



## PATIENT

Scarlet Zimberg

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

14 years

## WEIGHT

19 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

## IMAGING PERFORMED BY

Chelsea Pastor

## HOSPITAL NAME

Fredon AH

## REFERRING VET

Dr. Grau

## INVOICE

77784

## DATE

5/20/26

## PRESENTING CLINICAL SIGNS

History: decrease appetite  
Cranial organomegaly, ALT 341, ALP 3737, GGT 22, Chol 570, K+ 6.1, Cystatin 990, UA 2+ protein

## 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. Occasional, microcystic cortical change was noted. The left kidney measured 4.9 cm. The right kidney measured 5.5 cm.

### Adrenal Glands

The left **adrenal gland** was obscured by colonic infarct. The right adrenal gland was uniform and measured 1.3 cm at the cranial pole and 0.7 cm at the caudal pole.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself with focal areas of mineralization. This is a positional variant and is not pathological. There was no evidence of significant disease.

### Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder polyps were noted with hyperechoic lipid plaques measuring up to 1.5 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

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. Some 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.

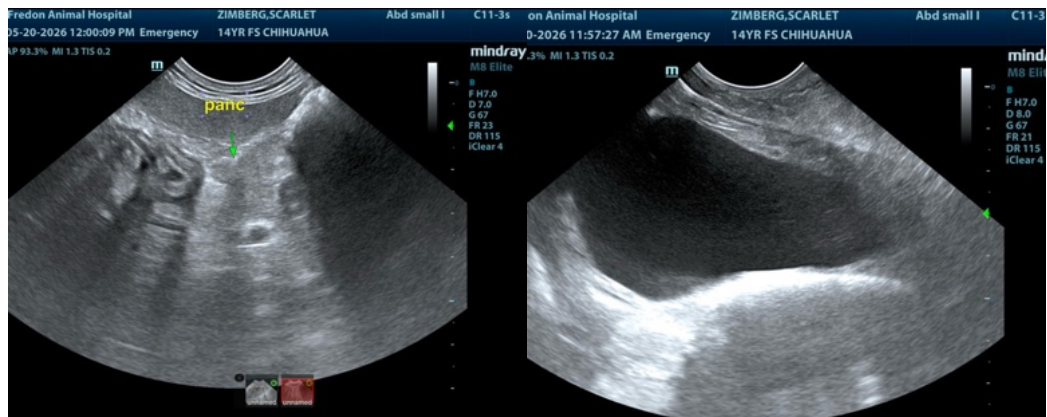
## ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy with gallbladder polyps, not pathological.

Age related abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If adrenal disease is suspected further imaging of the left adrenal is indicated from a further sublumbar, lateral approach to avoid colonic artifact. Otherwise, there was no evidence of significant disease. FNA of the liver could be considered for further definition. Underlying metabolic disease should be considered and may be influencing the hepatic presentation.





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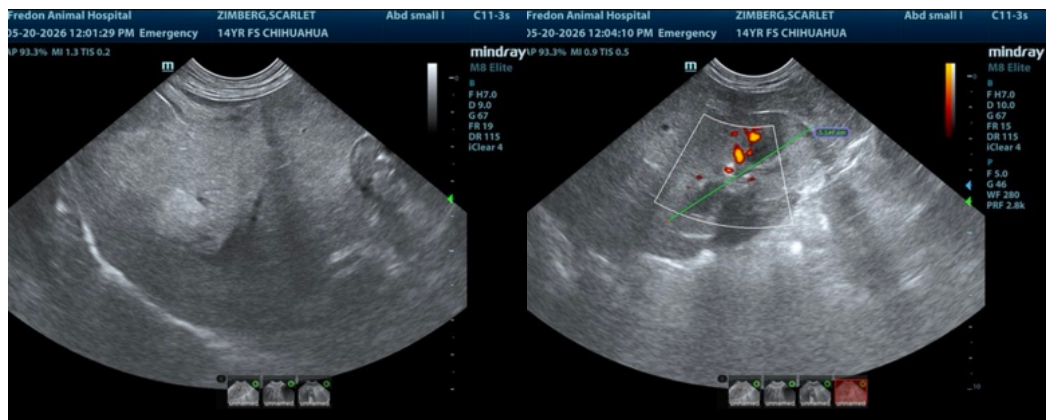
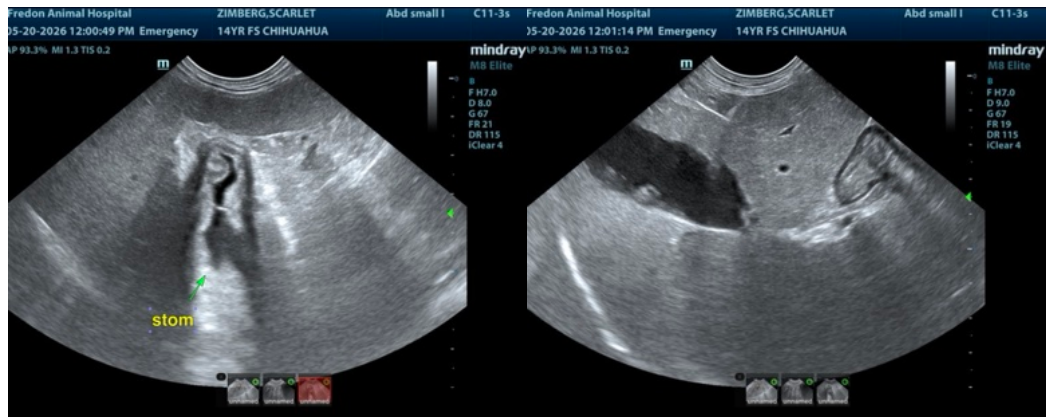
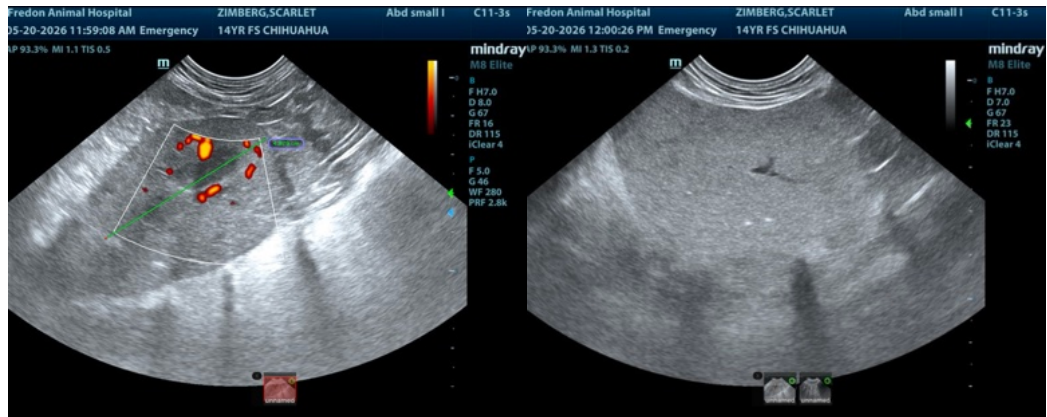
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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