



PATIENT

Zorro Hitchman

SPECIES

Canine

BREED

Border Collie x

SEX

Neutered Male

AGE

6 Years

WEIGHT

45.2

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal
 Hospital

REFERRING VET

Dr. Davis

INVOICE

72429

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Recheck US for suspected PLE- P previously 50# now 45.2#. P started on hydrolyzed diet and sucralfate after previous ultrasound.

Abnormal PE/Chem/CBC/UA Results: 1/23/26 alb 2.4 (prev 1.3), AST 69, CI 107

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 were noted. Ureteral papillae were normal.

The residual prostate was uniform at 0.80 cm.

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. Right kidney measured 5.6 cm. Left kidney measured 6.35 cm.

Adrenal Glands

Both **adrenal glands** appeared slightly flattened, yet this may be owing to cortisol therapy if being utilized. Otherwise, occult Addison's should be ruled out. Right measured 1.65 cm x 0.48 cm at the caudal pole and 0.51 cm at the cranial pole. Left measured 2.07 cm x 0.44 cm at the caudal pole and 0.37 cm at the cranial pole.

Spleen

The **spleen** was slightly enlarged and folded upon itself cranially. Subtle micronodular changes noted.

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. Gallbladder sand noted.

Gastrointestinal

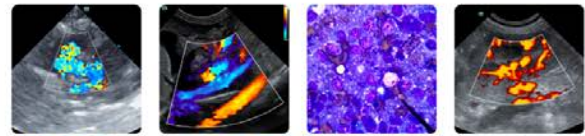
The **gastric** wall was mildly thickened, measuring up to 1.4 cm. Some very early loss of mural detail was noted in some portion of the stomach. Reactive mesentery was noted around the gastric serosa. Minor retention of ingesta noted in the stomach. Variable areas of small intestinal thickening noted.

Pancreas

The **pancreas** was slightly hypoechoic and mildly irregular.

ULTRASONOGRAPHIC FINDINGS

- Variable gastrointestinal thickening.
- Minor splenic enlargement with micronodular changes.



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- History of pancreatitis likely.

