



PATIENT

Buddy Gallagher

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

7

WEIGHT

76.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

12448

DATE

11/24/25

PRESENTING CLINICAL SIGNS

Weight loss

Abnormal PE/Chem/CBC/UA Results: PE: wasting CBC nsf CHEM: alb 2.2 lyme & anaplasma positive UA: trace protein, UPC 0.2

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The regions of the **adrenal glands** imaged no evident pathology.

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 were noted.

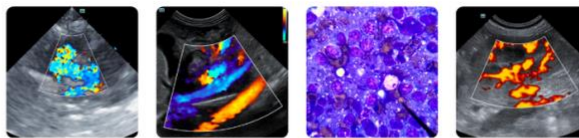
Liver

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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** in this patient revealed a large amount of shadowing artifact not allowing for full visibility of the gastric lumen. The stomach/upper GI tract presented with strong acoustic shadowing and some stasis and free fluid.

Pancreas



PATIENT

Buddy Gallagher

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.

SPECIES

Canine

Free Abdomen

Ascites were noted in the abdomen. Regional enlarged lymph nodes were visualized measuring up to 2.0 cm.

BREED

Lab

ULTRASONOGRAPHIC FINDINGS

- Regional lymphadenopathy.
- Age-related renal changes.
- GI obstructive pattern.
- Suspect peritonitis- cannot rule out a neoplastic process.

SEX

Neutered Male

AGE

7

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend immediate exploratory surgery in this patient.

WEIGHT

76.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

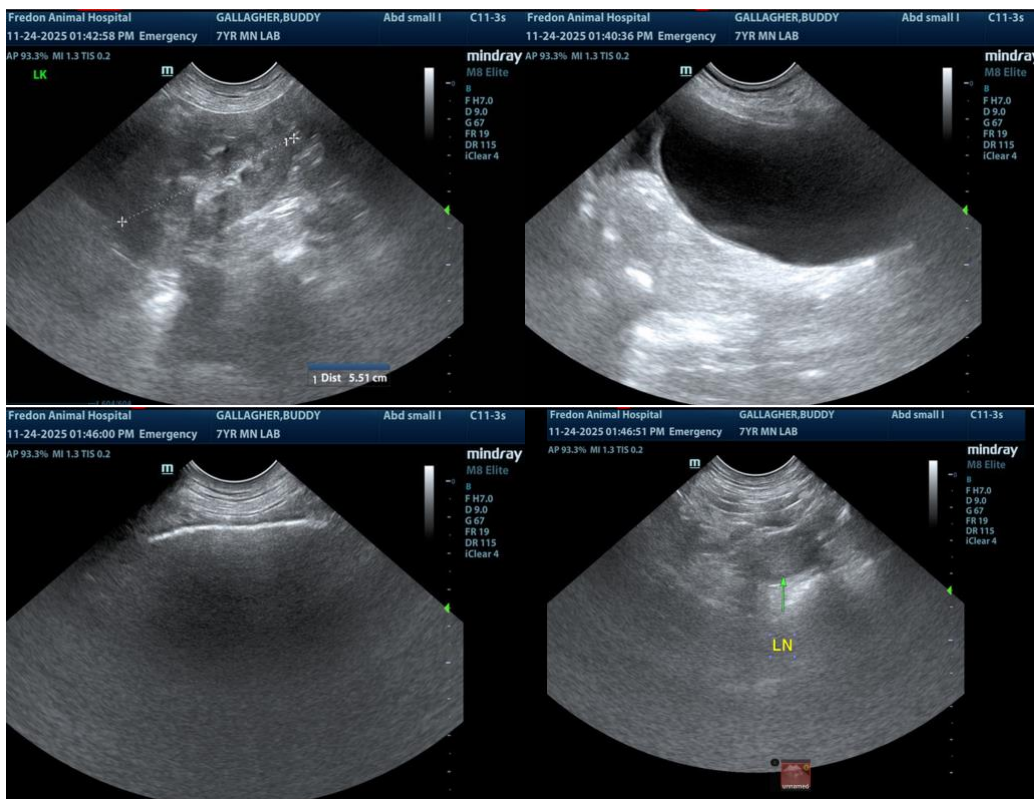
Dr. Linda Grau

INVOICE

12448

DATE

11/24/25





PATIENT

Buddy Gallagher

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

7

WEIGHT

76.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

12448

DATE

11/24/25



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