



PATIENT

Sally Green

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

6 Years

WEIGHT

92 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brandon Adkins

HOSPITAL NAME

Royer VS

REFERRING VET

Dr. Brandon Adkins

INVOICE

37183

DATE

5/22/26

PRESENTING CLINICAL SIGNS

History: Sally Green presents for follow-up of elevated liver enzymes and recent appetite loss
Patient History: Presented to another veterinarian 2-3 weeks ago for limping. Prescribed carprofen for limping, which resolved. Currently on denamarin, ursodiol, and amoxicillin. Recent lab work showed elevated liver enzymes with one value decreasing but others nearly doubling. Lost 3 pounds since last visit (now 92 lbs, previously 95 lbs). Diet change from Hill's Science Diet to boiled chicken due to food aversion. topped eating dry dog food approximately 2 weeks ago. Will eat pill pockets and some egg but refused food yesterday and today. No vomiting reported. Stools slightly softer than normal. Previously given joint supplement (omega-3 fatty acids) which coincided with appetite loss onset.

Abnormal PE/Chem/CBC/UA Results: ALT 425 10 - 125 U/L HIGH ALKP 1763 23 - 212 U/L HIGH GGT 7 0 - 11 U/L TBIL 2.0 0.0 - 0.9 mg/dL HIGH CHOL 150 110 - 320 mg/dL AMYL 533 500 - 1500 U/L LIPA 195 200 - 1800 U/L LOW.

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 **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. The left kidney measured 7.5 cm. The right kidney measured 7.4 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 0.6 cm. The right adrenal gland measured 0.8 cm.

Spleen

The **spleen** was slightly enlarged, uniform. Caudal folding of the spleen was noted.

Liver

The **liver** was mildly enlarged with slight increased portal markings and hypoechoic parenchymal changes. Swollen irregular contour was noted throughout the liver. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction.

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

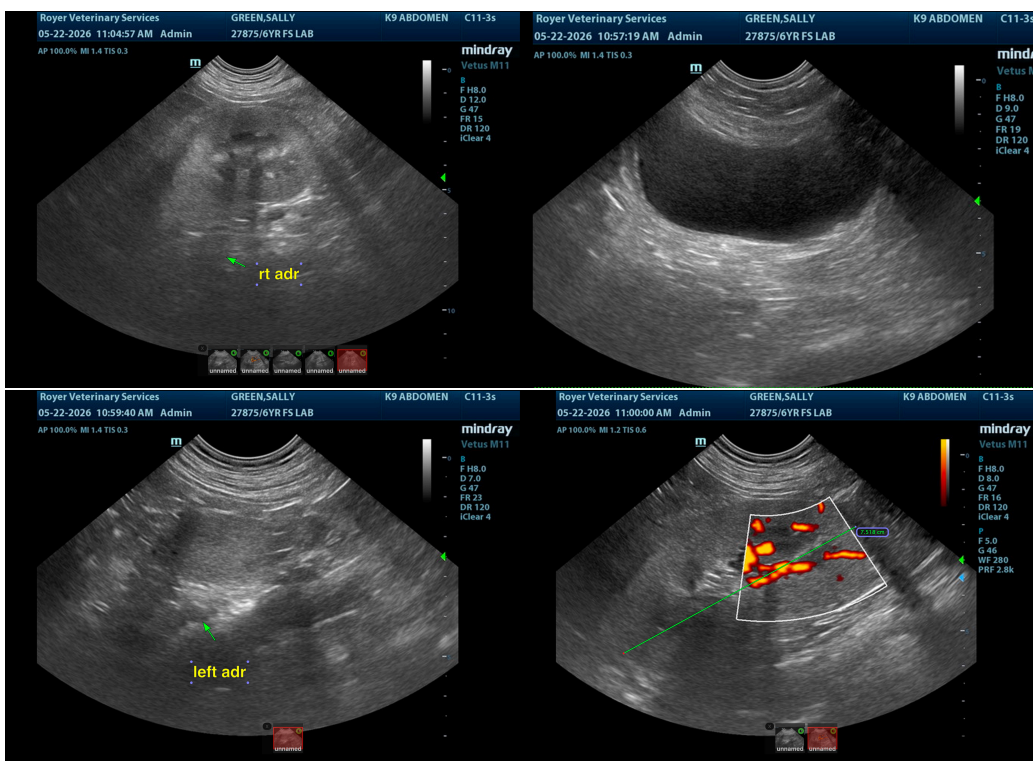
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild splenohepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, clinical profile and sonographic presentation, I strongly recommend ultrasound guided FNA of the spleen and liver in this patient to assess for round cell neoplasia versus reactive spleen/cholangiohepatitis. Leptospirosis titers is indicated. Prognosis is guarded depending upon cytology results.





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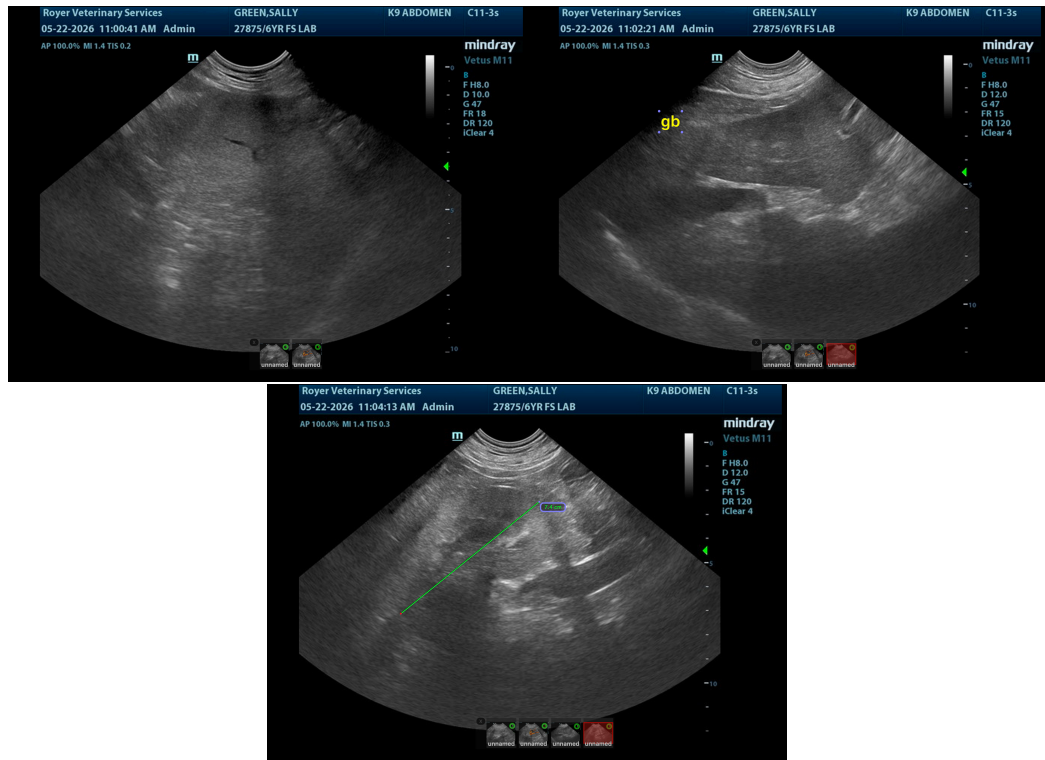
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
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