



**PATIENT**

Heidi Stevens

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

22.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Stevens

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Stevens

**INVOICE**

**DATE**

6/27/23

**PRESENTING CLINICAL SIGNS**

History: Chronically elevated ALT since 4/2021. ALT has markedly worsened on 4/2023 and remained unchanged at recheck bloodwork on 6/20/23. Owner reports that Heidi is overall doing well at home. Eating and drinking WNL. No coughing, vomiting, or diarrhea. Owner reports that pet has GI upset on Denamarin and milk thistle and not currently on. History of OA, managed on Gabapentin and joint supplements. History of Apoquel, managed on Apoquel. Current meds: -Gabapentin 50mg BID - Apoquel 5.4mg SID -Movoflex SID -Dasuquin M/W/F -Heartgard q30days -Nexgard q30days  
Abnormal PE/Chem/CBC/UA Results: Pet is uncomfortable/tense on mid to cranial abdomen palpation. Chem10- GLU 166, TP 11.0, ALB 5.8, GLOB 5.2, ALT too high to read, ALKP 227 (6/20/23), Negative 4DX (6/20/23) ALT too high to read on 4/21/23.

**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 right kidney measured 4.5 cm.

**Adrenal Glands**

The left adrenal gland revealed a slightly swollen cranial pole measuring 0.7 cm. The caudal pole measured 0.4 cm. The right adrenal gland measured 0.55 cm at the cranial pole and 0.4 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. Slight, hyperechoic lipid plaques were noted with hypoechoic, expansive nodules with capsular expansion. The larger nodule measured 1.4 cm. Other smaller nodules with lipid plaques and hypoechoic changes were noted. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** revealed coarse architecture. Minor uniform swelling and increased portal markings were noted. The nodule in the medial liver measured 2.1 cm and is consistent with hyperplasia or lipid plaque that is non-disruptive. The gallbladder and common bile duct were unremarkable.



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**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**

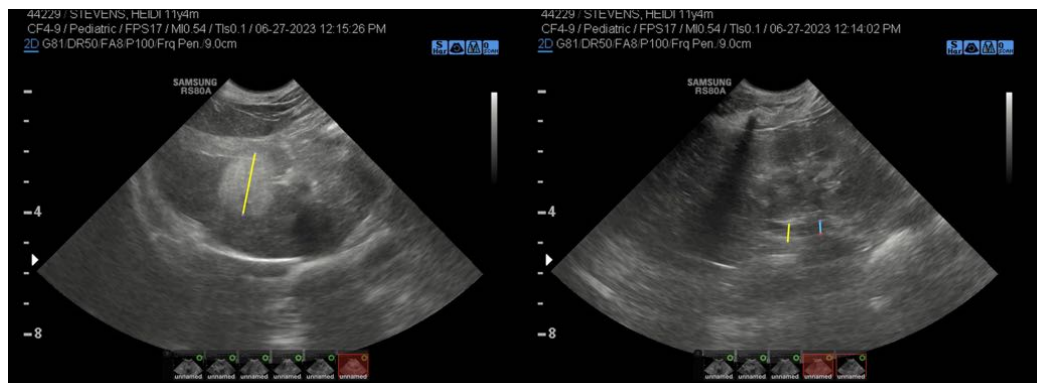
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Undefined splenic nodules, non-specific inflammatory hepatopathy. Undefined hepatic nodule. Splenic hyperplasia is likely, round cell neoplasia, emerging hemangiosarcoma is possible. No overt masses noted.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the spleen and liver is recommended. Leptospirosis titers are warranted as well as assessment for history of acute on chronic insult. The folded spleen may be causing mass effect on radiographs and palpation.





