



PATIENT

Korin Geary

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

11 Years 4 Months

WEIGHT

80 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

**IMAGING
PERFORMED BY**

Vincent Ravancho, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Gruber

INVOICE

35050

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Suspect DCM, Large amt of Abdominal Fluid Clinical Findings: Significant Abdominal Fluid, Multiple Abdominocentesis Current Meds: No Current RX. 2 wk course of Baytril 20 to infected Mass Removal (fibroadnexal hamartoma) - Benign via Bx

Abnormal PE/Chem/CBC/UA Results: Creat 2.2, BUN 35, K+ 6.8, TP 5.1 Neutrophilia 12.6 U/A: Mild azotemia 1 month ago w/ mild K+ increase, still elevated.

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 bladder was floating in the ascites.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 6.9 cm. The right kidney measured 7.01 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no overt pathology.

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. Hepatic vein dilation was noted, consistent with passive congestion. Nodular heterogenous parenchymal changes were noted. The gallbladder and common bile duct were unremarkable, other than minor gallbladder edema owing to the ascites.

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.



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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.

SPECIES

Canine

Free Abdomen

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German Shepherd

Other

SEX

Neutered Male

A rapid **echocardiogram** was performed in this patient owing to the precarious nature. Of the presentation. Periodic arrhythmogenic activity was noted. The cardiac presentation presented volume overload in all four chambers with left and right sided heart failure. Contractility was subnormal yet mainly hypokinesis was noted in the left ventricular free wall. The left ventricular septum appeared to have decent motion.

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LA/AO heart base: 2.1, HR: 140, LA MAX: 5.23, LVIDd: 6.2, LA/AO M-Mode: >2.0, EPSS: 0.8

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- Geriatric abdomen
- Ascites
- Chronic hepatopathy
- Some aspects of DCM are present, however, valvular disease with myocardial insufficiency, myocarditis, and nutritional cardiomyopathy are all potentials in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The abdominal effusion is owing to right sided heart failure. Recommend pimobendan at a dose of 0.3 mg/kg BID, lasix at a dose of 2-3 mg/kg BID, spironolactone at a dose of 1-2 mg/kg SID, and ace inhibitor 0.5 mg/kg SID, progressing to BID. Recheck echo in one week to assess for the probable necessity for sildenafil. Taurine levels and assessment for grain free diet and infectious disease, such as tick-borne disease and bartonella, should all be ruled out as potential complicating factors.

