



PATIENT

Molly Peralta

SPECIES

Canine

BREED

American Bully

SEX

Spayed Female

AGE

8 Years

WEIGHT

72

INTERPRETED BY

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

IMAGING PERFORMED BY

Matt

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Christina Ramirez
DVM

INVOICE

16158

DATE

05/12/26

PRESENTING CLINICAL SIGNS

P presented for having a week history of a swollen abdomen. Initial exam showed round pendulous abdomen and mildly enlarged cervical and politeal Inn. Rads show an enlarged liver and mildly decreased serosal detail in the cranial abdomen. lat/vd chest shows mild increased st/fluid opacity in the the chest due to possible fibrotic changes. P has a mild nonregenerative anemia elevation of ALT, ALP and GGT. Goal of ultrasound is to r/o overt liver tumors. Evaluate adrenals to r/o Cushing's.

Abnormal PE/Chem/CBC/UA Results: 5/7/2026 - ALT 639 , ALP 644 , GGT 183 , Pancreatic Lipase 549 , RBC 5.22 , Hematocrit 34.5 , Hemoglobin 12.3 , Reticulocytes 181.7 , Neutrophils 15.13 , Lymphocytes 0.94 , Eosinophils 0.02 , MPV 14.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm presented normal thicknesses and normal tone. The ureters were not visible which is normal. A slight amount of sand in the cystourethral junction 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 6.3 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized. Acoustic dropout was an issue primarily in the right adrenal region. Yet no gross pathology known in the area of the adrenals

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 were noted.

Liver

The **liver** images submitted revealed subjectively normal contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with minor dependent coalesced bile yet not pathological. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Minor uniform hepatic enlargement was noted.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

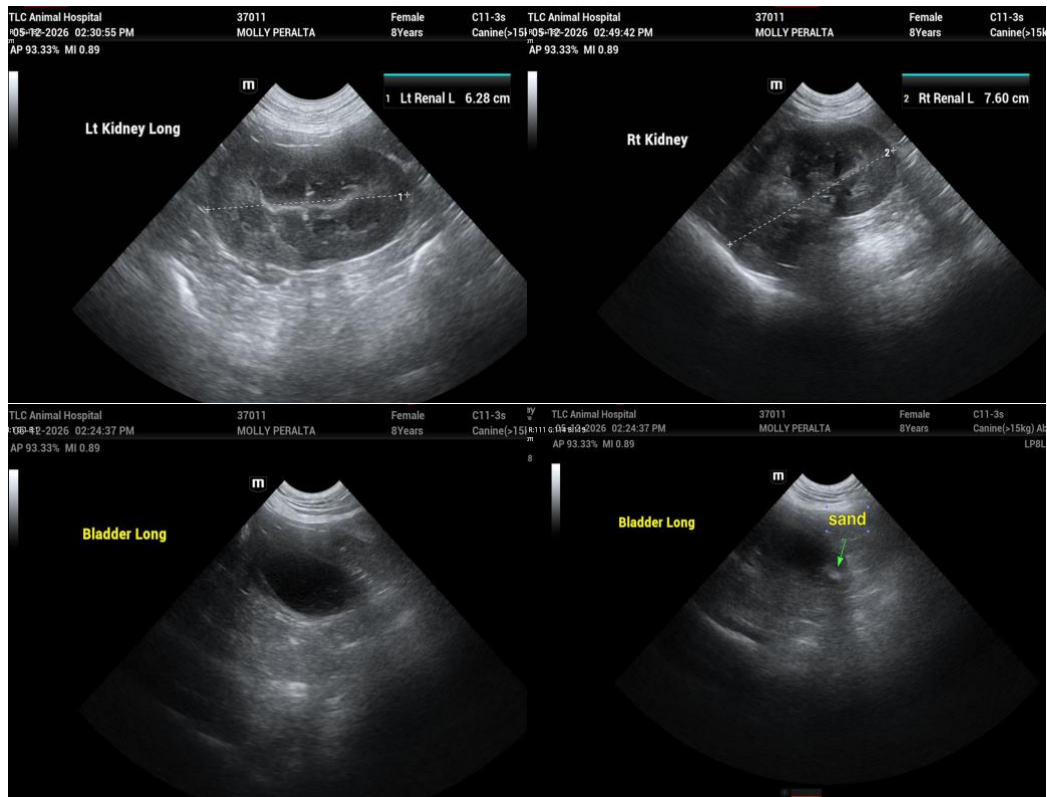
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatic enlargement.
- Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If adrenal disease is suspected, further imaging under sedation with lower frequency probe may be useful. No gross abdominal pathology. FNA of the liver could be considered for further definition. The cause of anemia is unclear and not related to any abdominal presentation. Empirical GI protectant protocol could be considered in case of gastric GI hemorrhage. Yet structurally, GI tract is unremarkable. CBC path review +/- bone marrow asthma may be appropriate.





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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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