



## PATIENT

Roxy Malmendier

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed female

## AGE

9 years

## WEIGHT

50 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Christine Barnhorst

## HOSPITAL NAME

Walker Valley VH

## REFERRING VET

Dr. Barnhorst

## INVOICE

77868

## DATE

5/21/26

## PRESENTING CLINICAL SIGNS

History: Moderate elevation ALP on routine wellness bloodwork, ana+ chronic with no clinical signs of anything

Abnormal PE/Chem/CBC/UA Results: Senior profile - ALP = 482, lipase = 434, TP = 7.7, ana+(chronic)

## 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. The right kidney measured 5.95 cm. The left kidney measured 6.38 cm.

### 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 2.36 x 0.44 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measured 3.24 x 1.3 cm at the cranial pole and 0.65 cm at the caudal pole.

### Spleen

The **spleen** was mildly enlarged and folded upon itself cranially.

### 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. Occasional, hyperechoic lipid plaques were 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**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.

**Pancreas**

The **pancreas** revealed hyperechoic parenchymal changes. This is consistent with remodeling. I cannot rule out low grade inflammation, yet this is not overtly suspected.

**ULTRASONOGRAPHIC FINDINGS**

Bening abdomen.

Minor splenomegaly.

Benign hepatopathy.

Likely history of pancreatitis with residual pancreatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver can be considered for further definition, yet appears to be benign. The splenic enlargement is likely secondary to anaplasmosis and appears subjectively benign.





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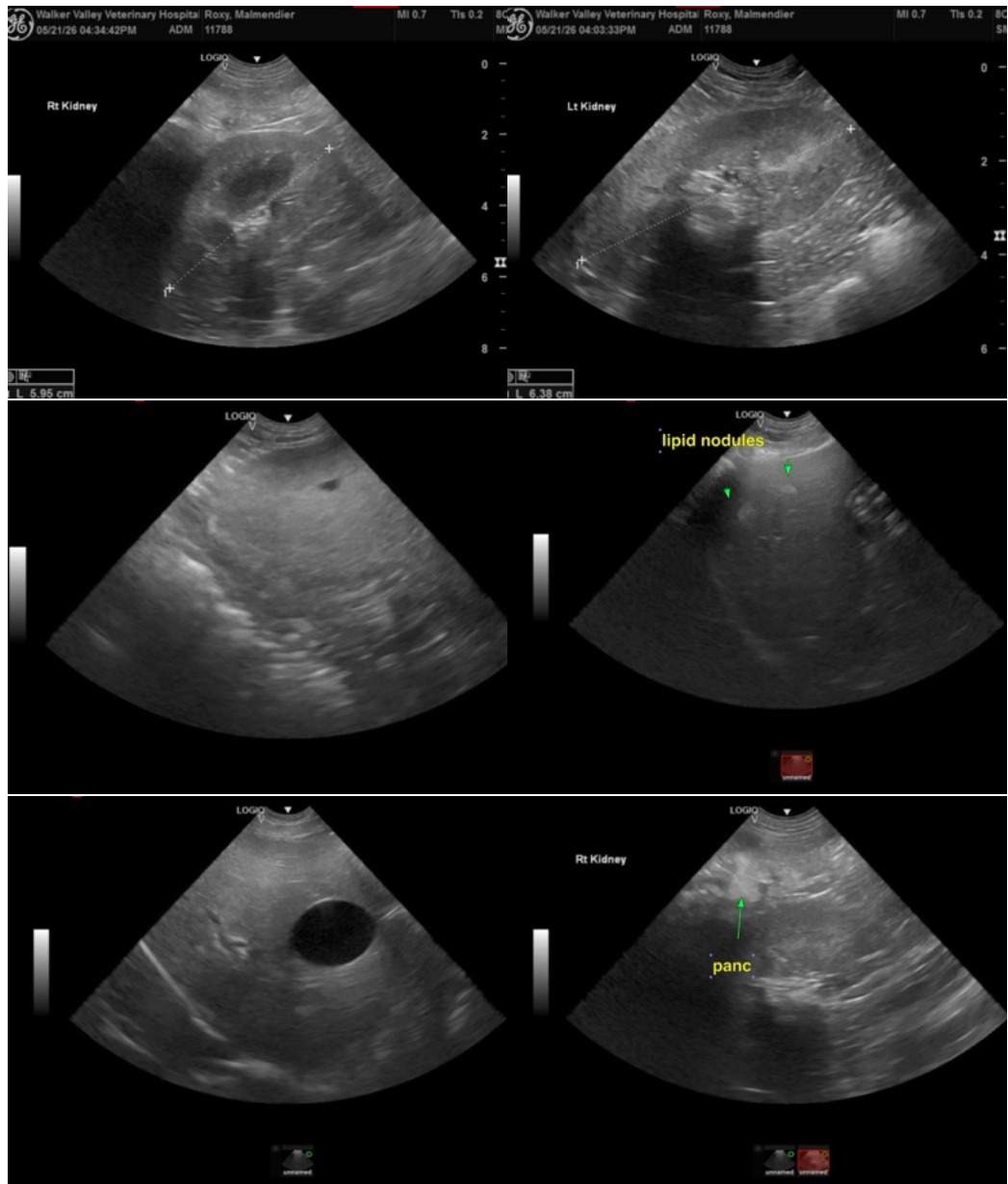
Dr. Barnhorst

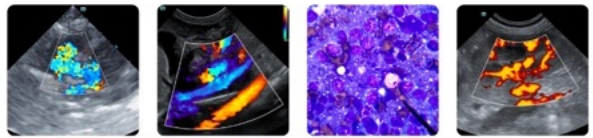
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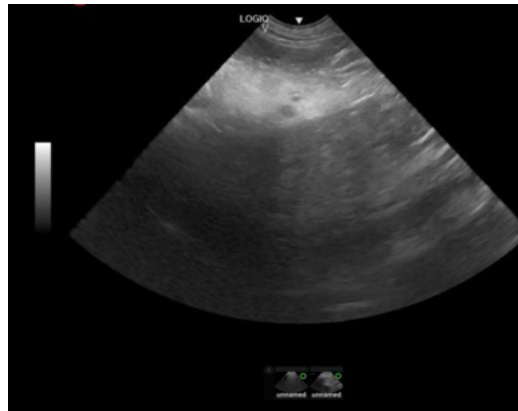
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)