



PATIENT

Rusty Holland

SPECIES

BREED

SEX

AGE

6 years

WEIGHT

66 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Allison Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Dr. Maxey

INVOICE

69368

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: ~2 week duration of lethargy, poor appetite, and soft stools. Presumed diagnosis - IMHA. Ultrasound performed to rule out underlying neoplasia.

Abnormal PE/Chem/CBC/UA Results: PE findings - white/pale mucus membranes, mild tachycardia, febrile, splenomegaly, slightly soft stool. Severe anemia (HCT 16%) with mild thrombocytopenia (78,000). ALT 414, ALP 264. 4dx test pending.

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. Mineralization was noted in the renal cortices. The left kidney measured 6.21 cm. The right kidney measured 6.21 cm.

The **residual** prostate measured 1.6 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 0.76 cm. The right adrenal gland measured 0.63 cm.

Spleen

The **spleen** was mildly enlarged. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed mild uniform enlargement. The vascularity appeared normal. The gallbladder and common bile duct was noted.



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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. 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

Slight renal mineralization, not a clinical issue.

Mild hepatic enlargement.

Splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient has been under Prednisone therapy this is likely a secondary metabolic change. If prednisone has been utilized I cannot rule out a partially suppressed lymphoma. CBC path review and screening FNA (as long as platelet count is over 70000 and coagulation panel is normal). Bone marrow aspirate may be appropriate. FNA of the spleen and liver would be ideal, but would necessitate a hematocrit over 20.

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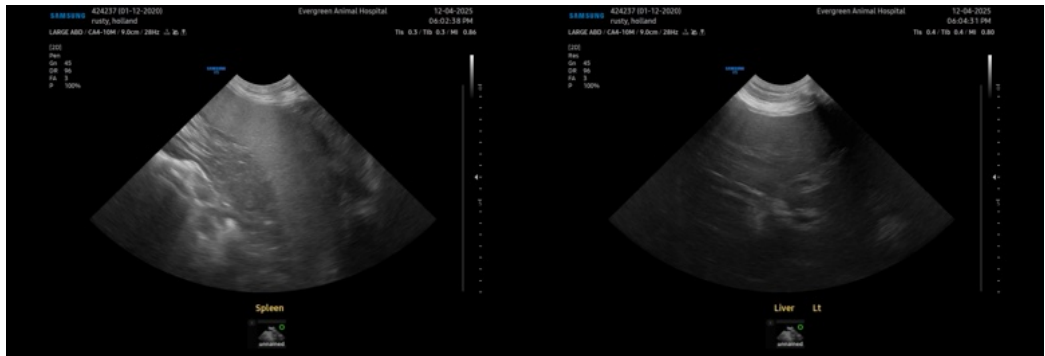
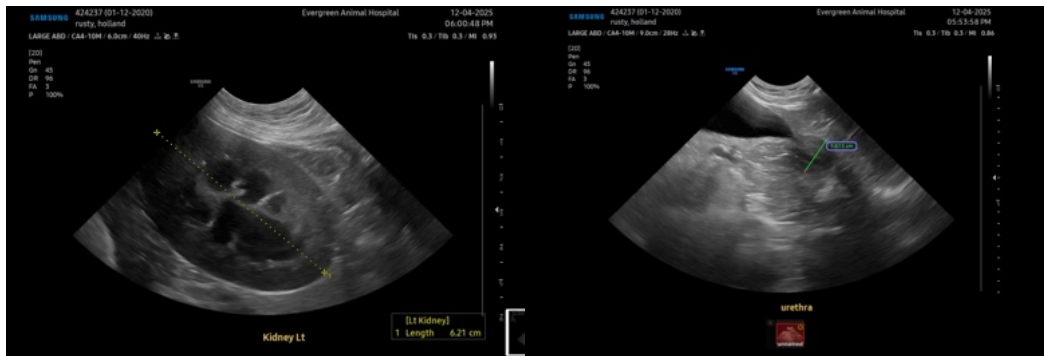
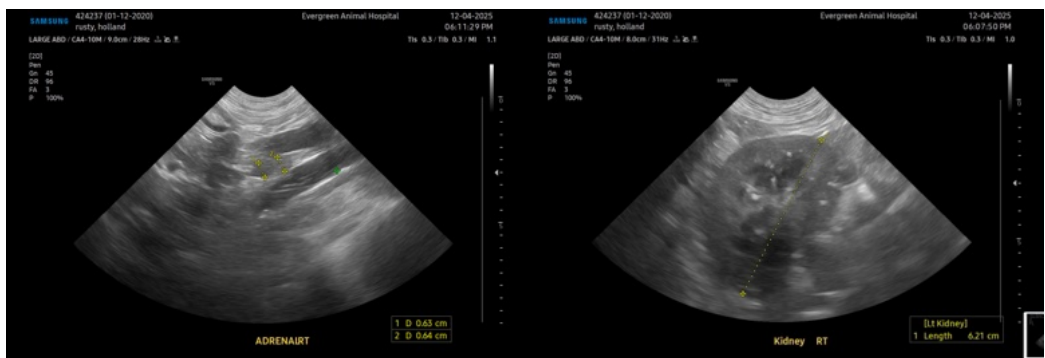
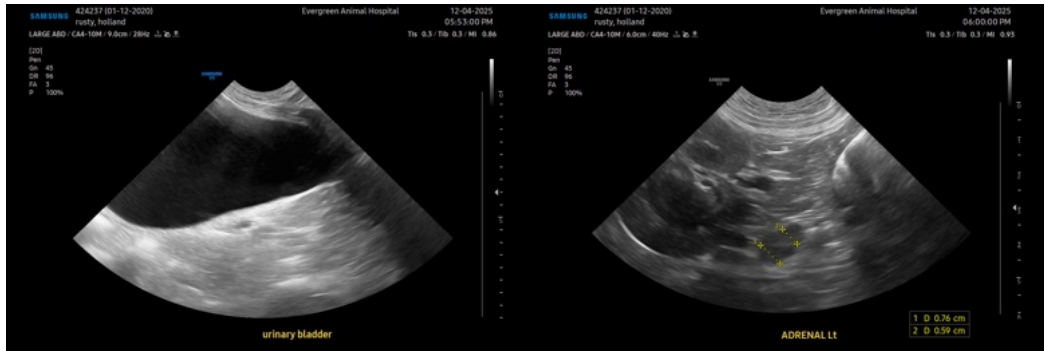
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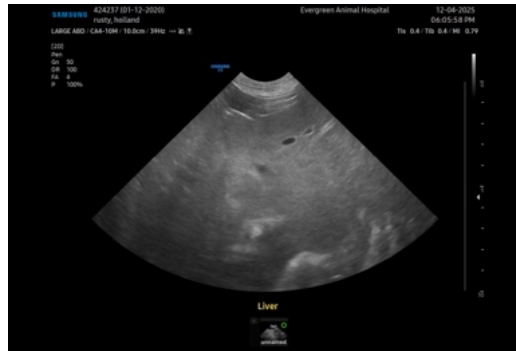
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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