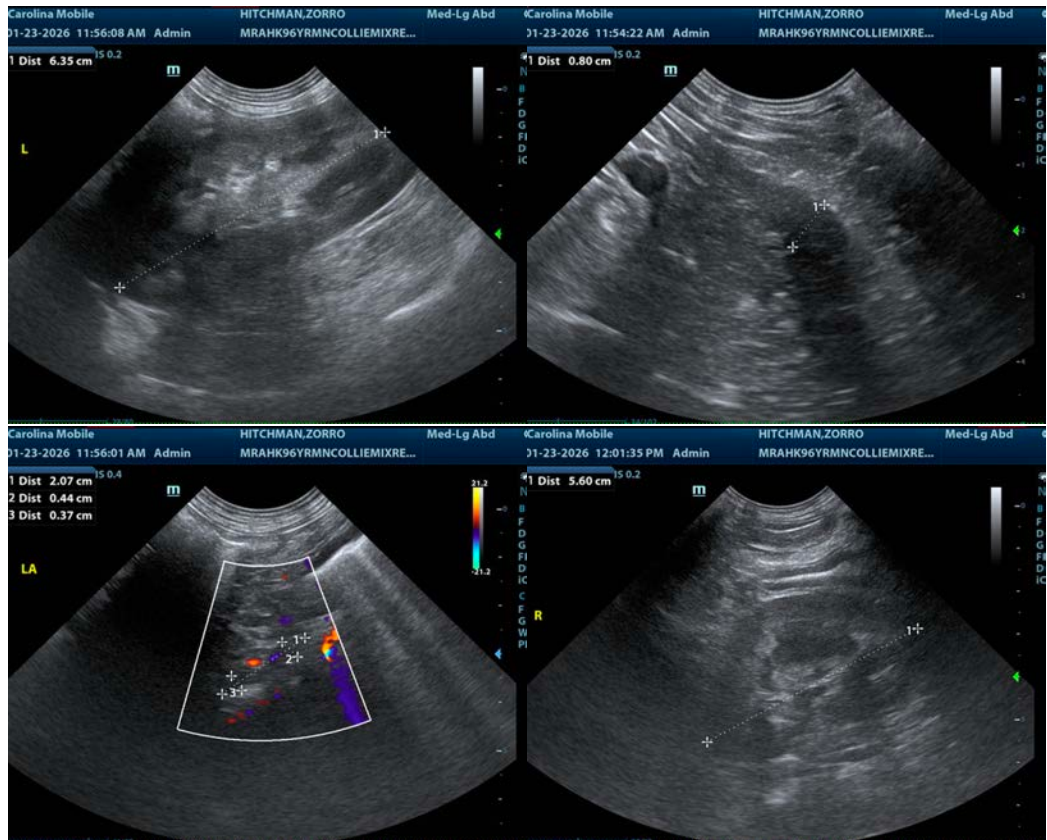
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Protein losing enteropathy is still likely to be the main issue and malassimilation of nutrients. However, I cannot rule out emerging round cell neoplasia of the GI tract. Full thickness GI biopsies would be necessary for further definition. FNA of the spleen could be considered as a cursory evaluation. Immunohistochemistry may be necessary if the cytology is borderline for round cell neoplasia. No overt neoplastic criteria are present. However, I am concerned for potential emerging GI neoplastic state possibly involving the spleen at a very early phase.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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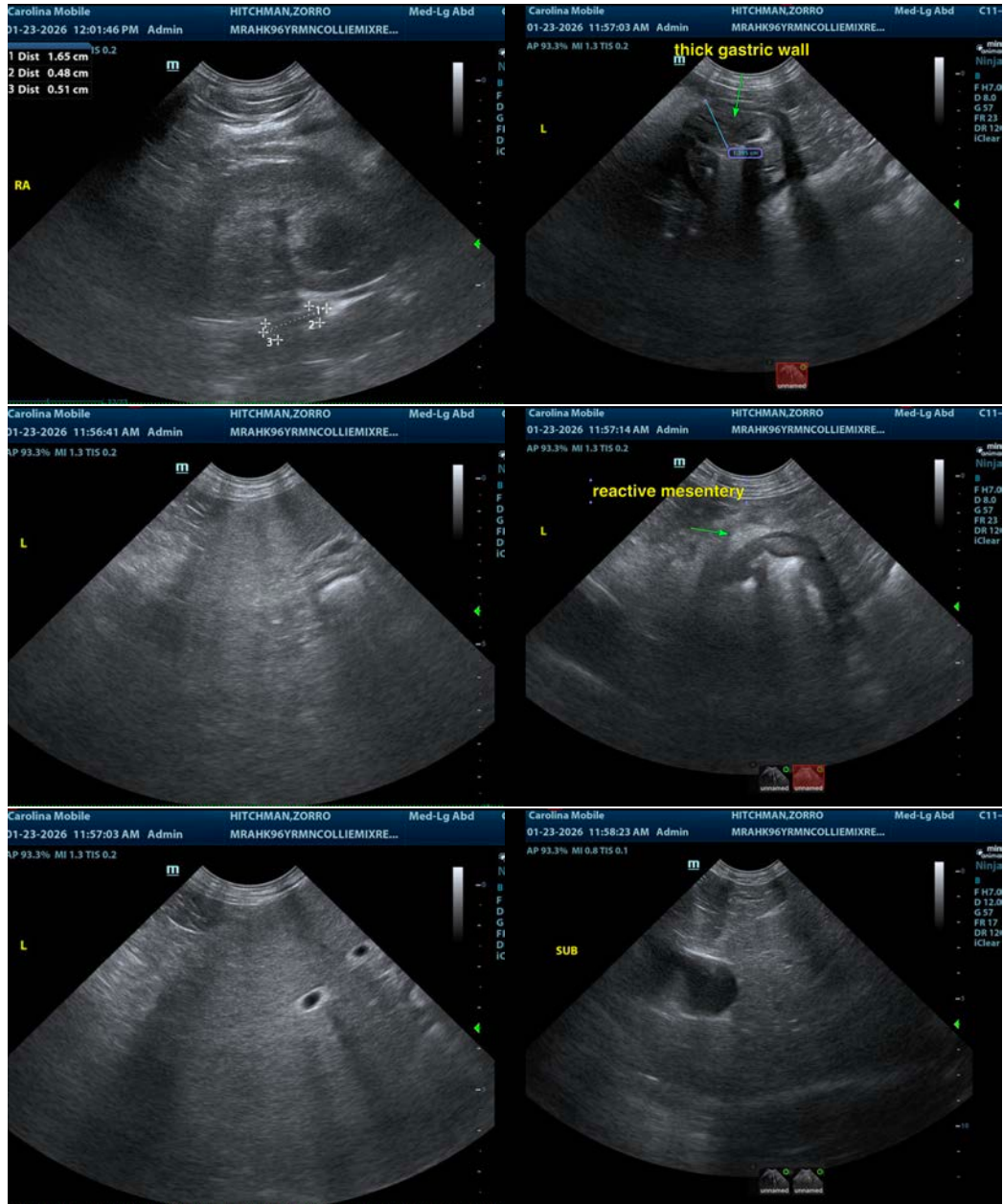
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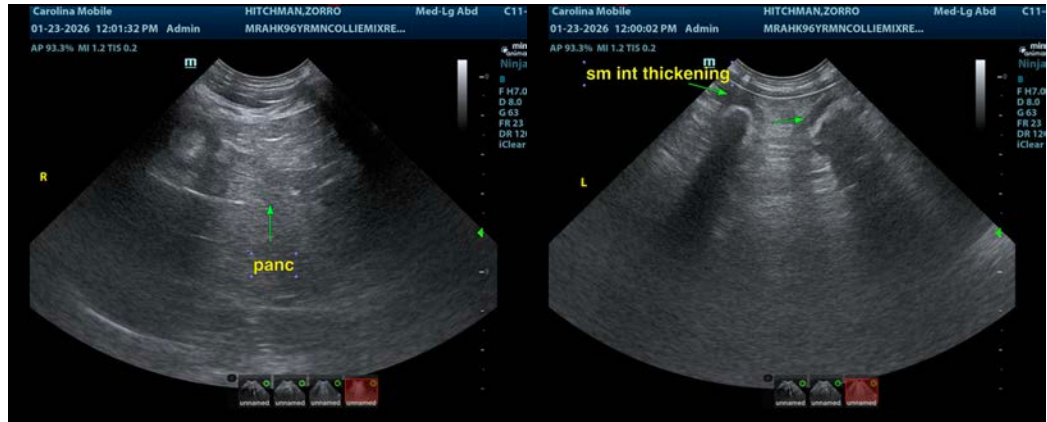
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com