



PATIENT

Dakota Tower

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

10 years

WEIGHT

68 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of SonoPath.com

IMAGING PERFORMED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
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HOSPITAL NAME

Butler VH

REFERRING VET

Dr. Sereda

INVOICE

68301

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Increased liver values, hepatomegaly on radiographs

ALT 275, ALP 486, calcium 11.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone presented normal thicknesses. The ureters were not visible which is normal. The urethra presented subjectively poor tone. Underlying incontinence may be a contributing issue in this patient. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared 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 7.0 cm. The right kidney measured 7.54 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.82 x 1.06 cm at the caudal pole and 0.72 cm at the cranial pole. The right adrenal gland measured 3.33 x 1.62 cm at the cranial pole and 0.8 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.

Liver

The **liver** was slightly irregular swelling with isoechoic remodeling. Occasional parenchymal cyst was noted. Moderate to severe hepatomegaly was noted. The gallbladder was over distended with excessively coalesced bile. This is consistent with emerging mucocele.



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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

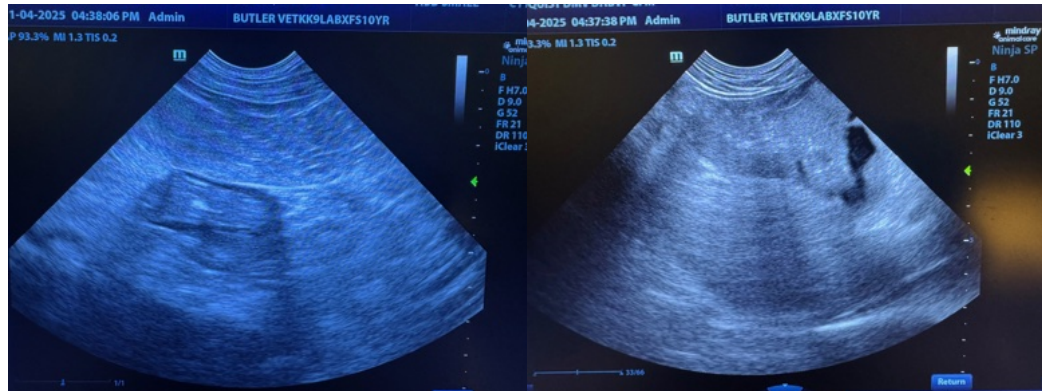
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy.
- Subjectively benign hepatopathy with moderate to severe hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is indicated is recommended. Work-up for PDH/Cushing's is indicated adding Phenylpropanolamine to the chronic UTI protocol is indicated. The bladder itself appeared unremarkable at this time. Recheck sonogram is ideal after 12 weeks of Ursodiol.





