



PATIENT

Maggie Wirth

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

72.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

MEW

HOSPITAL NAME

Weddington AH

REFERRING VET

Dr. Walker

INVOICE

69048

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: 10yo FS lab - AUS for further workup of hypoalbuminemia and intermittent diarrhea. P has history of coprophagia in yard. P has had a chronic cough that has worsened over past few years. Radiographs taken on Fri showed evidence of megaesophagus. P is QAR and afebrile. Started on omeprazole, cerenia, cisapride (O has not gotten yet), and elevated feeding/small meals. Concerned for cause of issues and ruling out neoplasia/underlying metabolic disease.

Abnormal PE/Chem/CBC/UA Results: 11/12/25: CBC: normal leukocyte count, mild monocytosis Chemistry: mild hypoalbuminemia, mild hyperglobulinemia - diarrhea. Mildly elevated amylase (1523) T4: 1.9 U/A: 1.019 USG, 4-10 squamous epithelial, neg rbc 9/15/25: CBC: no remarkable abnormalities Chemistry: mild hypoalbuminemia, marked hypophosphatemia (suspect artifact, dietary, open), mildly elevated amylase T4: 1.4 U/A: unable to collect HWT: Neg 1/24/25: CBC: low normal HCT (36%). No other remarkable abnormalities Chemistry: Mild hypoalbuminemia, mild hyperglobulinemia - inflammation/loss? Mildly elevated amylase. No other remarkable abnormalities. T4: 1.6 U/A: unable to collect

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 5.0 cm. The right kidney measured 6.6 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

The regions of the adrenal glands were imaged with no evidence of 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 was noted.



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Liver

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

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Mild gastroenteritis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands were not visualized and may be subnormal in size. Given the patient's history of low albumin and non-specific GI upset, screening for Addison's is indicated.

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Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed

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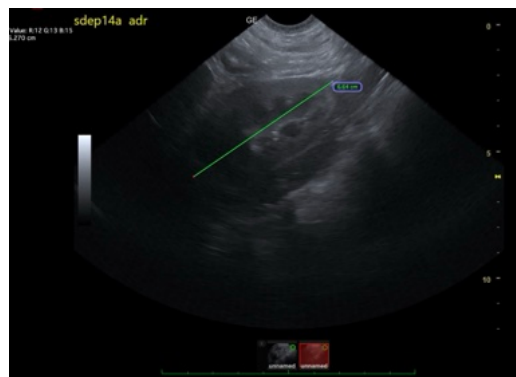
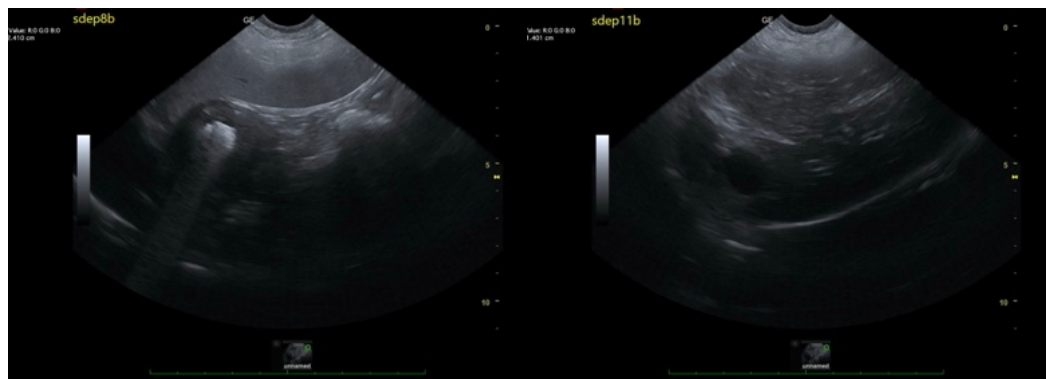
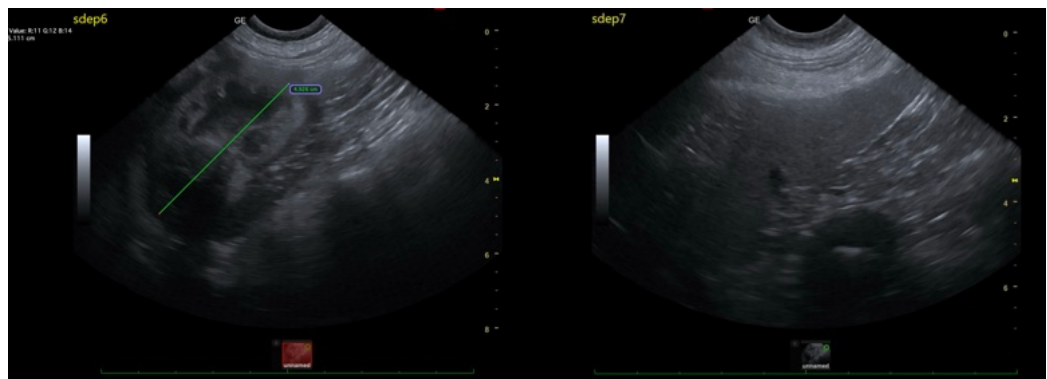
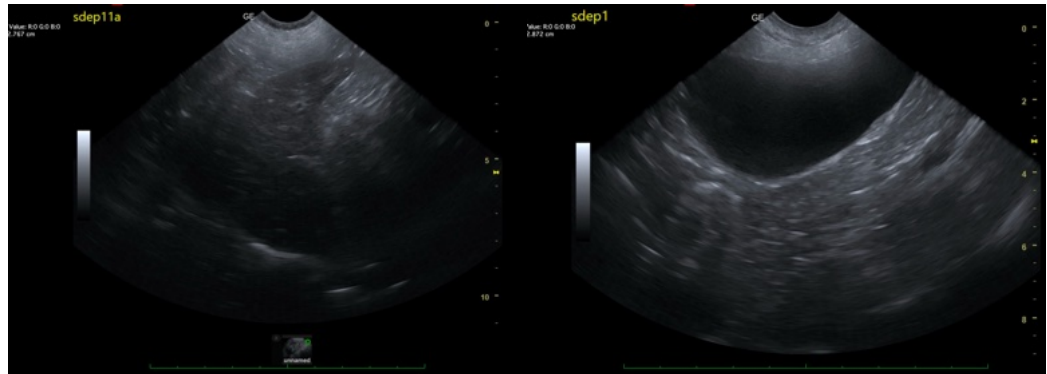
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com