



## PATIENT

Boone Kirks

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Intact male

## AGE

4 years

## WEIGHT

75.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Morse, LVT,  
CVT

## HOSPITAL NAME

Walden AC

## REFERRING VET

Dr. Kelly

## INVOICE

69296

## DATE

12/3/25

## PRESENTING CLINICAL SIGNS

History: ALT elevation since 10/25, v+ food 3 times/ day for 3 days, no diarrhea, wants to eat normal amount, vomits food few hours after eating, 4 lbs weight loss, 5-7% dehydration, abdomen soft Current meds: Cerenia, Famotidine, Ampicillin, Panacur, LRS IV  
Abnormal PE/Chem/CBC/UA Results: ALT 316 was 336, CBC- nsf, pancreatic lipase NSF  
Radiologist- no GI obstruction, soft tissue and mineral material in GI tract

## 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 8.1 cm. The right kidney measured 7.0 cm.

The **prostate** was uniform with no evidence of pathology. The prostate measured 2.5 cm in width. The pre and post prostatic urethra was unremarkable. The testicles were imaged and found to be uniform with normal epididymis.

### *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 right adrenal gland measured 2.39 x 0.42 cm at the caudal pole and 0.95 cm at the cranial pole. The left adrenal gland measured 2.53 x 0.56 cm at the caudal pole and 0.59 cm at the cranial pole.

### *Spleen*

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



**PATIENT**

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**SPECIES**

***Gastrointestinal***

Canine

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.

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Labrador Retriever

**SEX**

***Pancreas***

Intact male

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.

**AGE**

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**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

Non-specific, low-grade inflammatory hepatopathy without structural abnormalities of the liver. Likely reactive hepatopathy owing to GI upset.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the ALT elevations remain high then FNA of the liver is recommended to assess inflammatory cell type would be indicated, yet there was no evidence of structural disease at this time.

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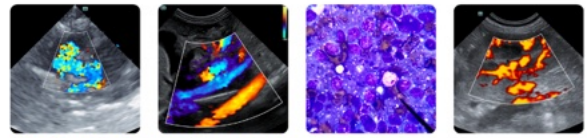
The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.

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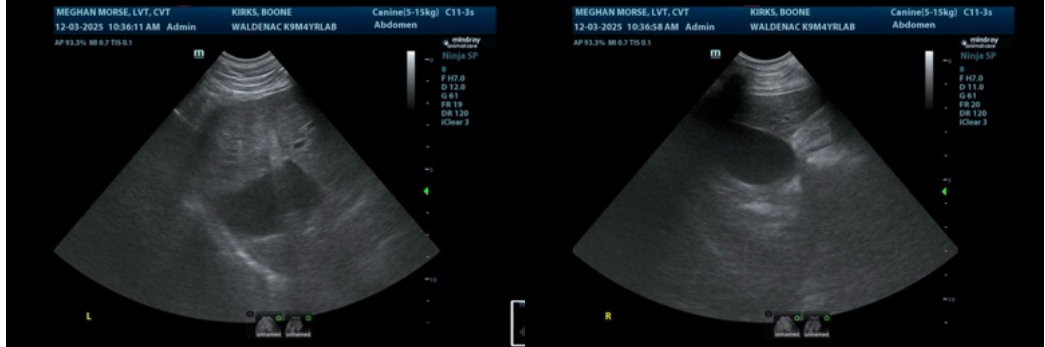
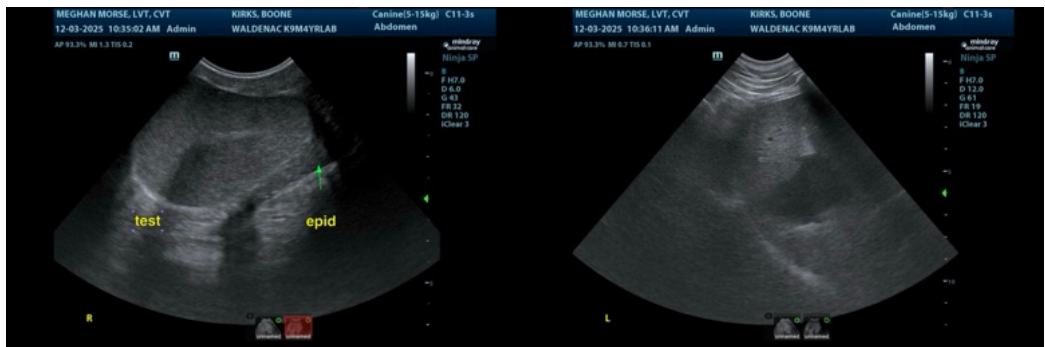
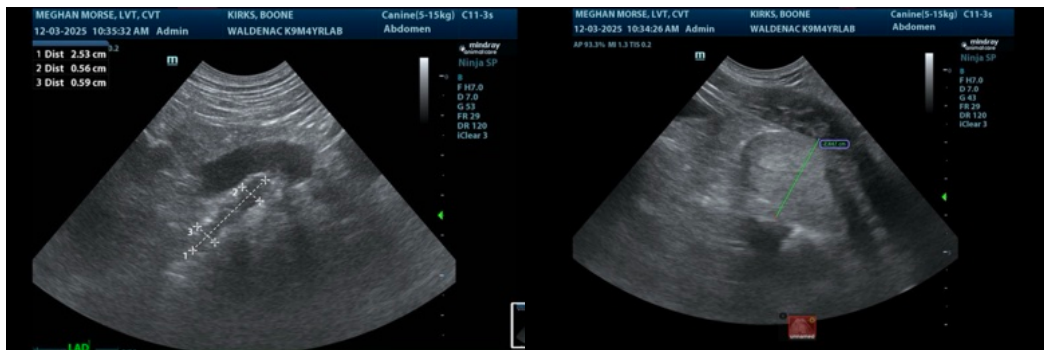
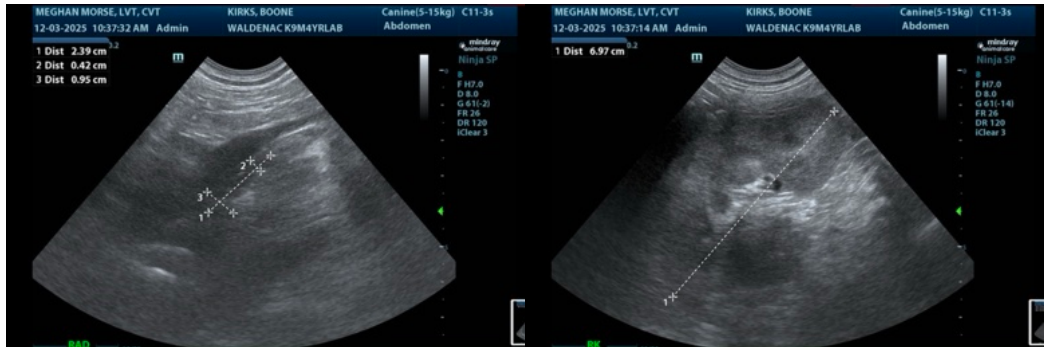
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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