



PATIENT

Charlotte Klugh

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

8 years

WEIGHT

56.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Katharine Nowland

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Nowland

INVOICE

69379

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Patient presented on 12/15 for annual and was noted that she had been lethargic and not wanting to eat for a week. Can be a picky eater, but had not wanted her kibble or treats and only occasionally nibbled on some chicken. Vomited water this past Saturday, as well as some diarrhea last Wednesday. Delayed vaccines and performed bloodwork and sent home with GI food. O says she seems to be doing a bit better. No vomiting, eating some.
HCT 62, low WBC ; reran CBC today due to there being clumps in sample Mild leukopenia, neutropenia, lymphopenia, thrombocytopenia (62,000) Liver enzymes elevated ALT: 655 AST: 163 ALP: 249 Bilirubin: 1.4

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 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 right kidney measured 6.4 cm. The left kidney measured 5.37 cm.

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 1.12 x 0.34 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** was mildly enlarged and uniform. This is typical for the breed. Slight heterogenous parenchymal changes were noted. This is consistent with hyperplasia or reactive spleen. FNA is indicated for further definition.

Liver



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Uniform hepatomegaly was noted with non-specific, heterogenous parenchymal changes. Increased portal markings were noted. The gallbladder and common bile duct was unremarkable. There was no evidence of obstruction. There was a mild amount of suspended biliary debris.

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Gastrointestinal

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The **stomach** in this patient revealed mild echogenic mucosal remodeling with hyperechoic inclusions. This may be consistent with ulcerative disease. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. The mesenteric lymph nodes were enlarged, rounded and hypoechoic.

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Pancreas

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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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Free Abdomen

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Slight free fluid was noted between the liver lobes and spleen.

Cranial abdominal lymph nodes were enlarged and rounded with reactive surrounding mesentery.

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ULTRASONOGRAPHIC FINDINGS

Splenohepatomegaly with reactive lymph nodes, possible ulcerative gastritis.

Free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia involving the spleen, lymph nodes and liver. Ultrasound guided FNA is indicated. The free fluid is likely owing to lymphatic obstruction. Prognosis is guarded depending on cytology results. Lymph node, cytology and culture as well as hepatic cytology and culture and cytology of the spleen are all indicated. Prognosis is guarded. 22-gauge FNA of the lymph nodes and liver are recommended as well as 25-gauge FNA of the spleen. Empirical GI protectant protocol is warranted in the meantime.

