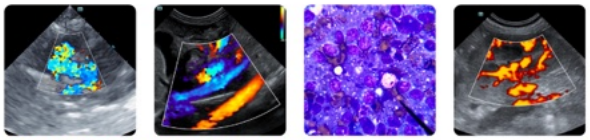


PATIENT

Merle Wilson

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

14 years

WEIGHT

56 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Isaacson VH

REFERRING VET

Dr. Lester

INVOICE

69082

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: Patient seen recently for GI upset (10/3/2025). Recently, in the evening pacing and having to go outdoors more frequently. Soft stool, weight loss. Recommend abdominal u/s as next step with repeating some BW. Also recommend fecal exam-diarrhea panel.
Abnormal PE/Chem/CBC/UA Results: PE today: noted numbers lipoma-like masses on the trunk, abdomen soft, no obvious masses. Rectal was normal, prostate small. CBC: neutrophilia (18.3K). lymphopenia Chem: ALT 418, ALP 1022 (both stable to improved from labs in October), TBili 3.1 (was 0.4 in October), Cholesterol 346 (stable). CPLi - normal (101). 10/3/25 XR report: Mild broncho interstitial pulmonary pattern. Differential diagnoses include age-related changes and/or chronic bronchitis. No evidence of pulmonary infiltrates to suggest pneumonia or metastatic disease. Heterogeneous gastric and small intestinal content. Gastroenteritis or functional ileus secondary to pancreatitis are also considered. Mild hepatomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

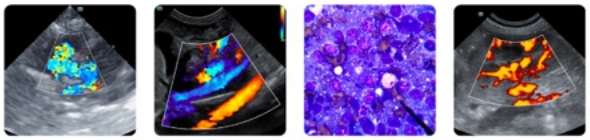
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased 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 6.6 cm.

Adrenal Glands

The left adrenal gland was slightly enlarged at the caudal pole. The left adrenal gland measured 3.16 x 0.72 cm at the cranial pole and 0.96 cm at the caudal pole. The right adrenal gland measured 1.9 x 0.88 cm at the caudal pole and 0.54 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** revealed increased portal markings, hypoechoic parenchyma compared to the falciform fat and generalized swelling. Minor excessive gallbladder debris and over distension was noted. This is consistent with emerging mucocele.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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

Emerging gallbladder mucocele.

Chronic inflammatory hepatopathy pattern. Acute on chronic hepatic failure is suspected.

Likely splenic hyperplasia, however, emerging round cell neoplasia cannot be ruled out.

Geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of specific GI pathology. Ursodiol therapy is warranted as a preventative regarding the gallbladder presentation and GI differentials. The cause of weight loss is not evident. Acute on chronic hepatic failure with Leptospirosis or similar should be considered. FNA or core liver biopsy is indicated. There was no overt evidence of neoplasia. However, justification to FNA of the spleen and FNA or core liver biopsy could be made. Toxin exposure should also be considered.

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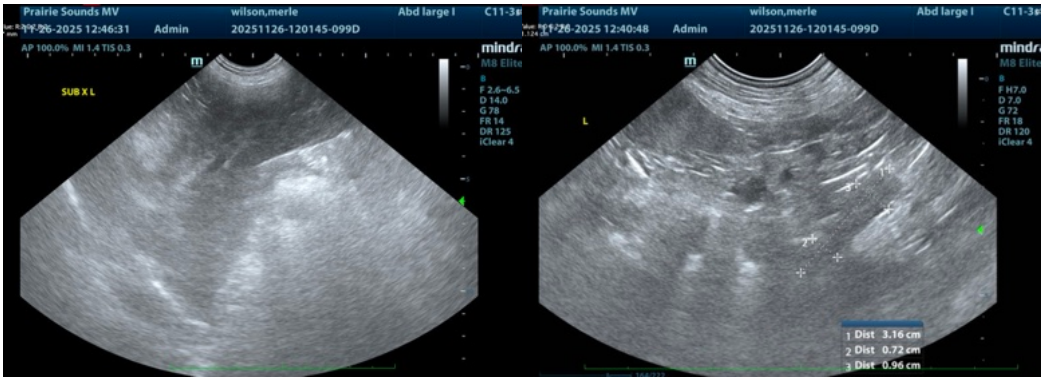

