



PATIENT

Bailey Gomez

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

7

WEIGHT

105

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenny Russell

HOSPITAL NAME

Southwest Texas
Veterinary Medical
Center

REFERRING VET

Dr. Claudia Torres

INVOICE

16052

DATE

05/11/26

PRESENTING CLINICAL SIGNS

CC: Weight Loss. History of seizures. duration unknown: Dog is on zonisamide and phenobarbital. Was started on Amoxi and Denamarin pending us. Aspirates taken of liver- not yet reviewed

Abnormal PE/Chem/CBC/UA Results: Mild monocytosis ALT 578 ALP 2423 Bilirubin - Total 0.6 Albumin 2.6 Globulin 4.1 Albumin: Globulin 0.6 Ratio

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm 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 8.01 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 4.23 cm x 0.82 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland measured 3.24 cm x 0.75 cm width at the cranial pole and 0.65 cm width at the caudal pole.

Spleen

The **spleen** revealed subtle micronodular changes with slight scalloping contour. The spleen was folded upon itself cranially with mild enhanced mesentery around the spleen.

Liver

The **liver** revealed slight coarse architecture and increased portal markings with nodular changes. The gallbladder was over distended with suspended and dependent bile with minor polypoid changes. Slight free fluid was noted, likely owing to portal hypertension. Fibrosis, cholangiohepatitis, nodular hyperplasia are all potentials with likely emerging cirrhosis and underlying neoplasia less likely.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end 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



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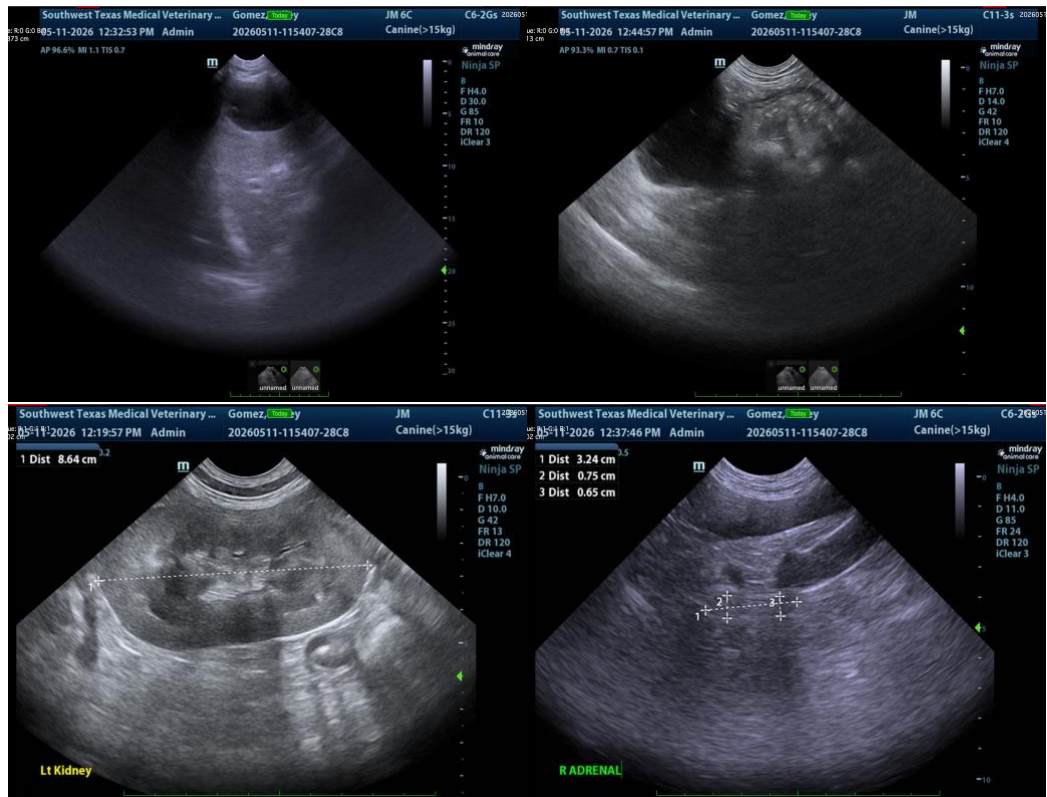
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatic remodeling.
- Micronodular spleen- potential underlying occult lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenohepatic FNA or core biopsy is strongly recommended in this patient. Leptospirosis titers is indicated for further definition. Nutraceuticals and liver support is indicated.





