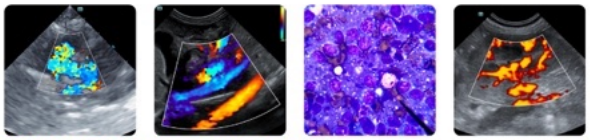


PATIENT

Daisy Duke Nickola

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

13 years

WEIGHT

76 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

Sate Avenue VC

REFERRING VET

Dr. Evoniuk

INVOICE

77925

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: - Slowing down, limping, increased respiratory effort x 8-9 months
- Difficulty with stairs, decreased vision and hearing, requires assistance into car
- Increased water intake x 2 months; drinking 6-7 bowls/day
- Increased urination, occasional nocturnal incontinence
- No vomiting, diarrhea, coughing, or sneezing
- Left hind limb nodule, increasing in size, associated with hip discomfort
- Past blood work (Nov 2025): mild elevations in ALT and ALP

Current medications:
- Proin for urinary incontinence
- Optimmune ophthalmic ointment for left eye

Abnormal PE/Chem/CBC/UA Results: Bilateral lenticular sclerosis, Left eye: corneal cloudiness, mucoid discharge, Mild dental disease, Lame at walk/trot, offloading left hind, Left hind: pain with hip extension, stifle effusion, medial buttress, drawer sign, pain with manipulation, Proliferative keratinized tissue on pads 5/26/26: Bile Acids Preprandial / Random: 41.6 µmol/L 5/21/26: ALP 815, ALT 231, BUN 37, Calcium 12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was not visualized.

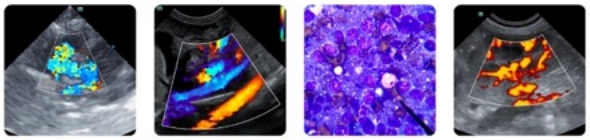
The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some 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 6.0 cm. The **left kidney** was not visualized.

Adrenal Glands

The **adrenal glands** were not visualized.

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 was noted.



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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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder wall was mildly echogenic and fibrosed. A trace amount of sand was noted, yet not clinically significant. The hepatic lymph nodes 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. 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

Age related hepatic changes. Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

19 images were received.

There was no evidence of gross pathology responsible for the clinical signs other than chronic hepatic changes and remodeling. FNA of the liver can be considered for further definition. Supportive liver protocol can be considered from a nutritional standpoint with broad spectrum antibiotics and nutraceuticals. However, the liver is not likely the primary issue. Orthopedic pain, CNS and thoracic disease should all be considered. Ursodiol therapy could be justified.

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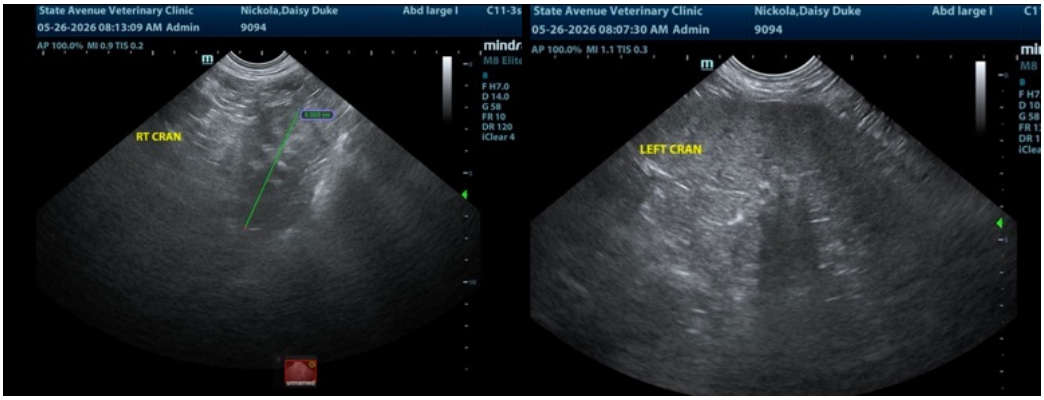

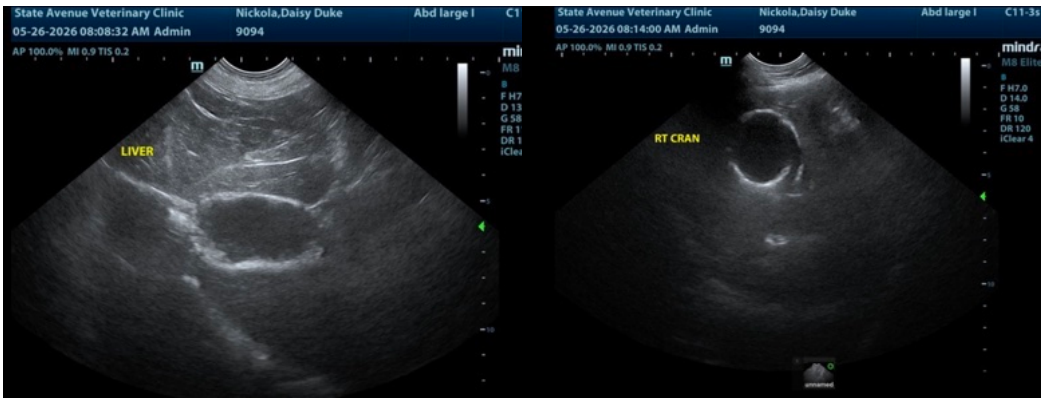

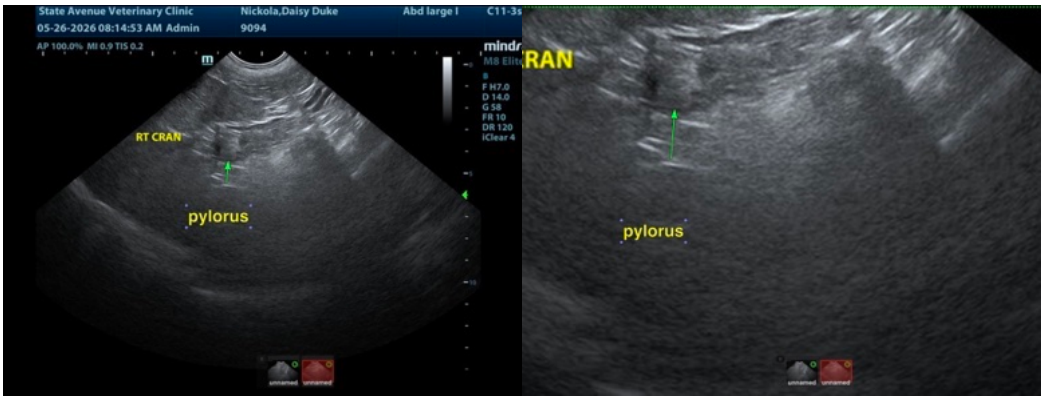

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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