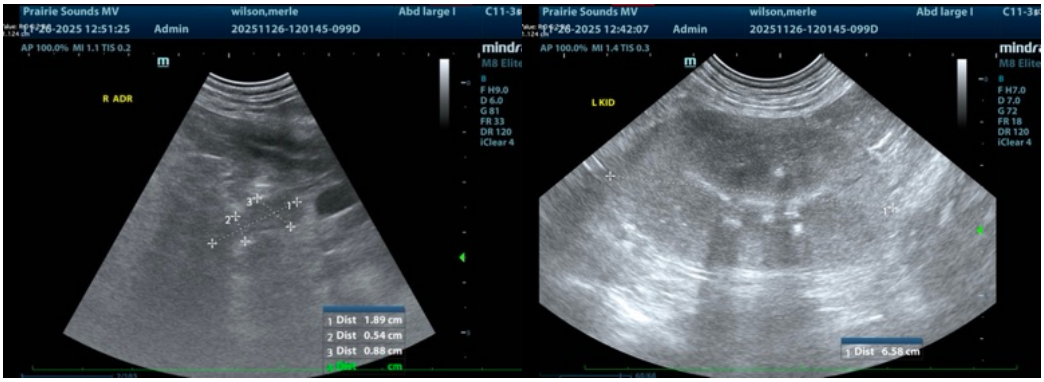

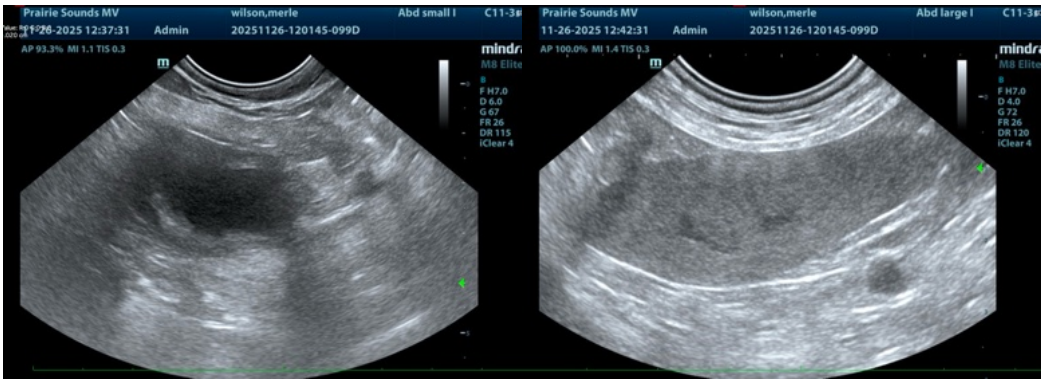

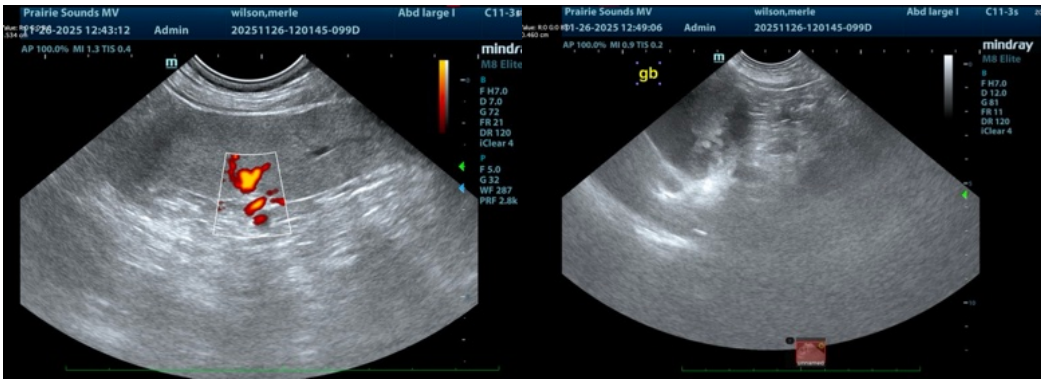

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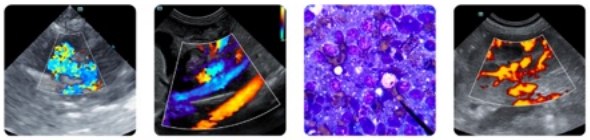

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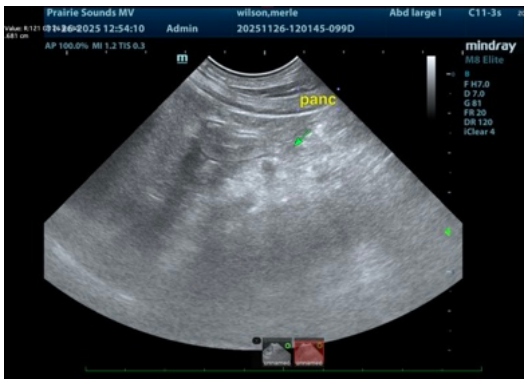

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com