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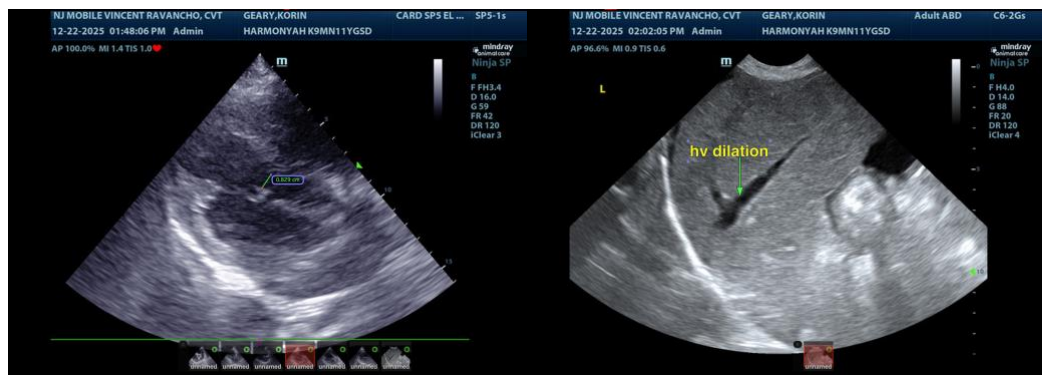
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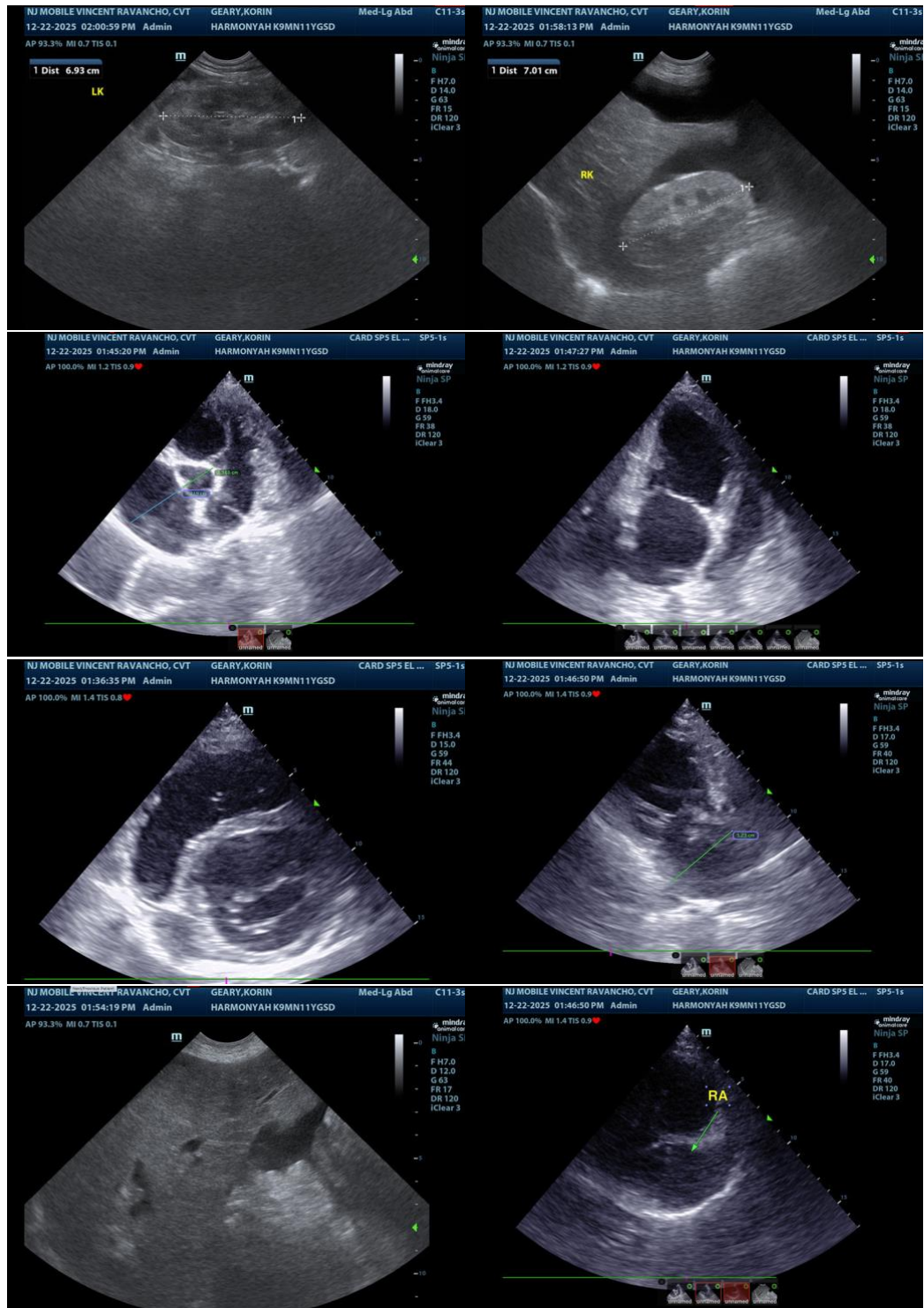
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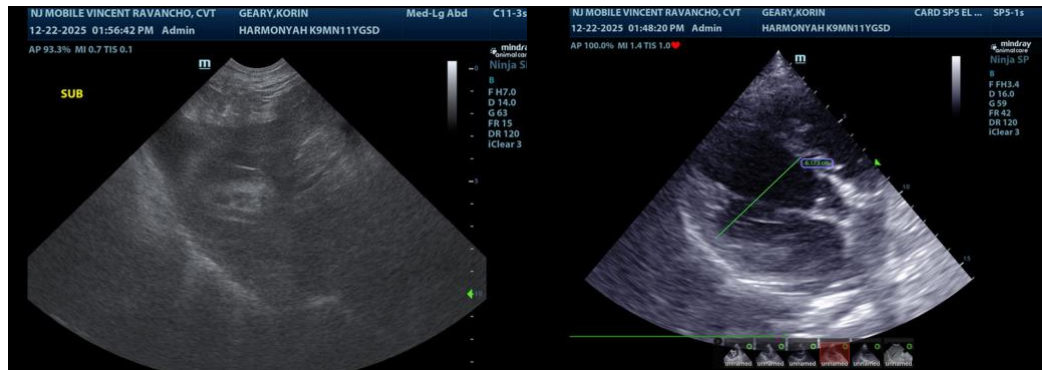
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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