



PATIENT

Otis Goins

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

3 Years 5 Months

WEIGHT

83.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

35862

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Otis is a 3-year-old, neutered male, Labrador Retriever presenting for lethargy, anorexia, vomiting, and diarrhea.
- The owner reports that the lethargy began on Friday evening after daycare.
- His appetite is decreased and when he does eat, he vomits soon after eating.
- On exam, he had a 103.2 rectal temp, mild dehydration, pain on palpation of the mid/caudal abdomen and dark red tarry stool on rectal exam.
- Abdominal radiographs showed gas in the large intestine with right sided displacement of the descending colon.
- In house bloodwork: ALT 328 H, ALP <10 L, TBili 2.0 H, CPI 80 WNL.
- Abnormal PE/Chem/CBC/UA Results: In house bloodwork: ALT 328 H, ALP <10 L, CPI 80 WNL. - TBIL Value in-house: 2.0 "High", patient has no clinical sign of being Icterus.

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 **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 right kidney measured 6.5 cm. The left kidney measured 6.4 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 0.9 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 0.56 cm.

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.



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Liver

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The **liver** was subnormal in size with increased portal markings and multifocal hypoechoic nodular changes. Retracted irregular contour and microhepatica were noted. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

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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.

SEX

Pancreas

Neutered Male

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.

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ULTRASONOGRAPHIC FINDINGS

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- Microhepatica/chronic fibrosing cholangiohepatitis liver pattern with nodular changes- strong concern for primary copper storage disease or leptospirosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers is warranted and either ultrasound guided or surgical or laparoscopy guided liver biopsies with copper assessment. Minor potential for neoplasia. Prognosis is guarded.

