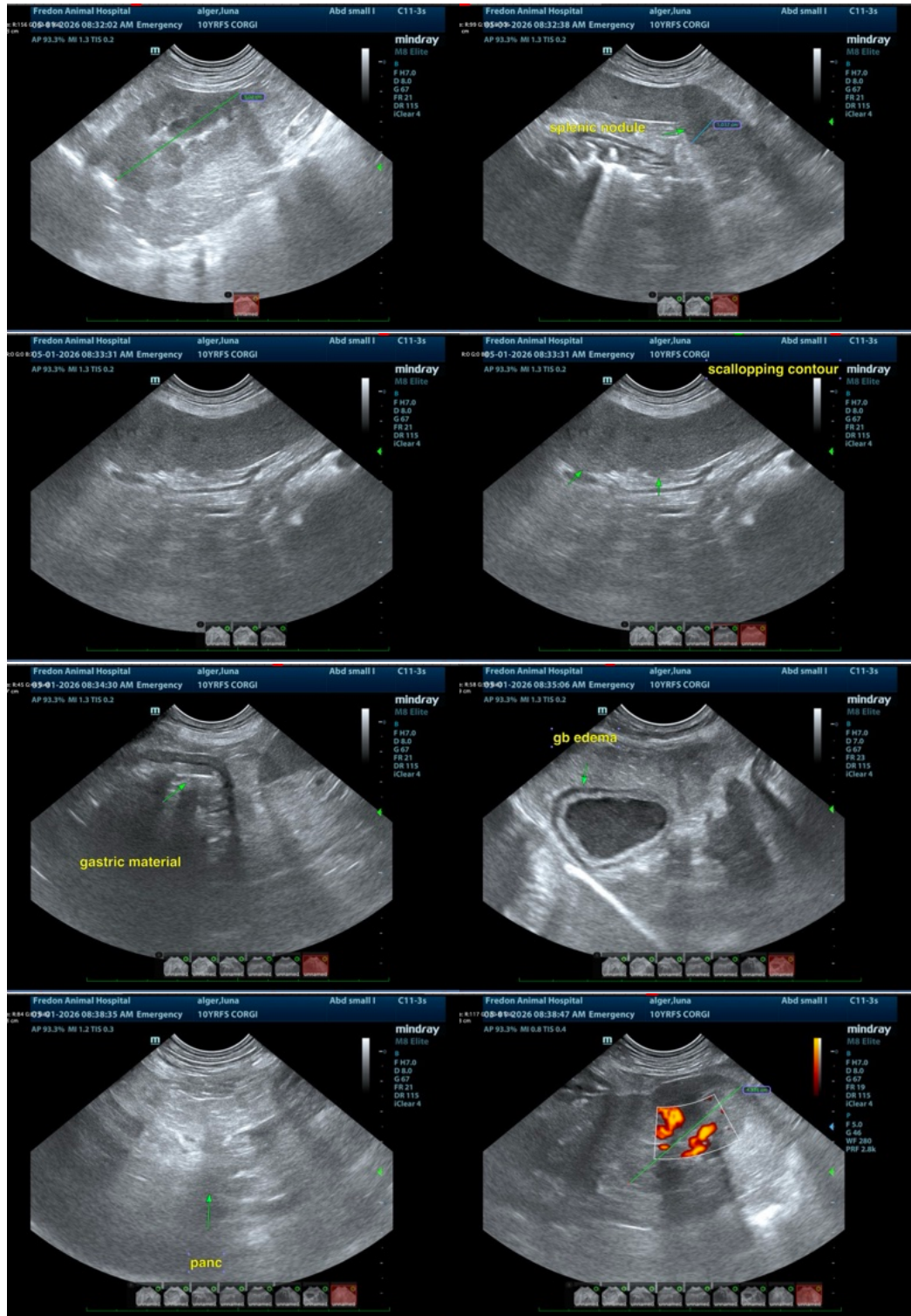
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The information and recommendations provided are based on the images presented by the



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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

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