



PATIENT

Jett Livingston

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered male

AGE

8 years

WEIGHT

90 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wes Spangler

HOSPITAL NAME

TotalBond VHPaw
Creek

REFERRING VET

Dr. Wes Spangler

INVOICE

69382

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: 8yo MN Pit mix, recently a bit more lethargic at home. Intermittent hacking and regurgitation of white foamy or bilious fluid. No overt vomiting, diarrhea or weight loss. Labwork submitted on 12/3/25.

H Total Protein 7.8 (5.5-7.5) g/dL H Albumin 4.0 (2.7-3.9) g/dL Globulin 3.8 (2.4-4.0) g/dL Albumin: Globulin Ratio 1.1 (0.7-1.5) H ALT 290 (18-121) U/L H AST 69 (16-55) U/L H ALP 194 (5-160) U/L GGT 5 (0 - 13) U/L H Bilirubin - Total 0.4 (0.0 - 0.3) mg/dL H Unconjugated Bilirubin 0.3 - (0.0-0.2) mg/dL

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 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 7.8 cm. The right kidney measured 7.1 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was slightly enlarged with uniform parenchyma and mild swollen contour. This is most consistent with reactive spleen. However, given the patient's history FNA is indicated to ensure more significant disease is not present.

Liver

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 a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor excessive gas was noted. 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.

Pancreas

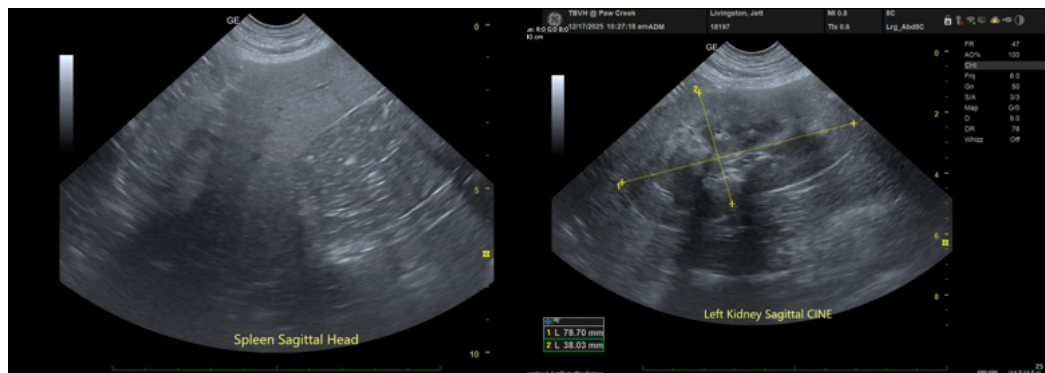
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for occult Addison's is recommended given the vague clinical signs as well as FNA of the spleen. Assessment for orthopedic, CNS or thoracic disease is recommended as cause of lethargy. There was no gross evidence of pathology noted in the abdomen.





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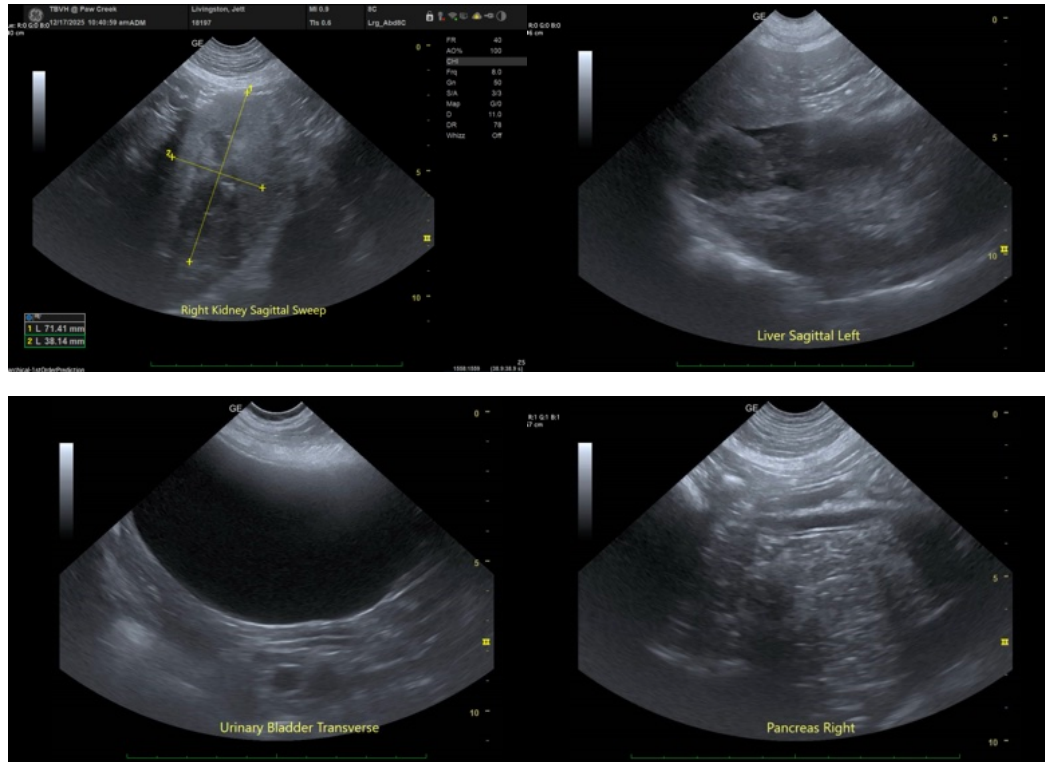
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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