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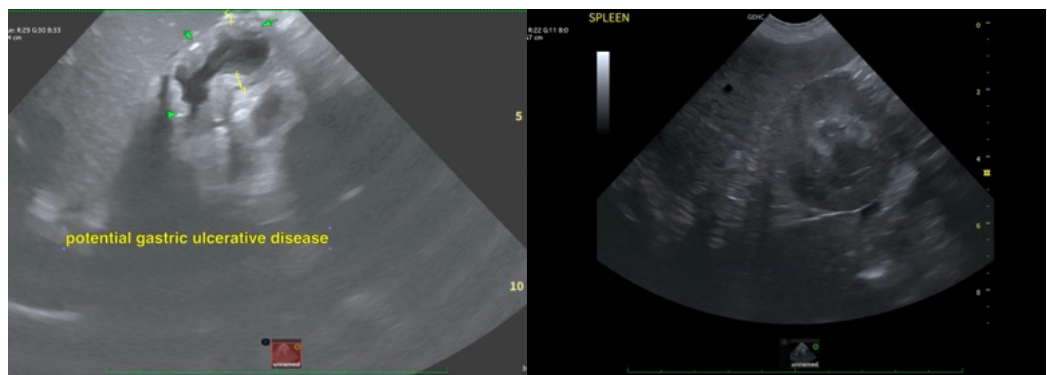
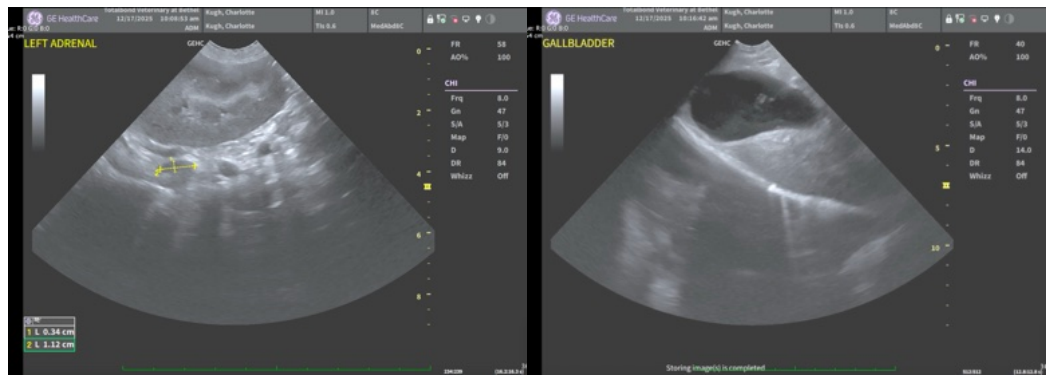
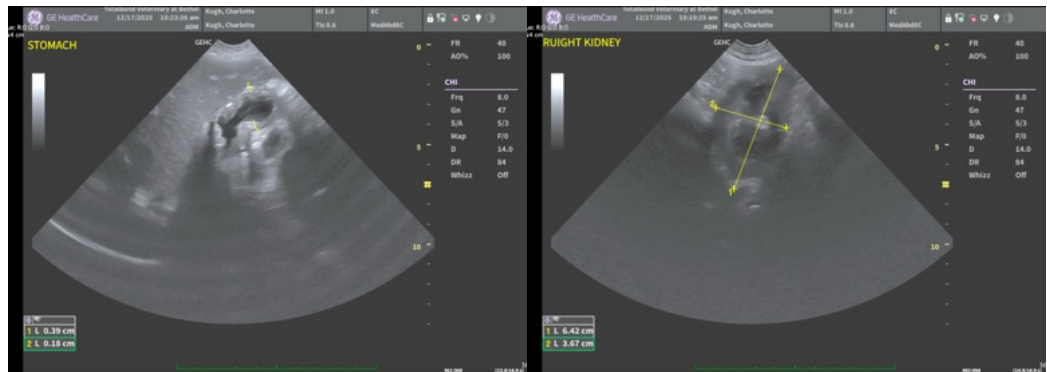
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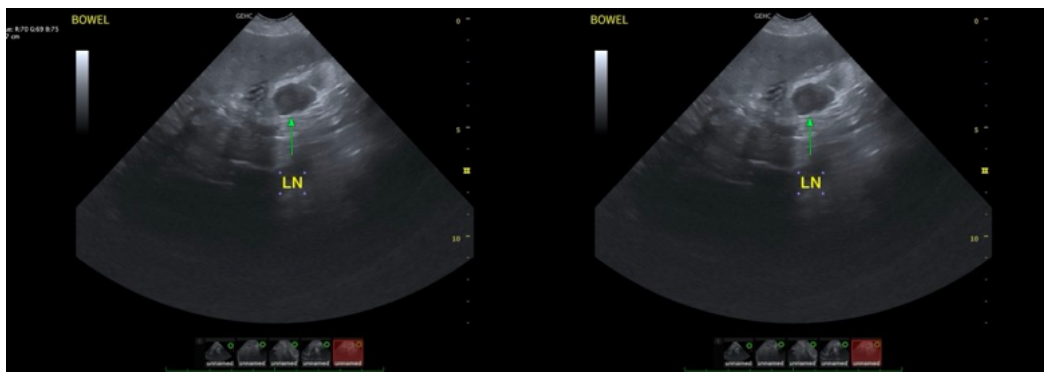
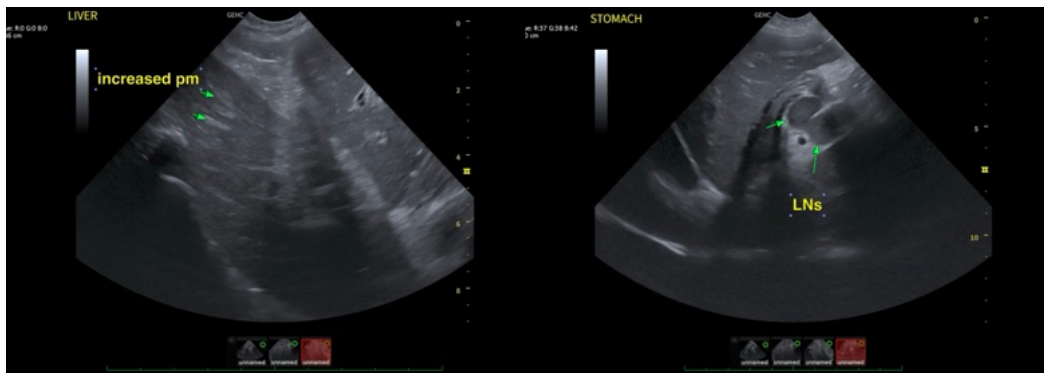
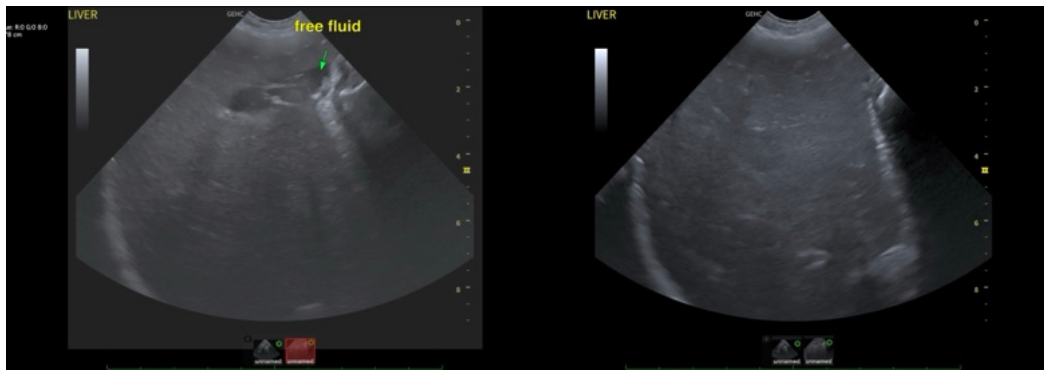
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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