



PATIENT

Watson Skurkovicn

SPECIES

Canine

BREED

Coonhound

SEX

Neutered male

AGE

9 years

WEIGHT

98.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Flanders VC

REFERRING VET

Dr. Gasparro

INVOICE

69961

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Elevated AlkPhos Negative LDDS test Would like liver, gall bladder, adrenals ,pancreas checked by ultrasound. Medications: Carprovet 100 mg, Denamarin
Abnormal PE/Chem/CBC/UA Results: AlkPhos = 1243 Triglycerides = 552 Precision PSL = 154 T4 - 1.0 LDDS Test: Pre: 5.9, 4 hour: 0.2, 8 hour+ 0.2

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 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 left kidney measured 8.05 cm. The right kidney measured 8.62 cm.

Adrenal Glands

The left **adrenal gland** was slightly enlarged and uniform measuring 2.94 x 0.91 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland was normal in size and contour measuring 4.17 x 0.61 cm at the caudal pole and 0.76 cm at the cranial pole.

Spleen

The **spleen** revealed multi-focal, hyperechoic lipid plaques noted. These were not pathological. The parenchyma was otherwise uniform.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Gallbladder polyps were noted as well as a slight amount of biliary sand.



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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

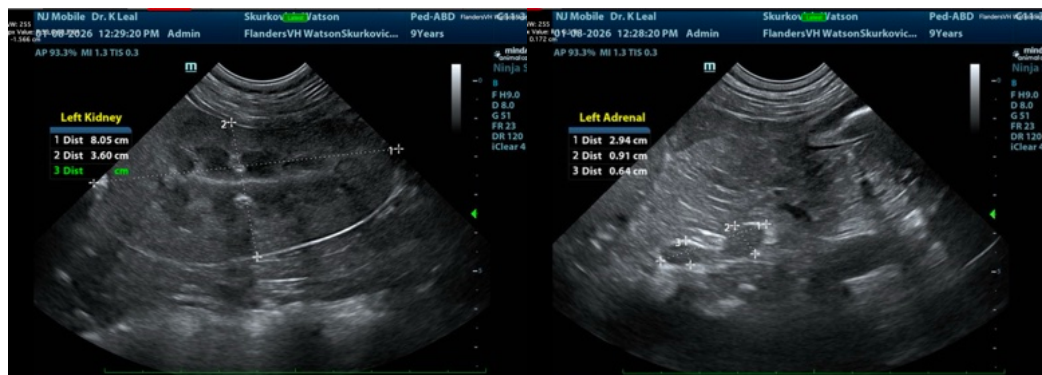
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Non-specific, age related hepatic changes.
- Slightly swollen left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is possible that early PDH may be developing in this patient. However, I recommend that urine specific gravity is persistently less than 1.020 and urine cortisol to creatinine ratio was elevated and Cushingoid parameters are solid prior to any potential treatment. There are multiple, benign causes of ALKP elevation in this type of hepatopathy. Thyroid assessment is also indicated. Full adrenal panel to the University of Tennessee could also be considered.





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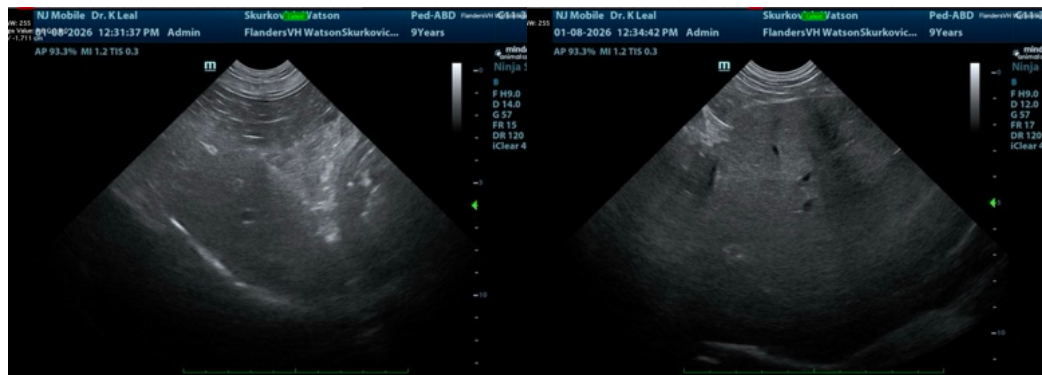
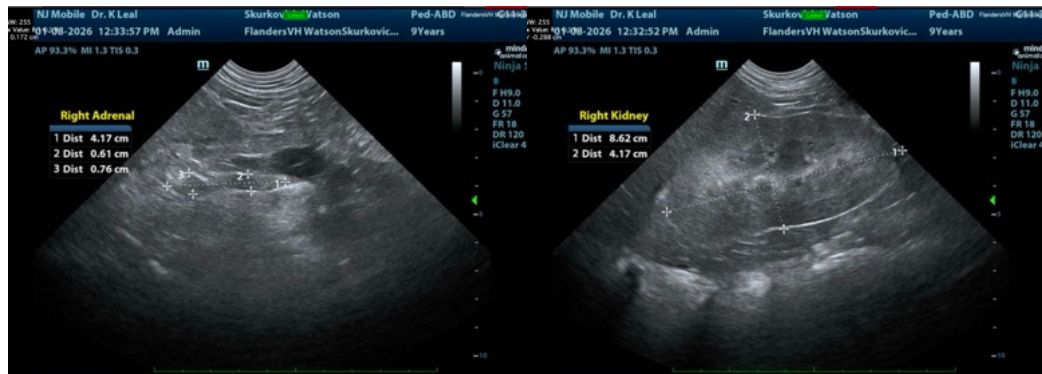
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com