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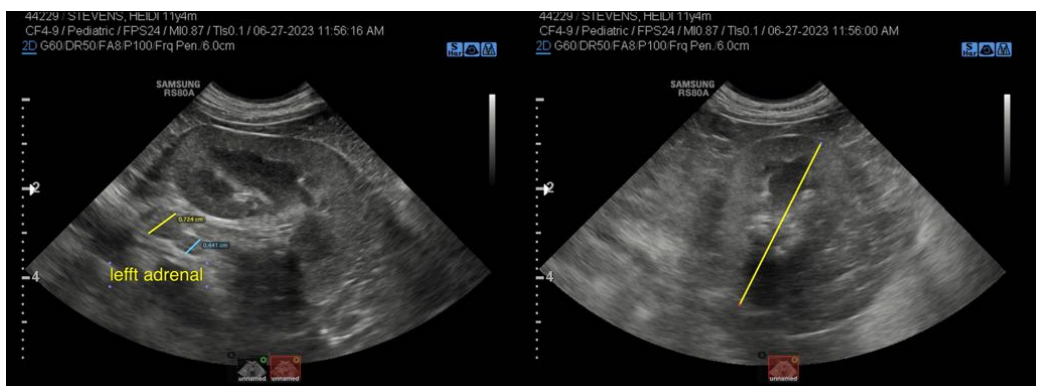
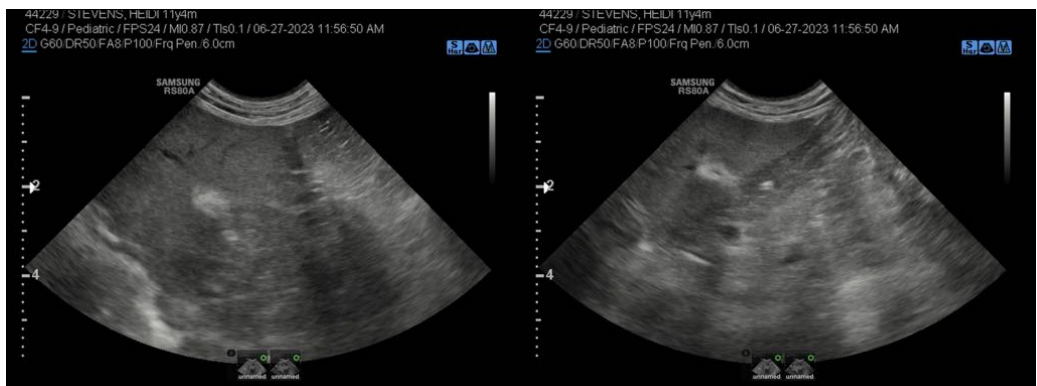
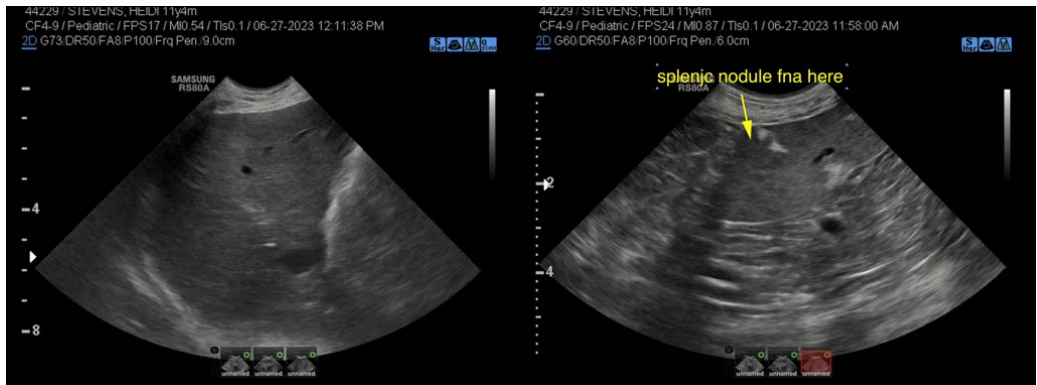
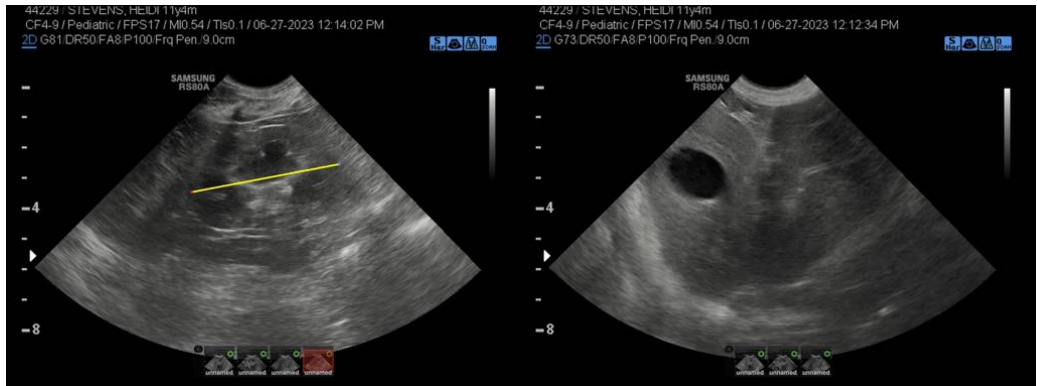
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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