



PATIENT

Boone Googe

SPECIES

Canine

BREED

English Setter

SEX

Intact Male

AGE

2 Years 11 Months

WEIGHT

46 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Jessica Disney

INVOICE

35023

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: P has a 2 month history of weight loss despite good appetite. P is current on flea/tick/hwp and vaccines. P traveled to the southwest > 1 year ago for a bird hunting trip and has traveled to the northeast for hunting last month. P was painful in his back about 1 month ago with CP deficits and presented acutely paralyzed today and febrile (temp 104.4) Survey spinal rads unremarkable today, however organomegaly present on abdominal rads. There is a diffuse bronchointerstitial pattern throughout the lung fields. Superficial pain present but no motor.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9 CBC : mild neutrophilic leukocytosis UA: Proteinuria and hematuria present.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 7.47 cm. The right kidney measured 8.62 cm.

Adrenal Glands

Both **adrenal glands** were 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 right adrenal gland measured 0.46 cm. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** revealed mild uniform enlargement. Cranial folding of the spleen was noted. This change is consistent with reactive state. No evidence of significant disease.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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



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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.

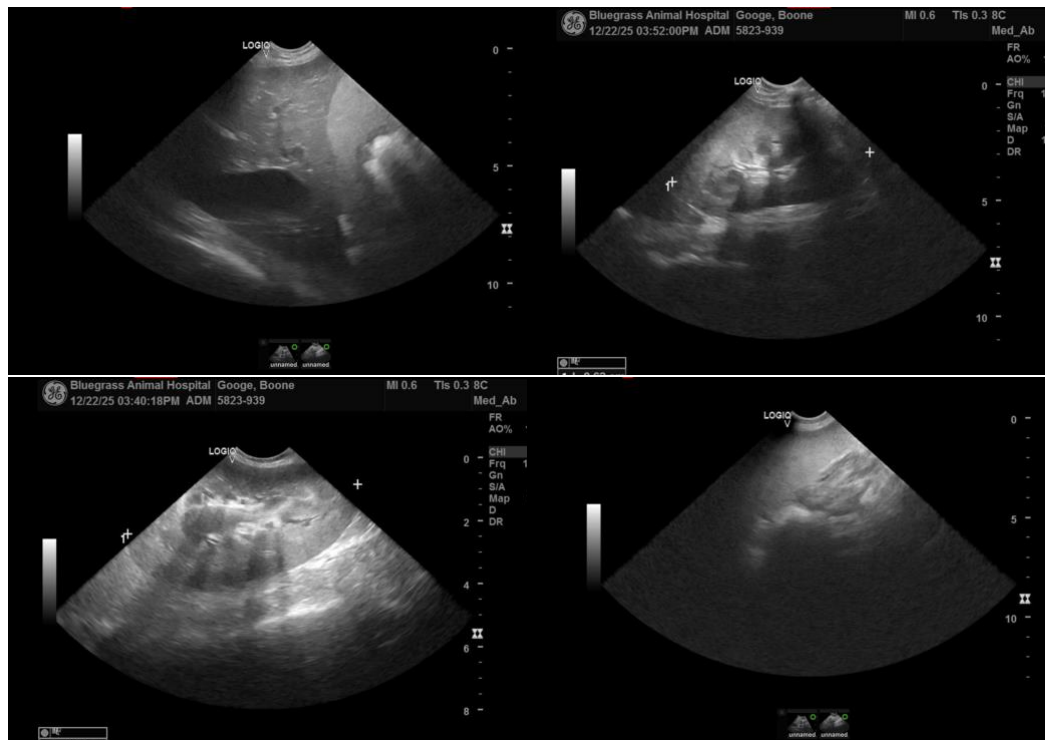
ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal pathology overtly related to the clinical signs. Screening FNA of the spleen could be considered, however, this is likely a reactive state.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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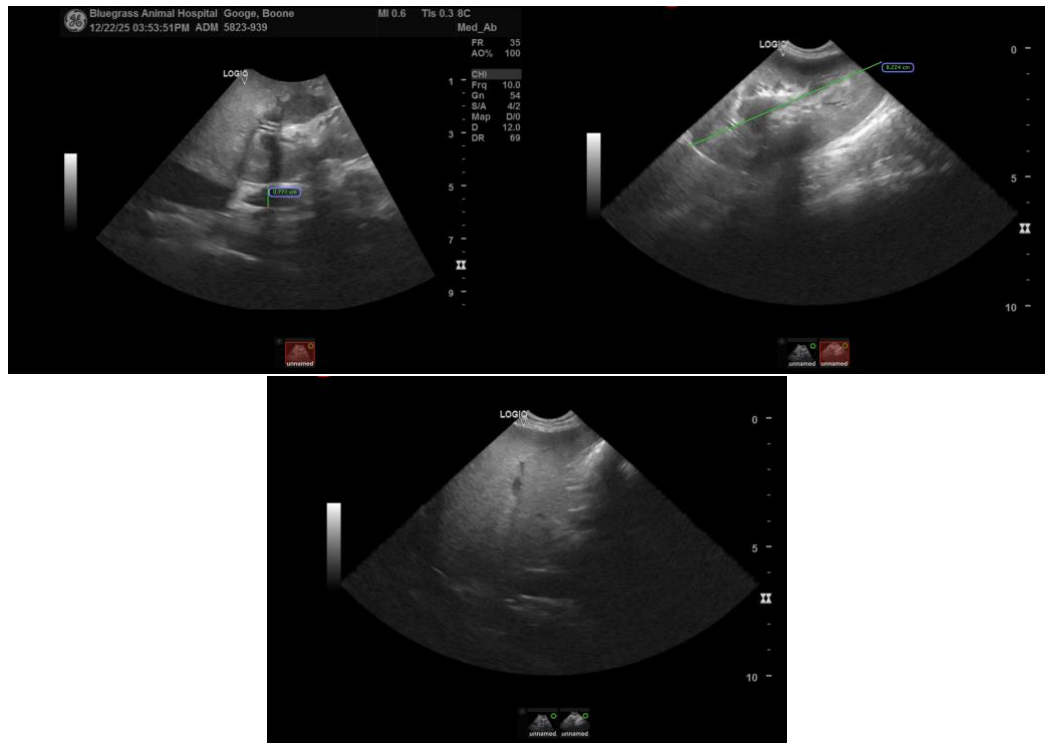
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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