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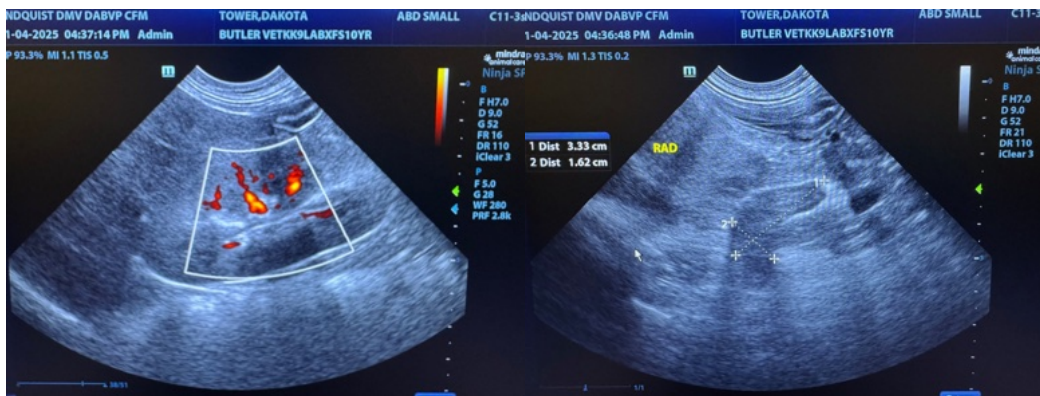
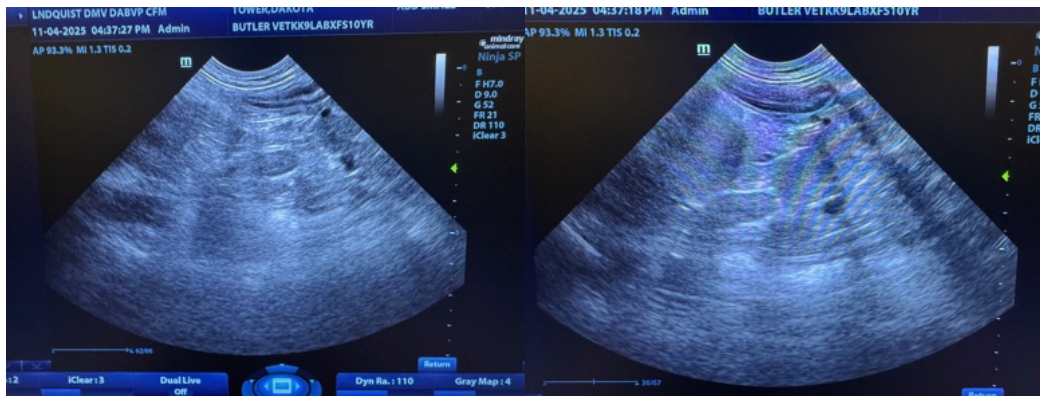
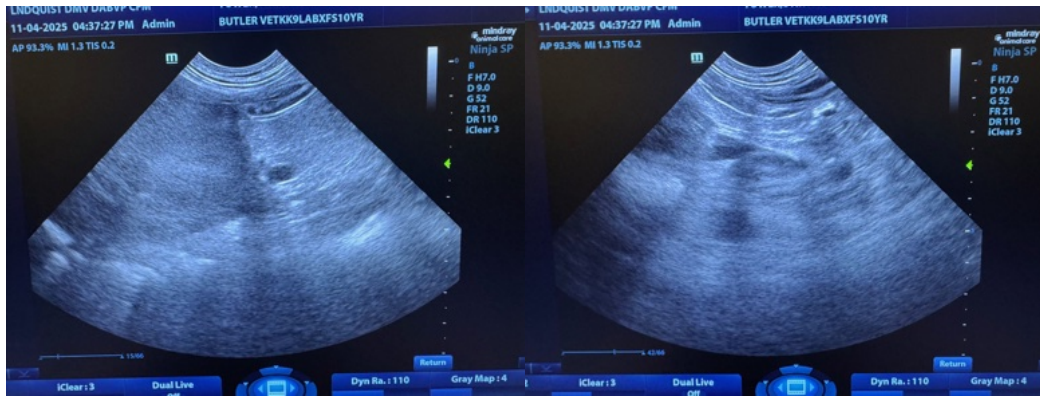
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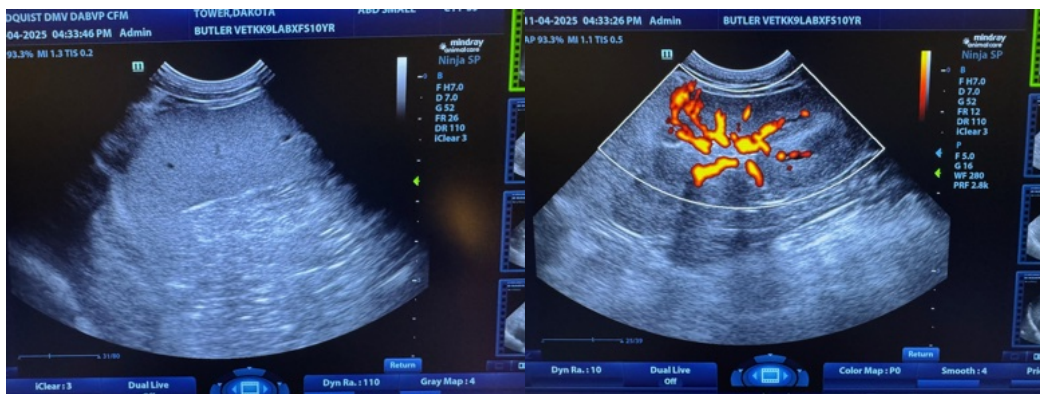
