



## PATIENT

Addie Graham

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

77.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Harold Mike Beard

## HOSPITAL NAME

Animal Care Veterinary  
Center

## REFERRING VET

Dr. Harold Mike Beard

## INVOICE

16196

## DATE

05/14/26

## PRESENTING CLINICAL SIGNS

14 yr old FS on Levothyroxine 0.7mg BID and Meloxicam 7.5mg and Apoquel 16mg. Elevated amylase and PSL on senior bloodwork at yearly wellness visit. Age related renal changes, sludge in gallbladder.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented mild thickening of the apical mucosae with micropolypoid mucosal changes without involvement of the submucosae. Apical wall measured up to 0.7 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present visible to a depth of 1.0 cm. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length.

The **right kidney** revealed a hypoechoic nodule at the dorsal cortex of the right kidney and appears to be parenchymal as opposed to cystic measuring 1.1 cm. Irregular contour was noted in the remainder of the kidney. The right kidney measured 7.8 cm in length.

### 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 0.7 cm width.

The **right adrenal gland** was not visualized.

### Spleen

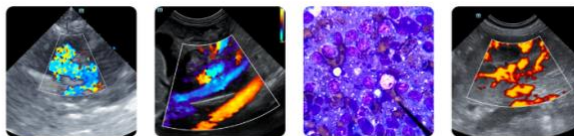
The **spleen** revealed a focal nodule at the mid-caudal body measuring 0.99 cm.

### Liver

The **liver** was uniformly swollen with moderate, excessive gallbladder debris/sand and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present with a grouping of which measured approximately 5.0 cm. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

### Gastrointestinal

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



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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. An overt gallbladder calculus was noted in addition to the sand measuring 1.7 cm.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### **ULTRASONOGRAPHIC FINDINGS**

- Subjectively benign hepatopathy with some remodeling and biliary sand.
- Age-related left renal changes.
- Right renal nodule.
- Focal splenic nodule.
- Age-related abdominal changes otherwise.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ursodiol therapy is warranted over a 6-8 week period and recheck sonogram. The splenic and renal nodules could be evaluated at that time. However, I do recommend ideally sampling at this time to ensure an emerging neoplastic process is not present.





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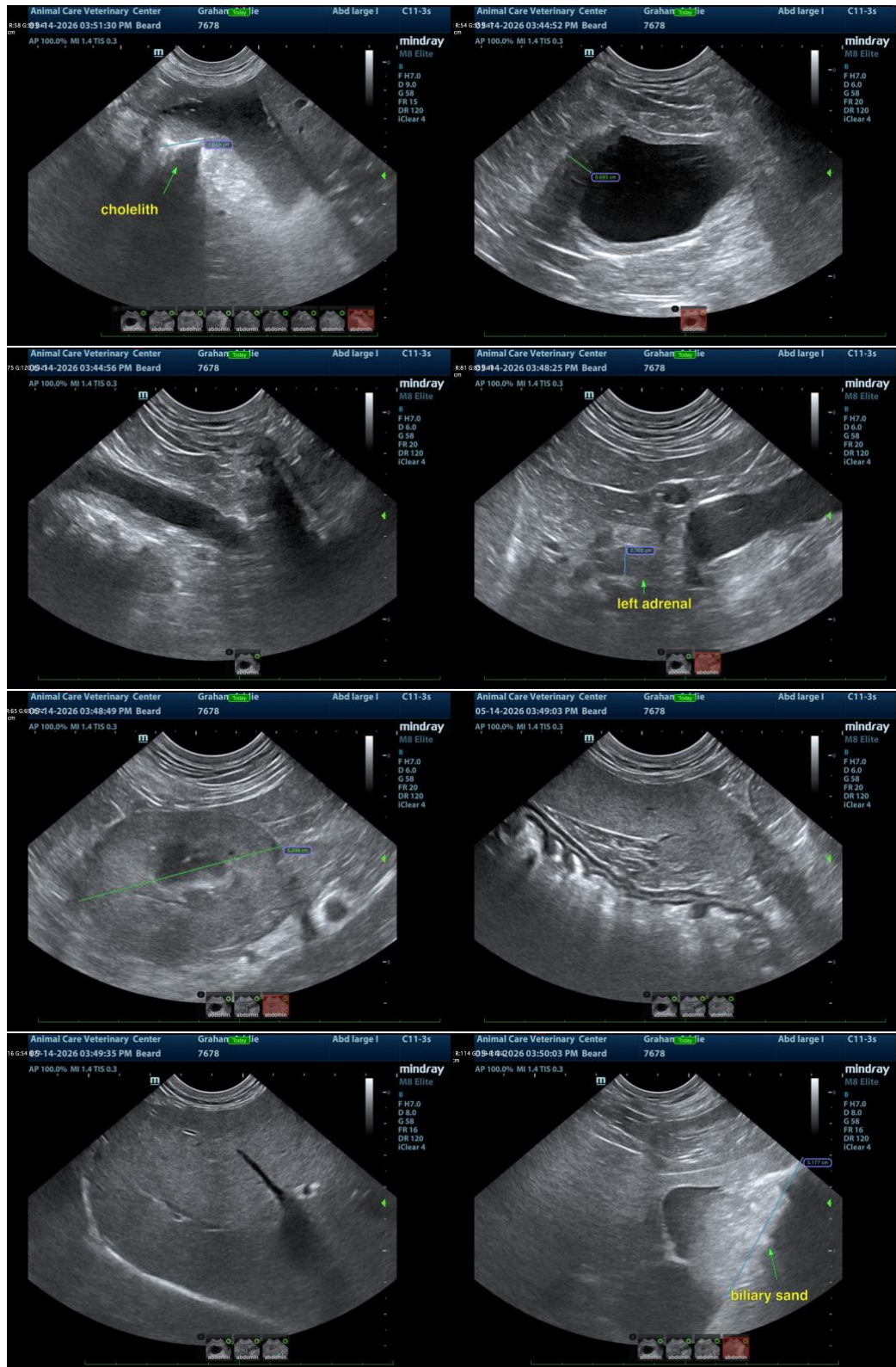
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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