



PATIENT

Valentine Kotowicz

SPECIES

Canine

BREED

King Charles Spaniel

SEX

Female

AGE

20 Years

WEIGHT

18.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Hospital of
Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

75272

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Abdominal U/S, Elevated ALT, controlled hypertension. Meds: Dasaquin Advanced, Amlodipine 2.5, Simparica

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **right kidney** was subnormal in size at 3.3 cm with pyelectasia, echogenic remodeling, and pinpoint mineralizations.

The **left kidney** presented moderate degenerative changes, measuring 3.4 cm, with thickened, irregular cortices.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Left measured 1.83 cm x 0.75 cm at the cranial pole and 0.66 cm at the caudal pole. Right measured 1.93 cm x 0.81 cm at the cranial pole and 0.57 cm at the caudal pole.

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 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. Multifocal non-disruptive nodular changes noted. 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.

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



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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.

Other

The uterine stump appeared present, yet the remainder of the uterus was not evident. The uterine stump measured approximately 4.0 mm x 2.0 cm.

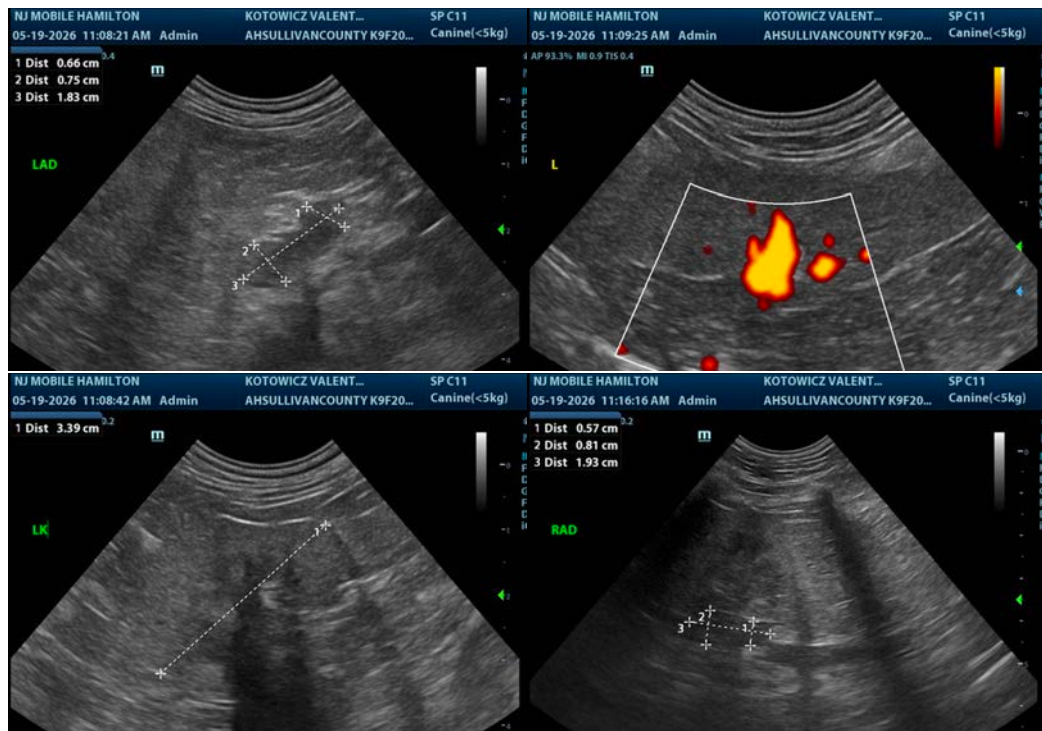
ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic inflammatory hepatopathy.
- Moderate degenerative renal changes – concern for potential emerging end stage disease from a subjective standpoint.
- Age related adrenal gland changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted if not already performed. If any inflammatory sediment is present, then culture and sensitivity indicated. I'm concerned mostly about the renal status in this patient.

If ALT values are fairly elevated, then FNA of the liver would be indicated. The pattern is most consistent with chronic inflammatory hepatopathy with nodular hyperplasia, likely low-grade. There is no evidence of reproductive organs in this patient.





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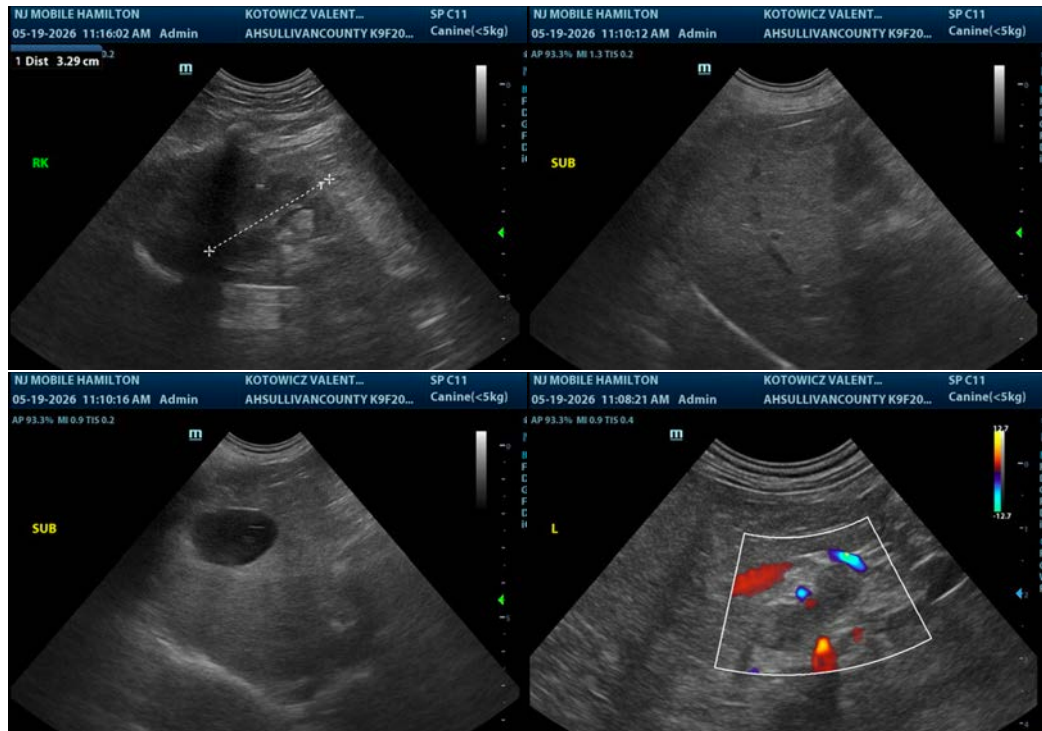
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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