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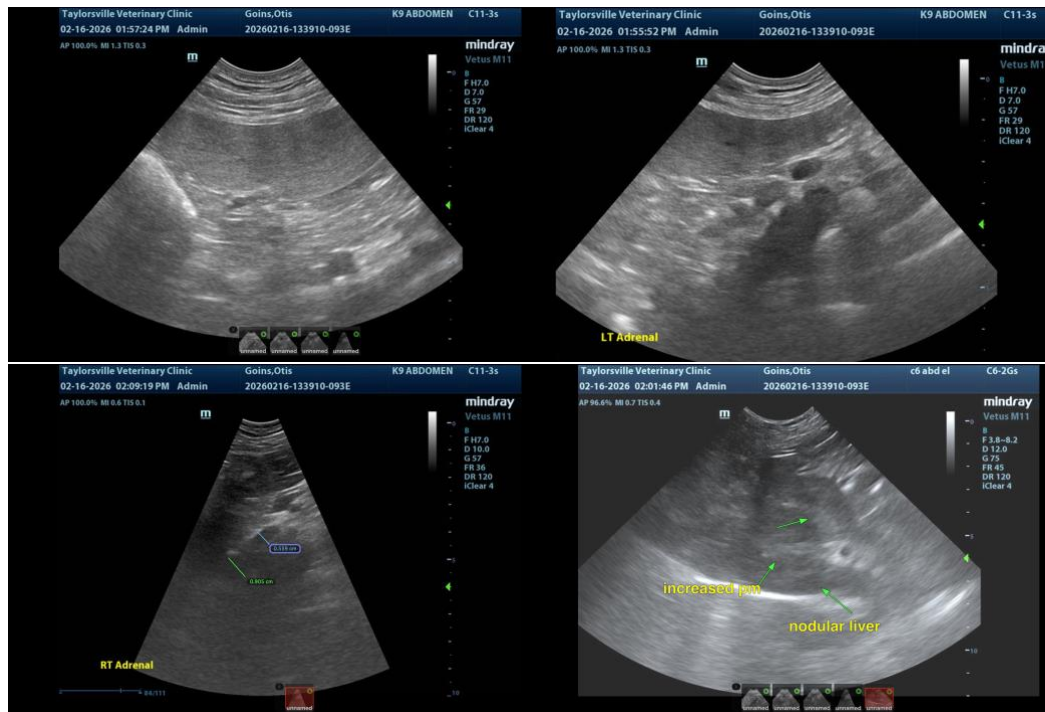
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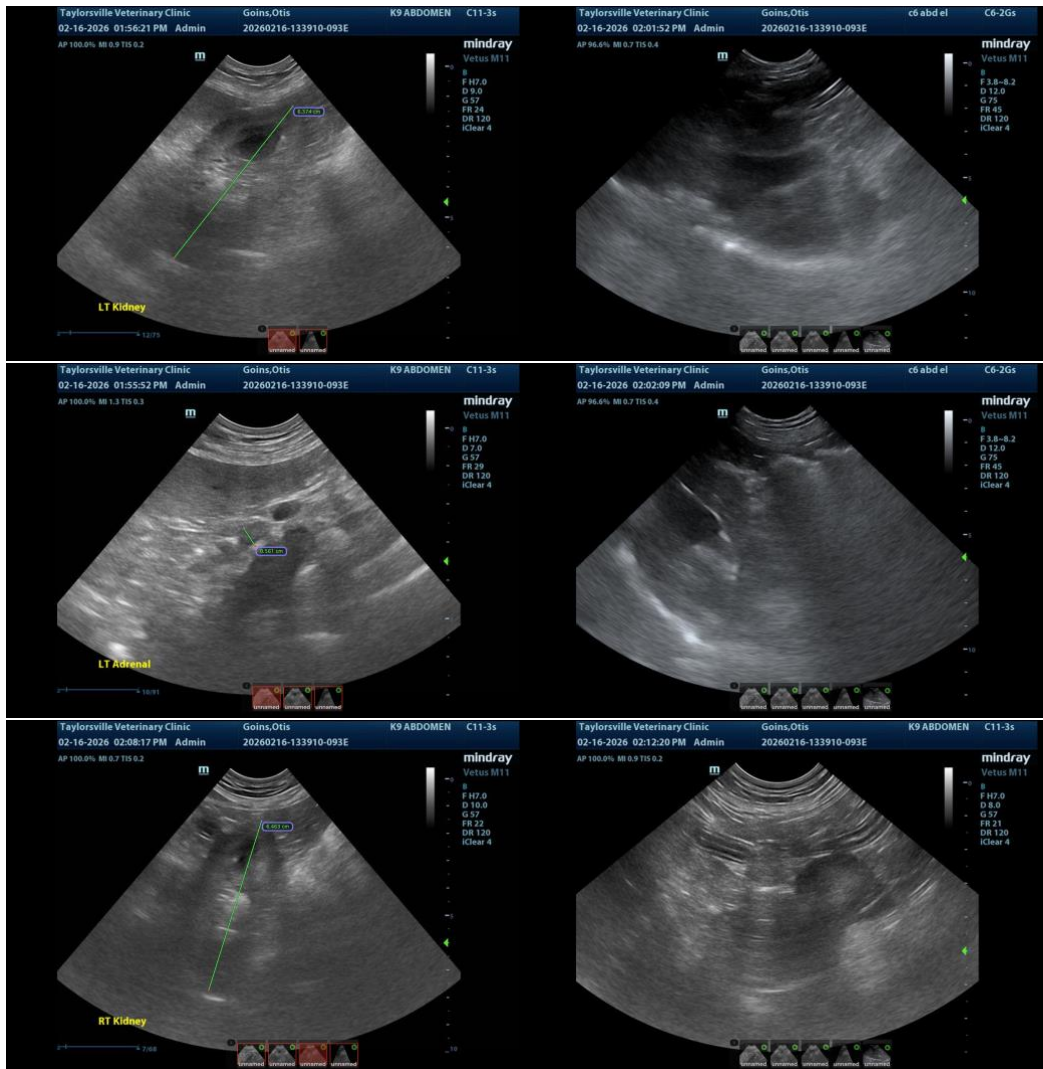
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

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