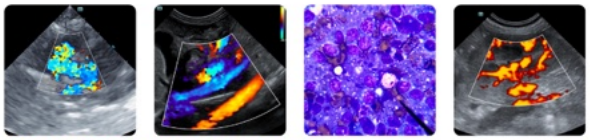

PATIENT

Sasha Sievers

SPECIES

Canine

BREED

Bulldog

SEX

Spayed female

AGE

10 years

WEIGHT

42.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Pearce

INVOICE

78134

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: 5/15/26 presented for consultation for dental procedure. Chronic skin issues/allergies noted, including concerns for chicken allergy, tail fold dermatitis, and severe brachycephalic malocclusion and periodontal disease. Pre-op BW found liver enzyme elevations, and radiographs/ultrasound recommended prior to proceeding with anesthesia.
Abnormal PE/Chem/CBC/UA Results: Radiographs: Hypoplastic trachea present consistent with BAS. Overweight. Cardiac silhouette and pulmonary parenchyma unremarkable for breed. Hemivertebrae and spondylosis present, coxofemoral osteoarthritis present. Liver, spleen appear normal. Mineralization noted in renal pelvis, urinary bladder appears unremarkable, no visible uroliths. Stomach small and empty, small intestines and colon normal. 5/16/26: CBC normal. Glob 4.2 (H), ALT 382 (H), ALP 335 (H), otherwise normal chem 17 and lytes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed chronic cystitis pattern. Apical wall thickening was noted and measured up to 1.1 cm. Sand accumulation was noted in the bladder measuring up to 1.2 cm. Micropolypoid changes were noted.

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. Moderate mineralization was noted. The right kidney measured 4.5 cm. The left kidney revealed pelvic mineralization. The left kidney measured 5.0 cm in length.

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 2.5 x 0.5 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 1.74 x 0.92 cm at the cranial pole and 0.72 cm at the caudal pole.

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** revealed slight increased portal markings and a moderate amount of remodeling. This is consistent with chronic inflammatory hepatopathy. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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.

ULTRASONOGRAPHIC FINDINGS

Nephrolithiasis.

Lower urinary tract sand and small calculi. Chronic cystitis bladder pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated for further definition or surgical biopsies at the time of cystotomy would be appropriate. Otherwise, dissolution protocol based on urinalysis results are warranted and ultrasound-guided FNA or core biopsy. The patient is likely too old for primary copper storage disease. Other sources of chronic insult should be investigated such as Leptospirosis if present in your area.

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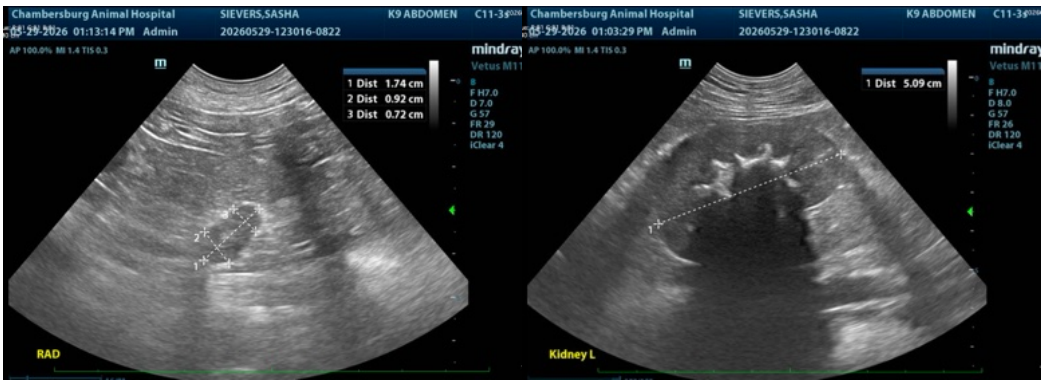

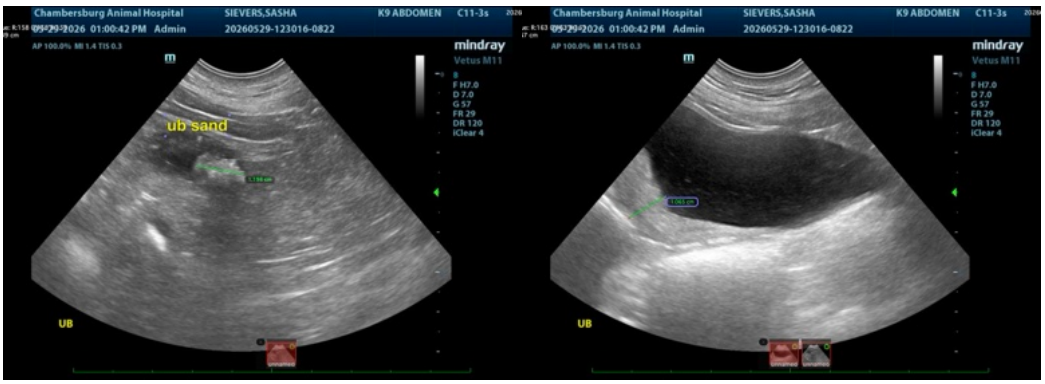

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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