



PATIENT

Forest Arnold

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered male

AGE

5 years

WEIGHT

30 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wayland

INVOICE

69579

DATE

12/25/25

PRESENTING CLINICAL SIGNS

History: Pt presented to Bailey today for urinating blood, everything else wnl. While there, rDVM did testing and suspect IMHA. rDVM had pt and O come directly here. O mentioned pt had fleas a month ago and that pt had food from their dinner last night with some onion. Symptoms: bloody/black urine Duration (Date & Time): today E/D/U/D: wnl V/D/C/S: none Indoor/Outdoor/both: both Previous Medical Conditions: allergies Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?): cytopoint Diet Type: blue buffalo Frequency: 2 cups BID Allergies: seasonal Abnormal PE/Chem/CBC/UA Results: Microscopic description: A single, well-prepared digital smear is available for evaluation and is assessed in conjunction with the provided analyzer data. Interpretation: Marked reticulocytosis with no overt evidence of anemia, Scattered spherical erythrocytes (please see comment), Inflammatory leukogram. There is evidence of regenerative response (reticulocytosis/polychromasia) without concurrent anemia at this time. performed at rDVM: 4DX: neg T4: 2.7 (WNL) CHEM: Total Bilirubin 1.2 (H), Creatinine 0.6 (WNL), BUN 13 (WNL) CBC: Hematocrit 50.0% (WNL), Reticulocytes 360.5 (H), WBCs 18.66 (H), Neutrophils 13.13 (H) Urinalysis: USG >1.050, RBCS 20/HPF, cocci suspect presence— DVM on transfer call said no evidence of UTI Saline slide agglutination: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 left kidney measured 6.7 cm and right kidney measured 6.0 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.



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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 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 normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying coagulopathy should be considered in this patient or occult UTI or hemolytic episodes causing dark urine. There was no evidence of structural disease.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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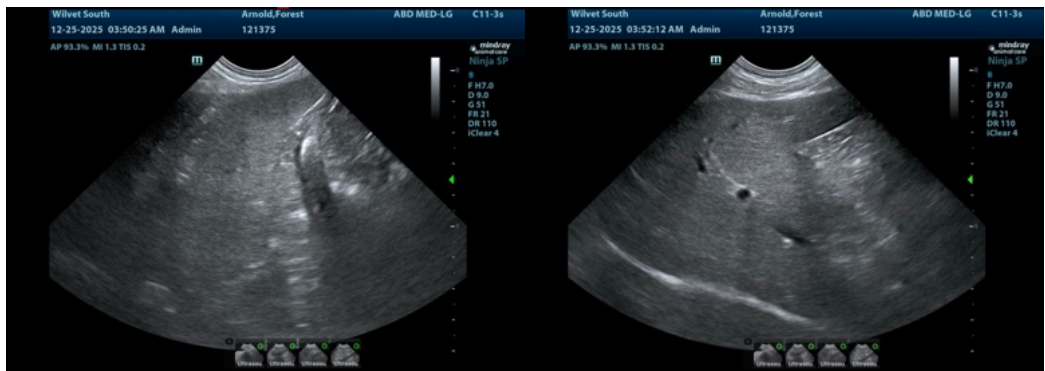
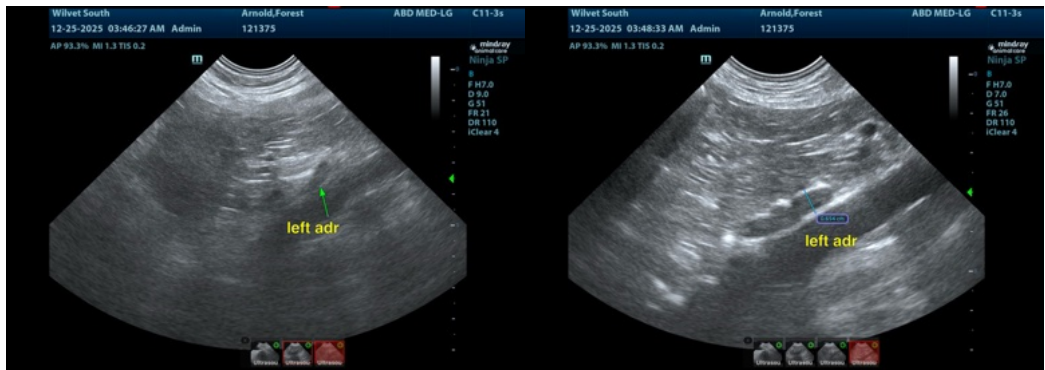
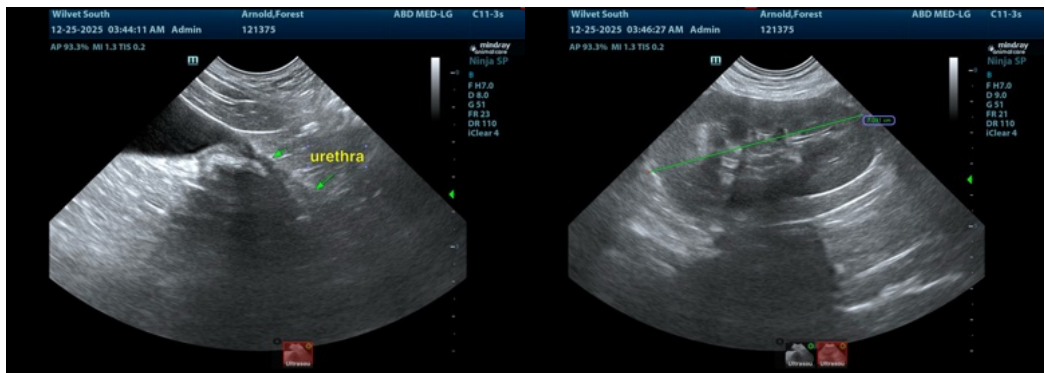
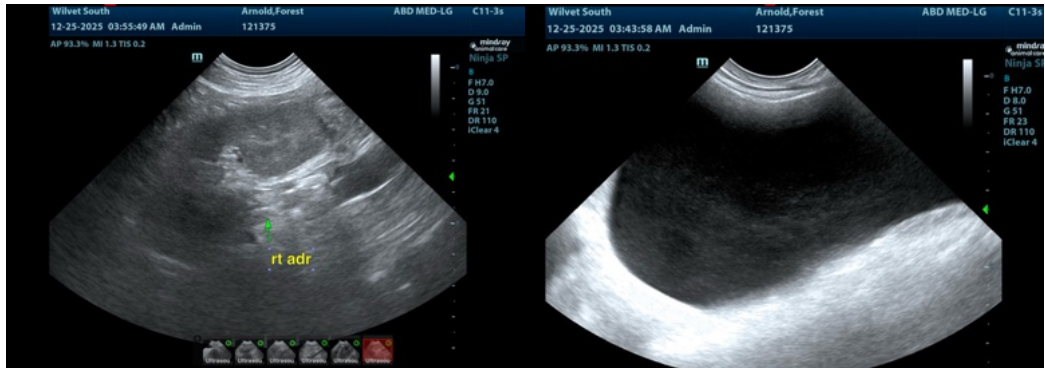
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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