



## PATIENT

Jade Garcia

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

71.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Salmon DVM

## HOSPITAL NAME

TotalBond Veterinary  
Hospital Forestbrook

## REFERRING VET

Emily Salmon DVM

## INVOICE

15998

## DATE

05/08/26

## PRESENTING CLINICAL SIGNS

Presented for routine annual labs on 3/3/26 and ALT was mildly elevated at 273. Remaining labs were unremarkable. Patient received a 1 month denosyl trial and labs were rechecked today after being off medication for a couple of weeks. ALT today was more elevated at 443. Patient remains asymptomatic and remainder of exam WNL. Submitting ultrasound to evaluate liver/rule out significant pathology.

Abnormal PE/Chem/CBC/UA Results: ALT elevated from 273 to 441 despite denosyl trial

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 6.6 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 0.47 cm width. The right adrenal gland measured 0.50 cm width.

### *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** revealed slight increased portal markings and a moderate amount of remodeling with normal size and contour. 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. Minor excessive GI gas was noted in the stomach and impeding some visibility.



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**Pancreas**

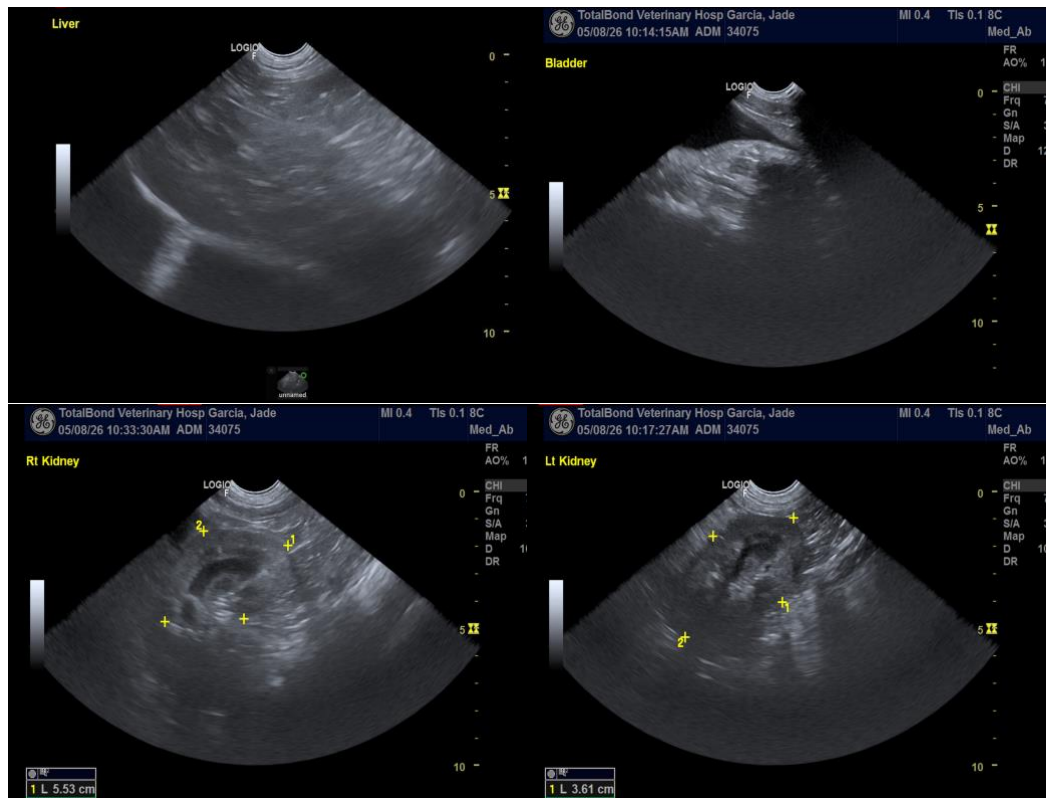
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific chronic inflammatory hepatopathy.
- GI gas.
- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA or core biopsy of the liver is indicated. Given the age of the patient, there's a mild potential for primary copper storage disease. Core biopsy would be ideal to assess for structural changes with copper assessment. Leptospirosis titers are warranted to rule out underlying disease. Bile acid profile would also be ideal.





