



## PATIENT

Ha'Lei Thompson

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered Male

## AGE

11

## WEIGHT

97

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Solitaire Goldfield,  
DMV

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Solitaire Goldfield,  
DMV

## INVOICE

72543

## DATE

12/12/25

## PRESENTING CLINICAL SIGNS

P is a 11yr old MN GSD presenting for evaluation today. O states over the last 3 days he hasn't wanted to eat, has been drinking, this morning O made him chicken broth & egg which he ate, seems like he's lost weight. O states P was previously overweight, does get healthy snacks, usually loves to roam the backyard, but has been very lethargic over the last 3 days. O states P hasn't had any history of travel, doesn't like to go walking, no current medications.

Abnormal PE/Chem/CBC/UA Results: EOS 1.88 High 0.04-1.62  $10^3/uL$  Total Protein 4.8 Low 5.5-7.6 g/dl Globulin 1.8 Low 2.0-3.6 g/dl Alb/Glob Ratio 1.7 Cholesterol 110 Low 120-310 mg/dl GGT 18 High 0-14 U/l Potassium 5.4 High 3.8-5.3 mEq/l

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** 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 urethra was not visualized.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 8.8 cm. Anechoic cyst noted in the right kidney.

### *Adrenal Glands*

The **adrenal glands** were not visualized.

### *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** was swollen and irregular with disruptive multifocal nodular changes. Hepatic lymphadenopathy noted. A lymph node measured 3.16 cm. Strongly consistent with an infiltrative pattern.

### *Gastrointestinal*

The **stomach** was overdistended with fluid. The visible small intestine and colon were unremarkable. Excessive gastrointestinal gas noted, obscuring portions of the pancreas.



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## Pancreas

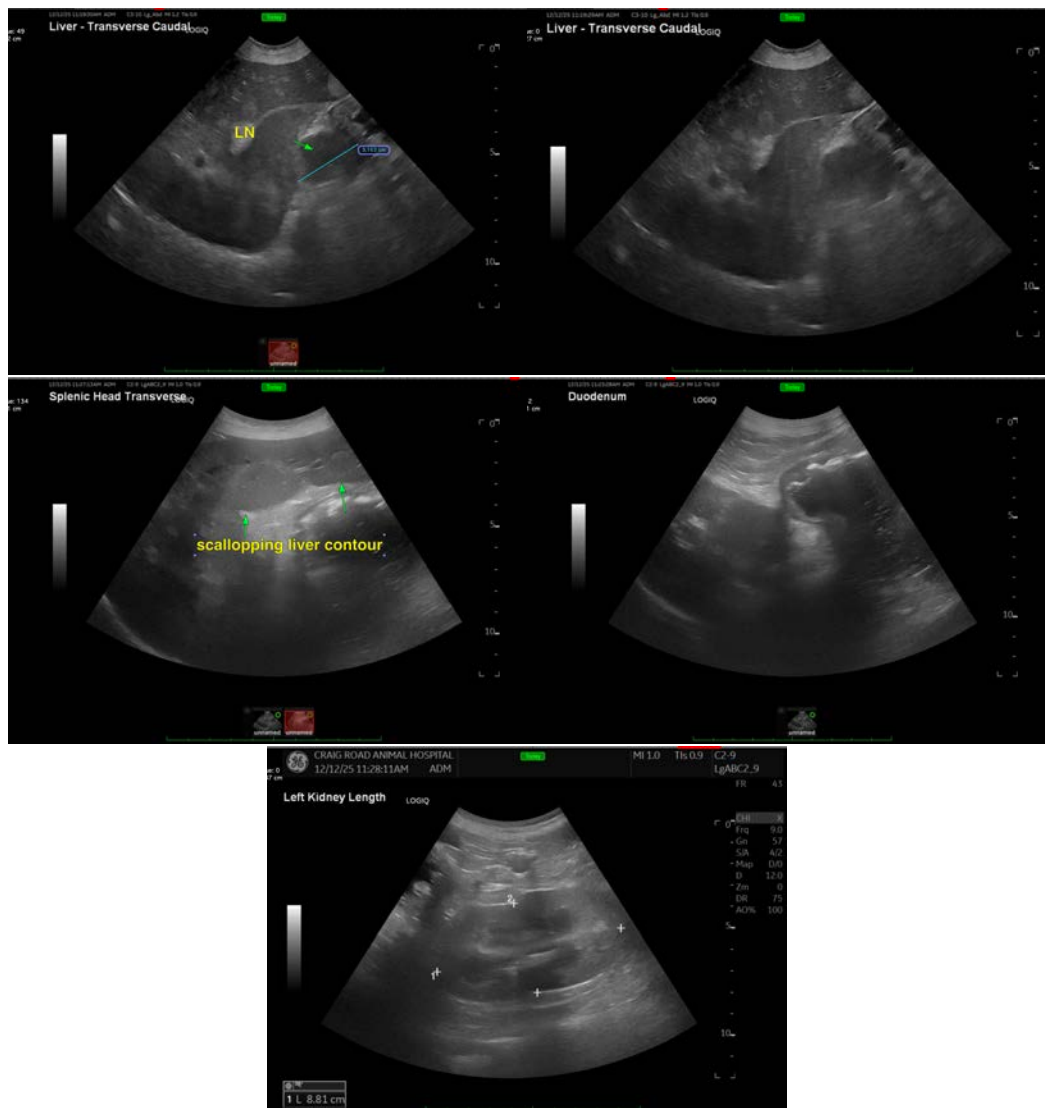
The visible **pancreas** was unremarkable.

## ULTRASONOGRAPHIC FINDINGS

- Infiltrative hepatic pattern with nodular changes and hepatic lymphadenopathy.
- Gastric ileus/stasis.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for diffuse hepatic neoplasia. Ultrasound guided FNA indicated. Prognosis is very guarded. GI protectants, broad-spectrum antibiotics, and ultrasound guided FNA of the liver indicated. Given the low albumin, protein losing enteropathy is likely.





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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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[info@SonoPath.com](mailto:info@SonoPath.com)