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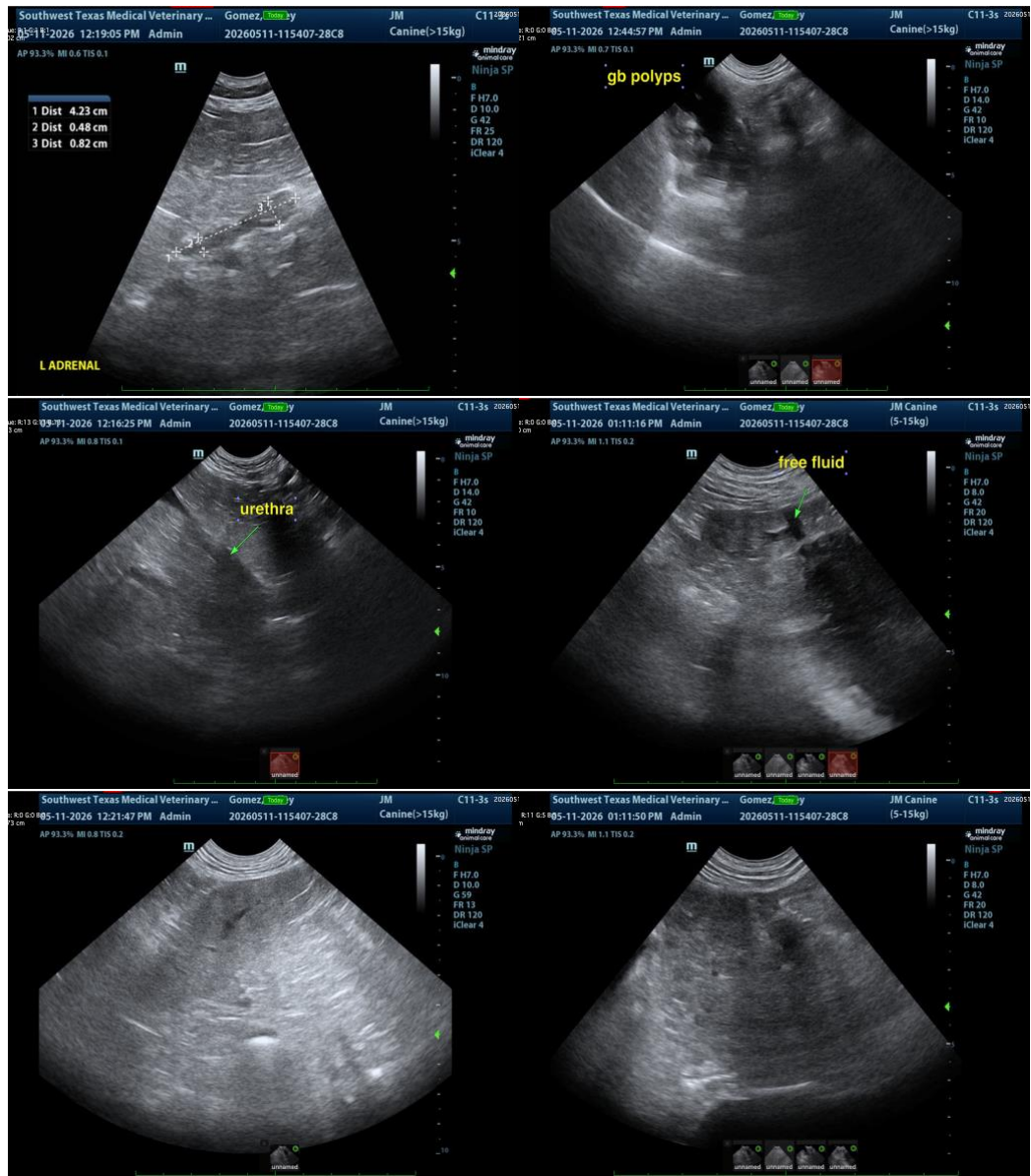
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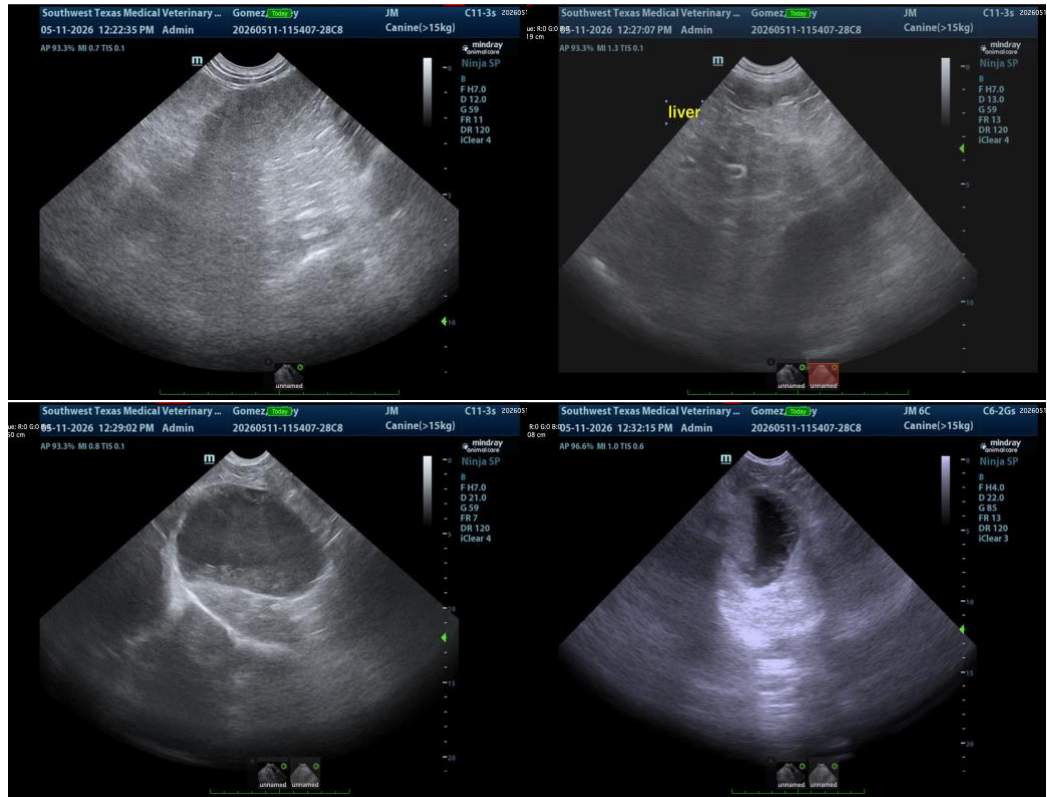
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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