



PATIENT PRESENTING CLINICAL SIGNS

Tulo Deluca Abdomen: Cranial abdomen feels firm. No obvious mass palpated but suspect organomegaly present within cranial abdomen. No appreciable abdominal pain. No fluid. No obvious distension.

SPECIES Current Medications Cephalexin 600mg - 2.5 tabs BID

Canine Abnormal PE/Chem/CBC/UA Results: MCV 59.1 ALT 871 ALP 583 labs attached

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Great Dane **Urinary System**

SEX 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.

Neutered Male

AGE 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 8.5 cm in length. The right kidney measured 10.2 cm in length.

7 Years

WEIGHT The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.5 cm in length. The right kidney measured 10.2 cm in length.

69.7 kg

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 3.78 cm x 1.1 cm width at the caudal pole and 1.4 cm width at the cranial pole.

INTERPRETED BY

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 IVUSS

The region of the **right adrenal gland** was unremarkable.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

Liver

INVOICE

The **liver** revealed increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

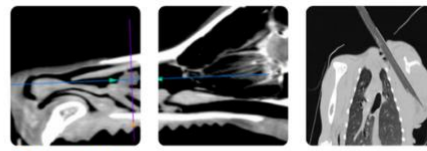
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Gastrointestinal

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.



PATIENT

Pancreas

Tulo Deluca

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

ULTRASONOGRAPHIC FINDINGS

BREED

- Chronic inflammatory hepatopathy.

Great Dane

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FNA of the liver is indicated for further definition. Leptospirosis titers are warranted to assess for toxin exposure, leptospirosis, idiopathic causes are all possible. No evidence of visceral disease responsible for the abdominal discomfort in this patient.

Neutered Male

AGE

7 Years

WEIGHT

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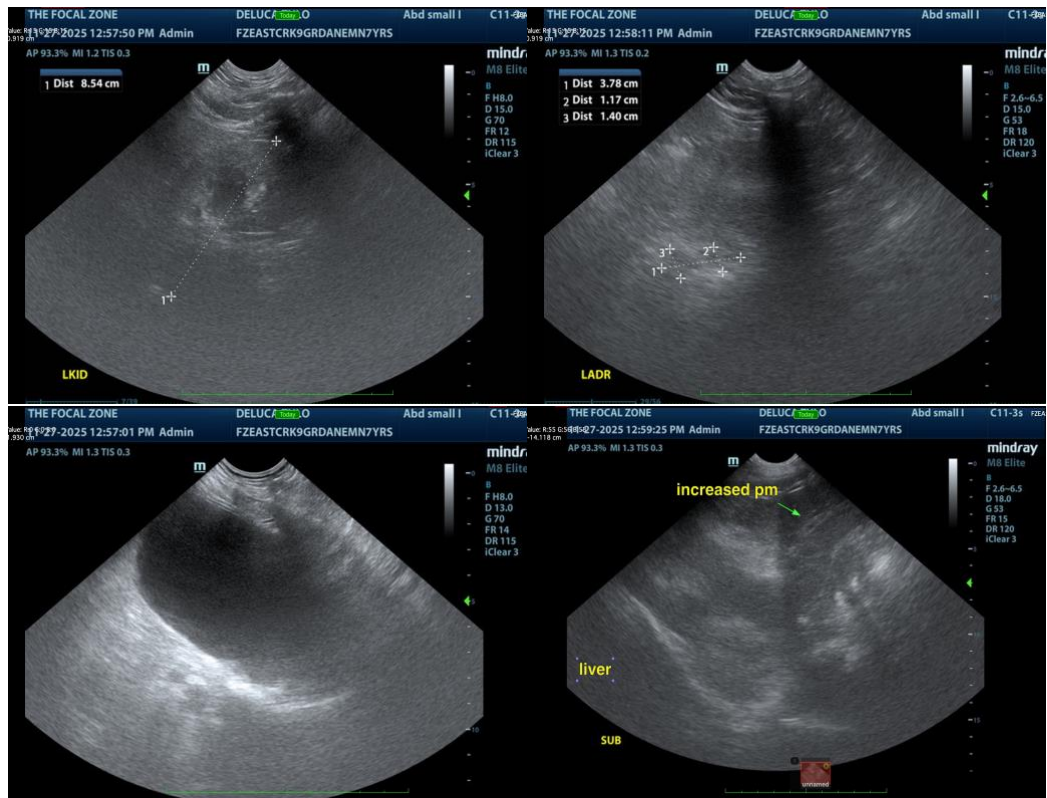
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PATIENT

Tulo Deluca

SPECIES

Canine

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Great Dane

SEX

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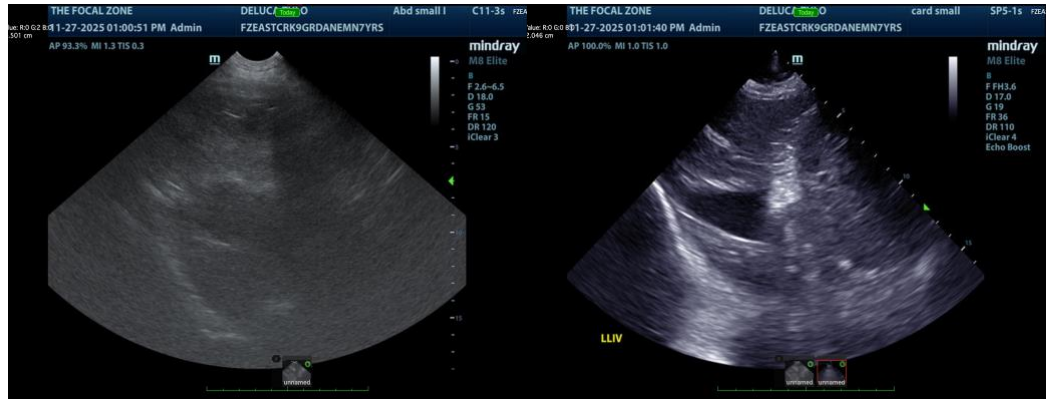
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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