



PATIENT

Knox Finger

SPECIES

Canine

BREED

Retriever Mix

SEX

Neutered male

AGE

5 years

WEIGHT

108 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

68567

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Dark tarry stools and vomiting, Fever, lethargy FEVER LETHARGY DECREASED ALBUMIN AND INCREASED KIDNEY TEST MAKE ME THINK LUPUS THEREFORE PREDNISONE 20MG 2 TWICE A DAY AND LEFLUNOMIDE 20MG 10 ONCE DAY AND MYCOPHENOLATE 500MG 1 AND 1/2 ONCE A DAY 1) Prednisone 20mg 2 twice a day 2) Leflunomide 20mg 10 once a day 3) Mycophenolate 500mg 1 and 1/2 once a day 11-8-2025 anemia much worse so stop above medication and go to sq fluids and injectable penicillin and enrofloxacin and dexamethasone and since vomiting add cerenia 11-9-2025 vomiting blood so add sucralfate 11-10-2025 BUN >130, Hct 7.5%, RBC 1.35, hemoglobin 3, much worse so transfusion from Bowie Dickson Animal Clinic and iv dexamethasone and atopia
Abnormal PE/Chem/CBC/UA Results: Today's bloodwork results: BUN 95, ALT 581, Alkp 611, Amylase >2500, Lipase 5,781 Hct 14%, RBC 2.32, hemoglobin 5.5

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 7.5 cm. The right kidney measured 7.27 cm.

Adrenal Glands

The left **adrenal gland** was 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 left adrenal gland measured 0.68 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland was not visualized.

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.



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Liver

The **liver** was enlarged and mildly heterogenous with regional free fluid. The gallbladder and common bile duct were unremarkable. Heterogenous omental changes were noted in the cranial abdomen.

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

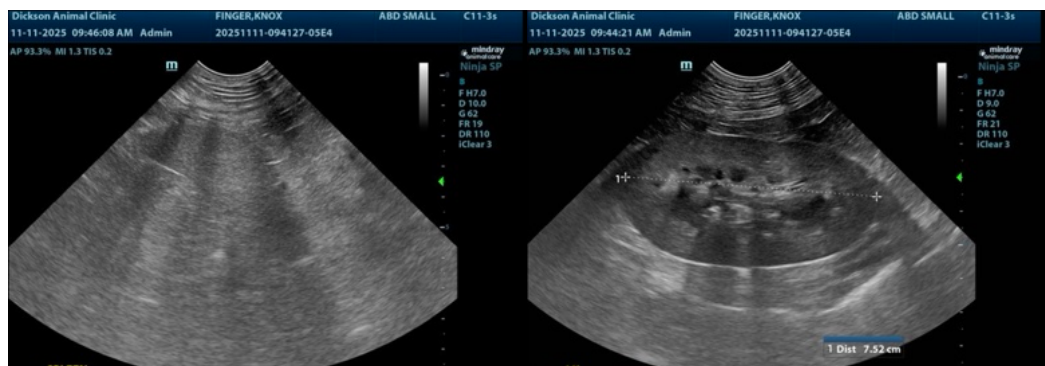
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Strong concern for infiltrative disease, partially suppressed by Prednisone.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver, abdominocentesis and cytospin is all indicated for further definition. Bone marrow aspirate and CBC path review is recommended given the anemia noted. Prognosis is very guarded.





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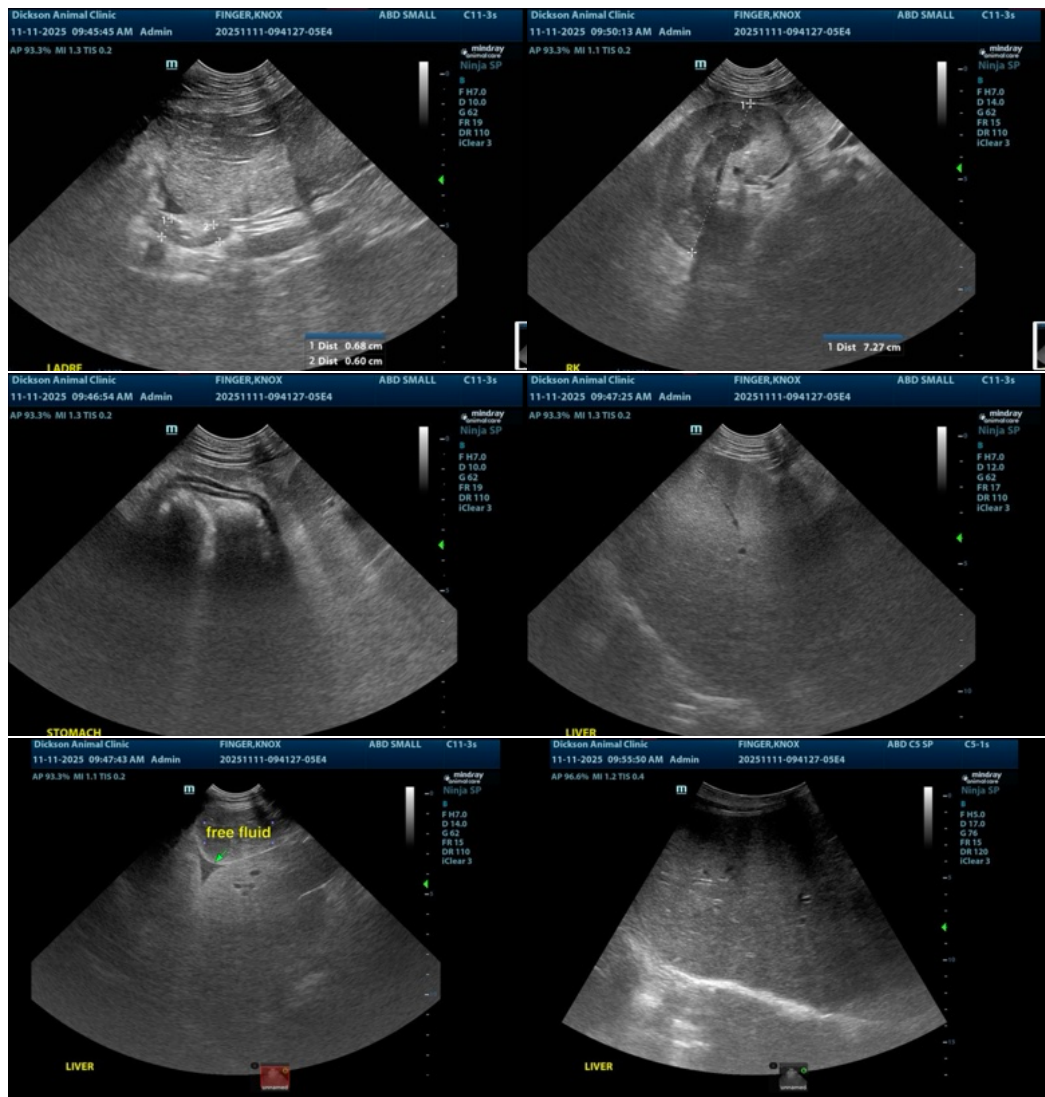
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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