



## PATIENT

Leila Robinson

## SPECIES

Canine

## BREED

Queensland Blue  
Heeler Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

21.9 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Harnoor Bhinder

## HOSPITAL NAME

Hespeler AH

## REFERRING VET

Dr. Bhinder

## INVOICE

78189

## DATE

6/1/26

## PRESENTING CLINICAL SIGNS

History: Presented for lethargy, anorexia and diarrhea on May 21st, 2026 Initial blood work elevated liver enzymes. owner did mention she gt into some human food . Started on sq fluids , metronidazole , low fat food. since may 21st she continues to be lethargic , no vomiting or diarrhea , lost 5 kg since then , temp 39.6 degree celsius  
Abnormal PE/Chem/CBC/UA Results: elevated ALT 279 12-118, AST82 15-66 ALK Phosphatase 374 15-131 globulins 48 16-36 wbc 15.9 40-15.5

## 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 was 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. The left kidney measured 4.0 cm. The right kidney measured 3.5 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 0.5 cm.

### Spleen

The **spleen** in this patient was enlarged and folded upon itself with scalloping contour with uniform parenchyma. There was no evidence of vascular compromise.

### Liver

The **liver** was mildly swollen with multi-focal, hyperechoic, ill-defined nodules noted measuring up to 2.0 cm. Subjectively this is benign. Increased portal markings were noted. The gallbladder and common bile duct were unremarkable. Minor coalesced bile was noted.



**PATIENT**

**Gastrointestinal**

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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.

**SEX**

Spayed female

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

21.9 kg

Splenomegaly. Reactive spleen versus emerging round cell neoplasia or hyperplasia. Subjectively benign hepatopathy with undefined nodules.

**INTERPRETED BY**

Eric Lindquist, DMV  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the spleen and general liver as well as the liver nodules are indicated for further definition.

**IMAGING PERFORMED BY**

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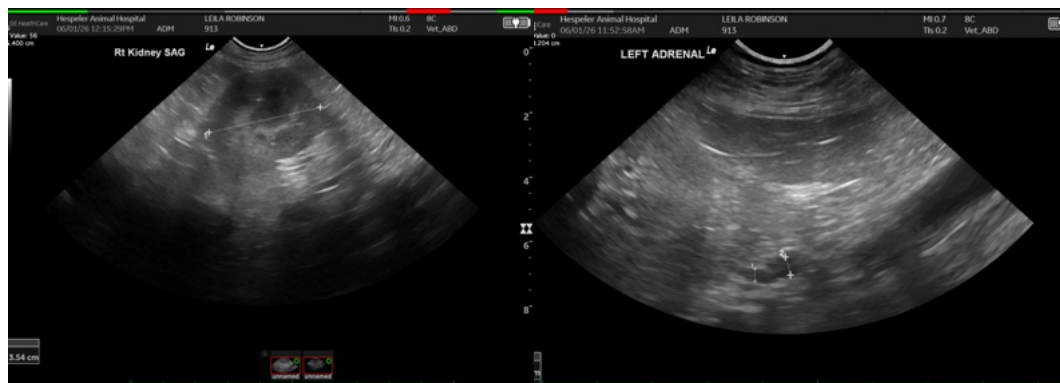
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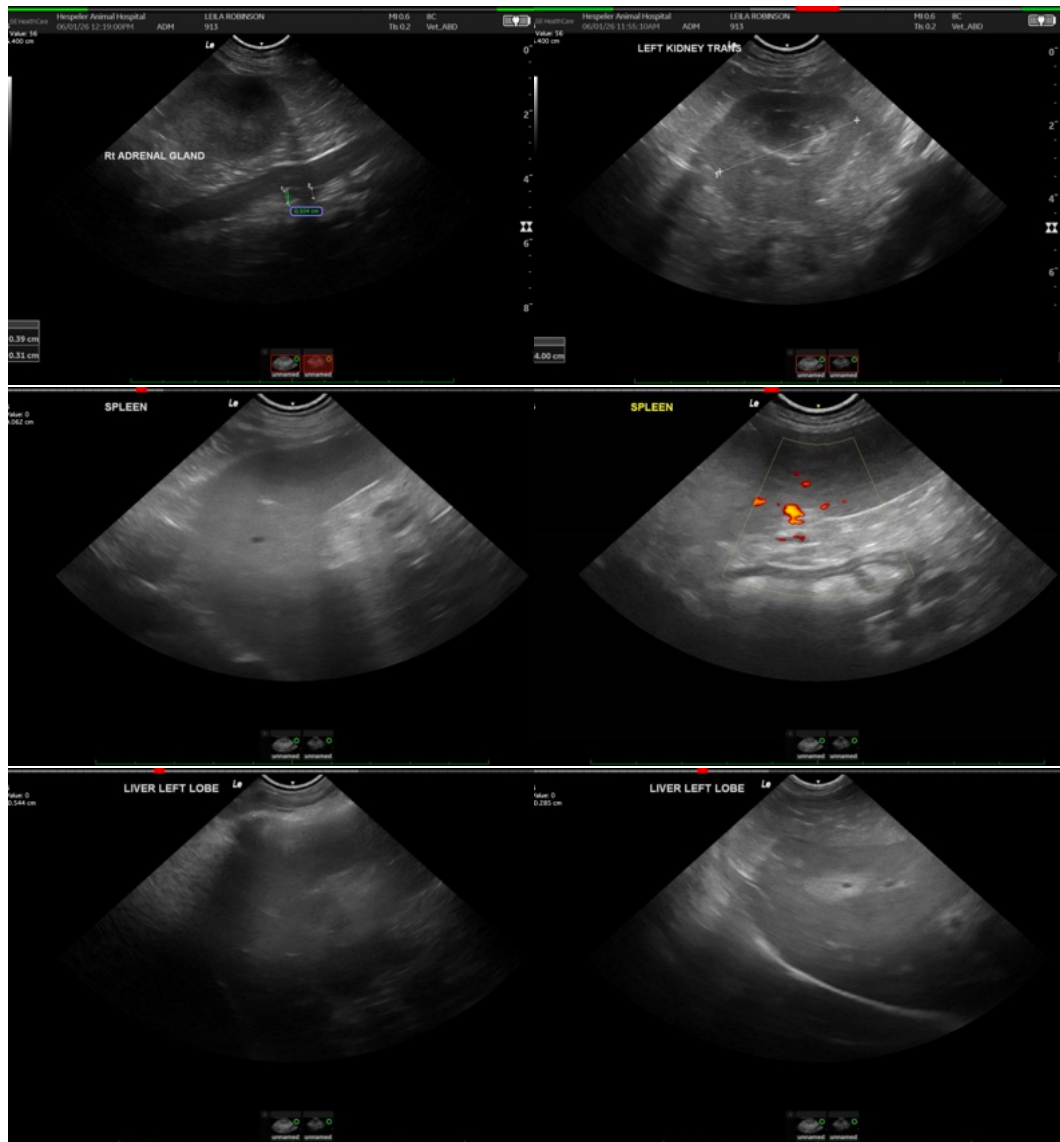
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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