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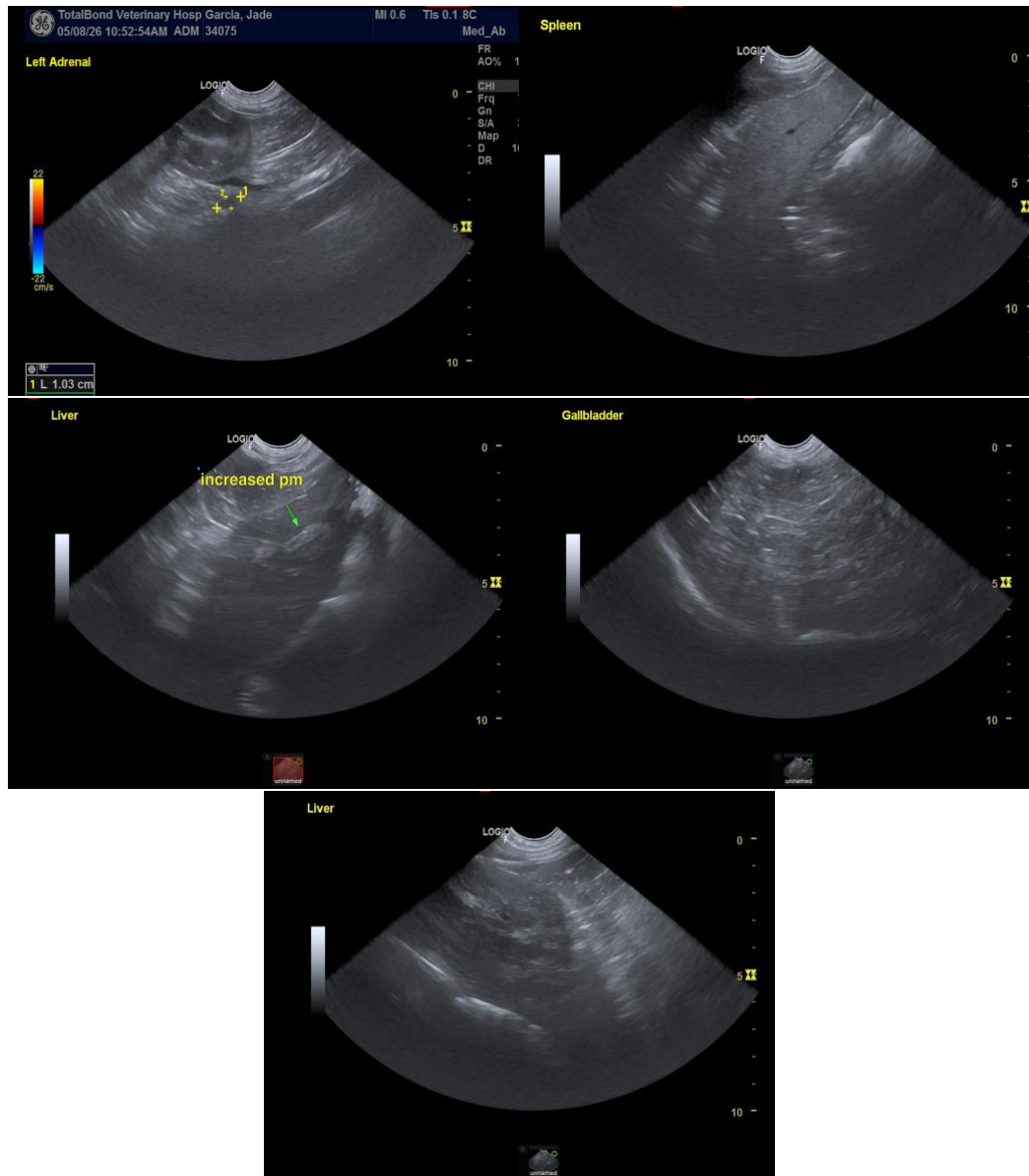
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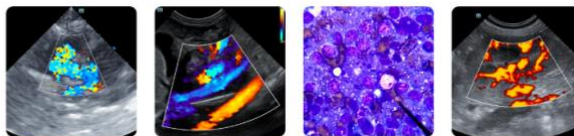
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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



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