



PATIENT

Lucy Sapp

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

7 Years

WEIGHT

108.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

James Hornbuckle,
DVM

HOSPITAL NAME

Golden Isles Animal
Hospital

REFERRING VET

James Hornbuckle,
DVM

INVOICE

75377

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Px came in for bile acid test last week. Results came back abnormal for pre and post blood draws so next recommended step was abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: TP 11.6 5.2 - 8.2 g/dL HIGH ALB 5.7 2.3 - 4.0 g/dL HIGH GLOB 5.8 2.5 - 4.5 g/dL HIGH ALKP 229 23 - 212 U/L HIGH TBIL 4.5 0.0 - 0.9 mg/dL HIGH CHOL 366 110 - 320 mg/dL HIGH

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 **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. Left kidney measured 5.0 cm. Right kidney measured 6.2 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** presented increased portal markings and diffuse parenchymal remodeling, mild to moderate. Mild irregular hepatic swelling noted. The gallbladder and common bile duct were unremarkable.

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 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.



PATIENT

Lucy Sapp

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

7 Years

WEIGHT

108.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

James Hornbuckle,
DVM

HOSPITAL NAME

Golden Isles Animal
Hospital

REFERRING VET

James Hornbuckle,
DVM

INVOICE

75377

DATE

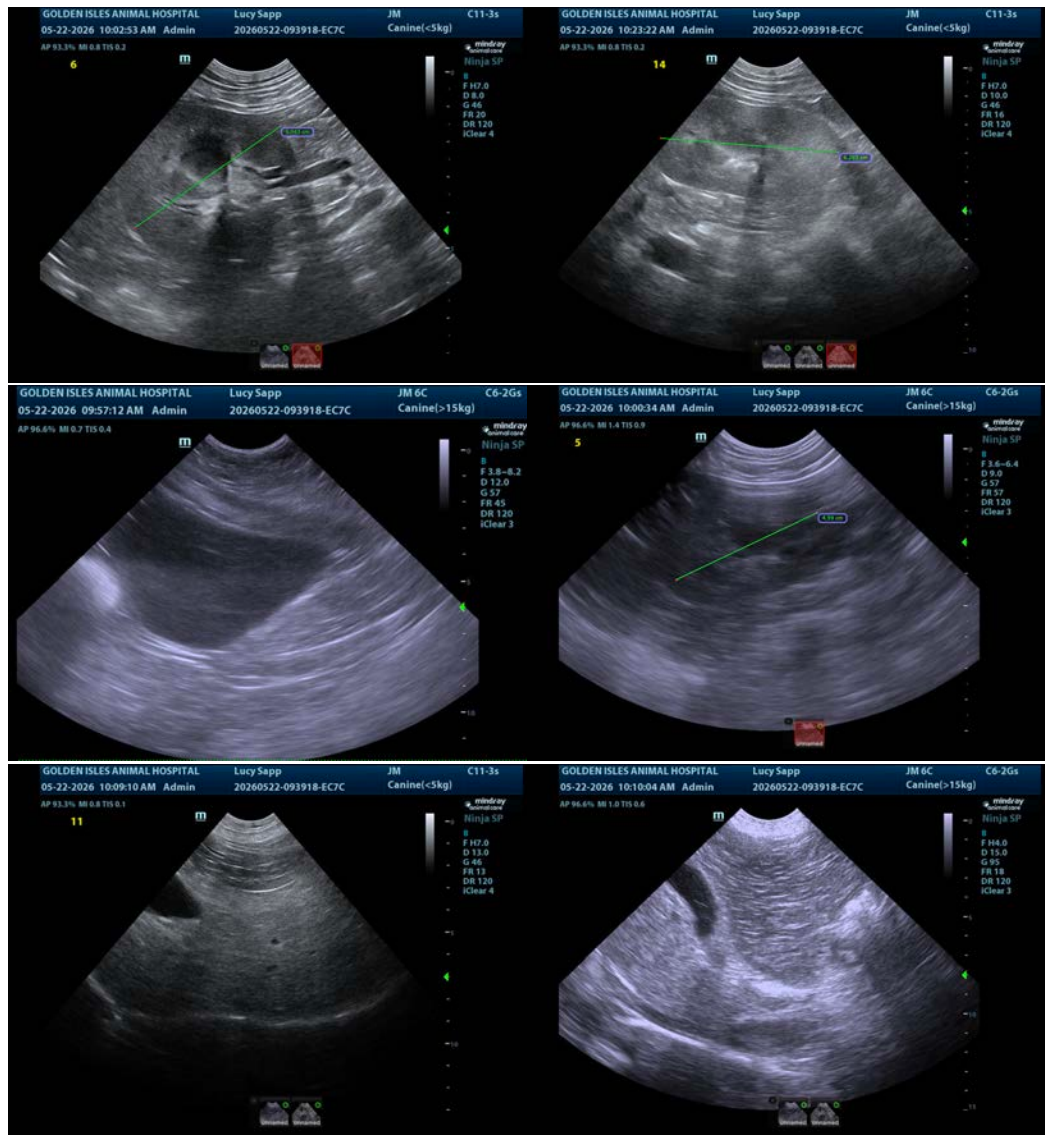
5/22/26

ULTRASONOGRAPHIC FINDINGS

- Non-specific mild hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific presentation. Ultrasound guided FNA or core liver biopsy indicated. Leptospirosis indicated. Management should be based on cytology or core liver biopsy results.





PATIENT

Lucy Sapp

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

7 Years

WEIGHT

108.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

James Hornbuckle,
DVM

HOSPITAL NAME

Golden Isles Animal
Hospital

REFERRING VET

James Hornbuckle,
DVM

INVOICE

75377

DATE

5/22/26



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, Owner, Founder -- SonoPath.com
info@SonoPath.com