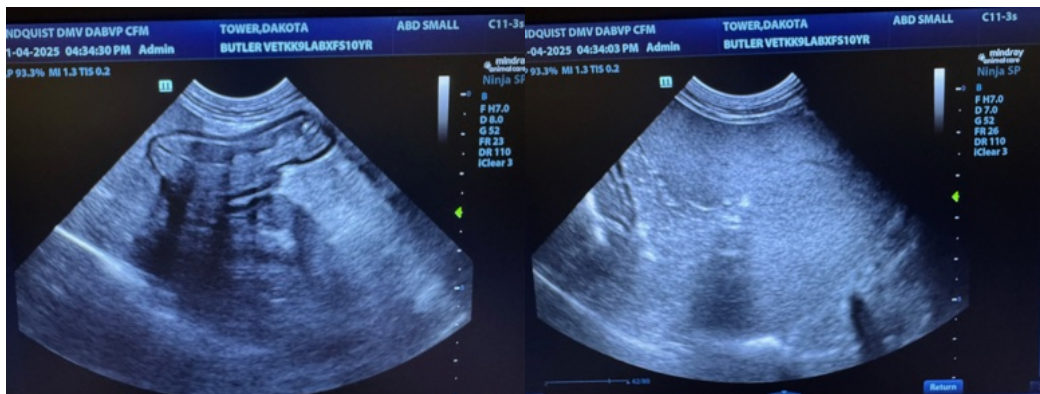
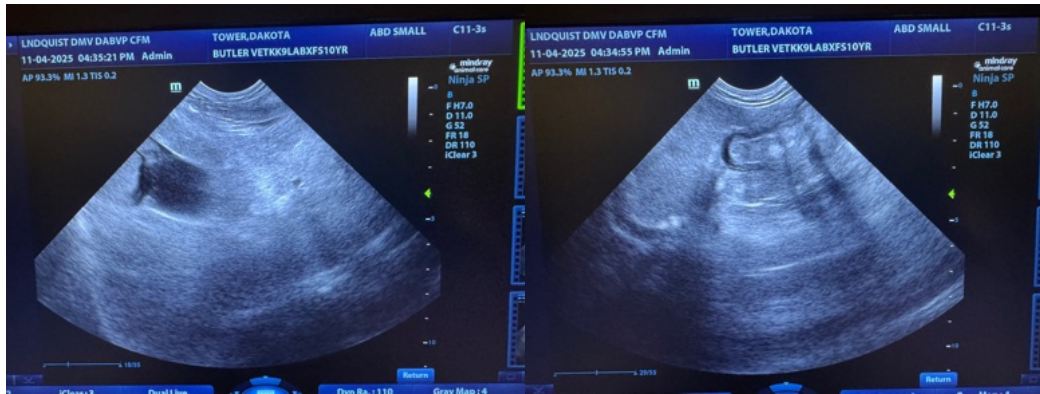
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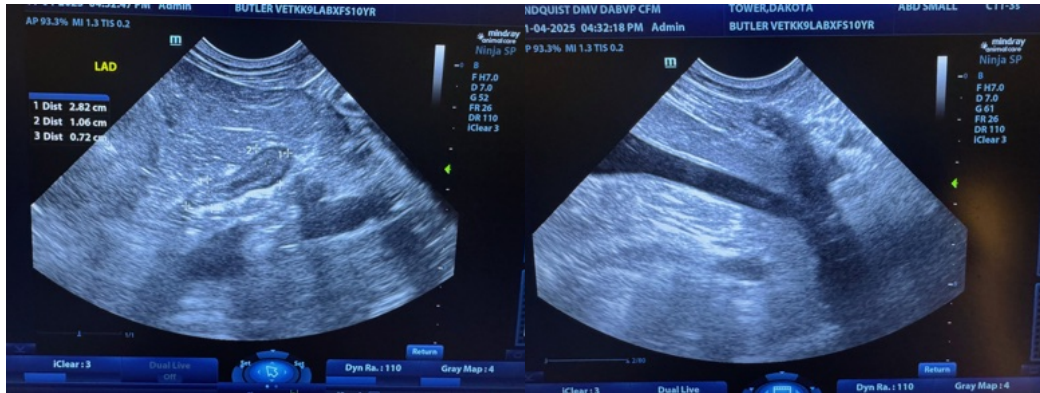
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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