



PATIENT

Special McFarland

SPECIES

Canine

BREED

Greyhound

SEX

Neutered male

AGE

7 years

WEIGHT

62 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Barnard, LVT

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Lindemulder

INVOICE

68596

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Year long diarrhea, weight loss, and now inappetence. Has lost 12lbs over the year. Abdominal radiographs and bloodwork have been unremarkable.

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 **left kidney** 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 capsule was acceptably uniform without significant irregularities. The left kidney measured 6.6 cm. The right kidney was not visualized.

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 0.6 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** in this patient was mildly enlarged with scalloping contour, 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 wall was echogenic and fibrosed.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness and acceptable curvilinear mural detail. Mild hyperperistalsis was noted in the intestinal tract. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The colon was fluid filled. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were slightly enlarged and reactive.

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.

Free Abdomen

Free fluid was noted.

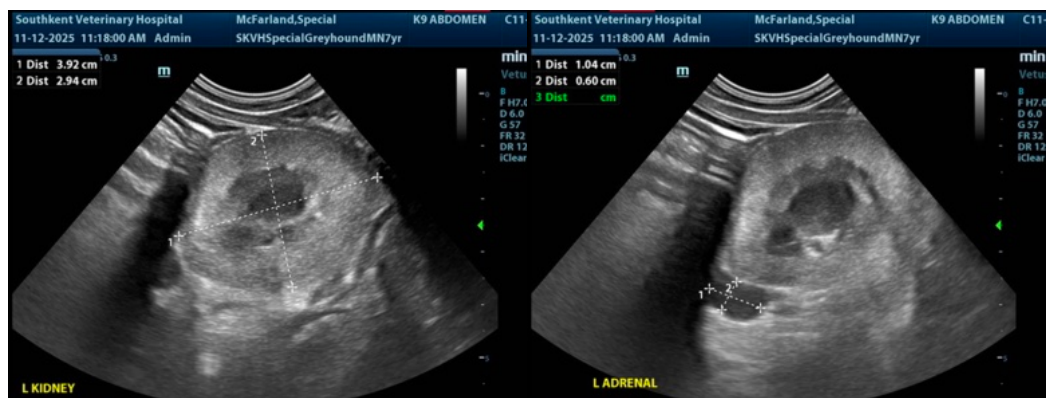
ULTRASONOGRAPHIC FINDINGS

- Mild hyperperistaltic GI tract, suspect malassimilation or neoplasia elsewhere.
- History of cholecystitis is likely. There was no evidence of active inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Maldigestion profile is indicated. Further imaging of the right adrenal, right kidney and right liver from an intercostal and right paralumbar approach SDEP 12-14 would be ideal with increased depth.

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.





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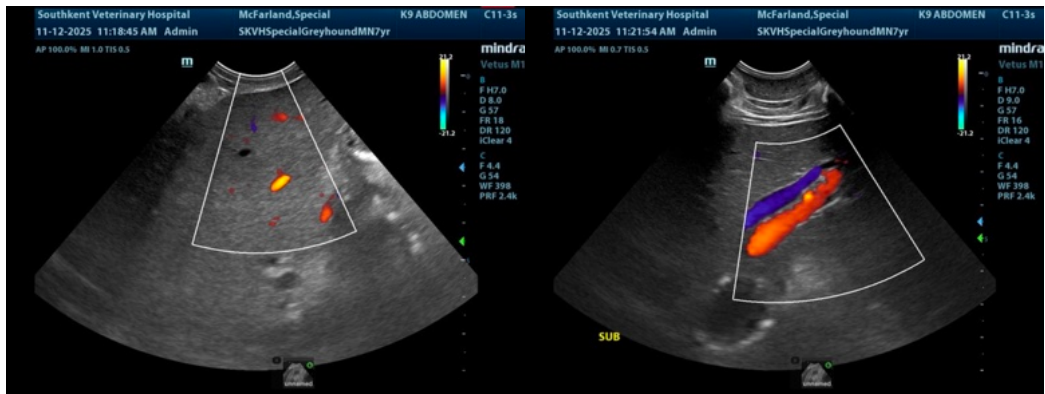
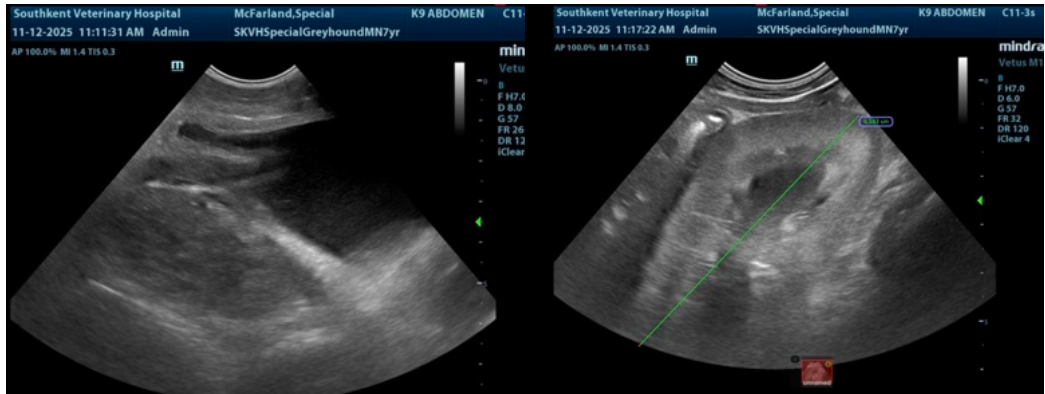
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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