



## PATIENT

Crush Turnbull

## SPECIES

Canine

## BREED

Mastiff Cross

## SEX

Neutered male

## AGE

4 years

## WEIGHT

73 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Hayley Biederbeck

## HOSPITAL NAME

Lomsnes VH

## REFERRING VET

Dr. Biederbeck

## INVOICE

71809

## DATE

2/23/26

## PRESENTING CLINICAL SIGNS

- Decreased appetite, weight loss (30lb!) over past 30d. Severe pain, difficult to stand/sit/move. Extremely stoic dog so pain response is concerning
- Vaccinated for rabies Jan 23 2026, was sore prior to this but significantly worsened after
- Meds: metacam , metronidazole
- Severe pain-difficulty rising or moving around. HR 168
- Feb 11/26: mildly high WBC, mono mildly high glob/amyl. u/a-1+ protein otherwise normal No 4dx done yet, did come from USA T-39.2 rectal on Feb 11th, normal today. Possible mild joint effusion in hocks. Painful in R hip and L shoulder

## 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. The left kidney measured 8.0 cm. The right kidney measured 8.06 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### 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 was noted.

### Liver

The visible **liver** was unremarkable and uniform. There was no gross pathology evident. However, I cannot rule out occult neoplasia in this patient. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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**Gastrointestinal**

The visible **gastrointestinal tract** was unremarkable.

**Pancreas**

The visible **pancreas** was unremarkable.

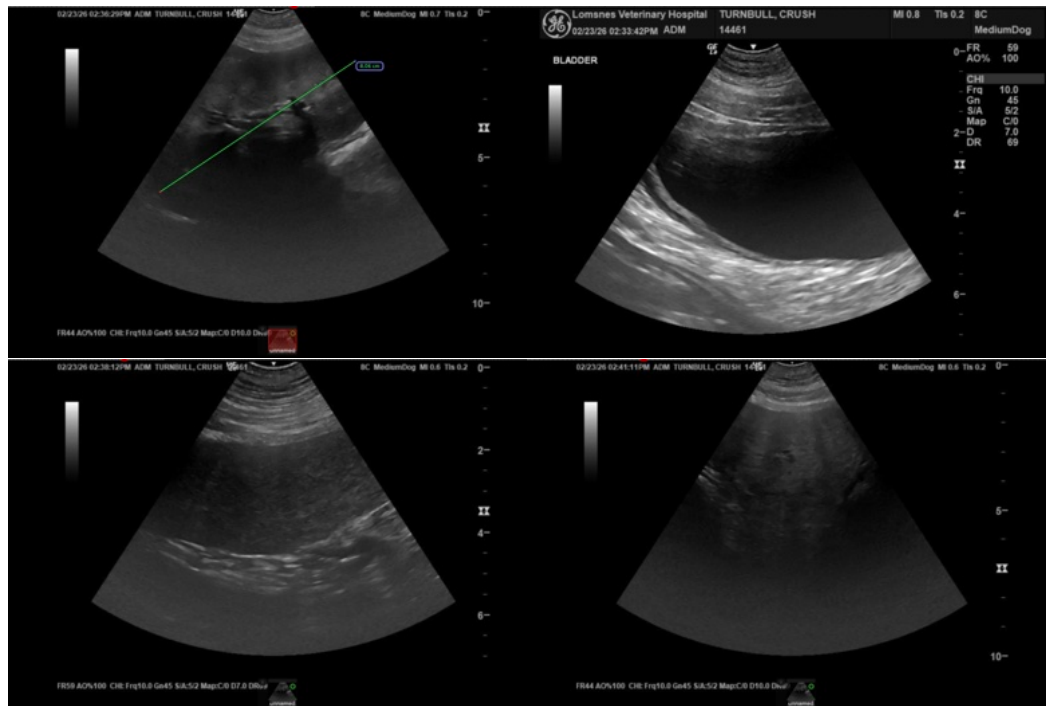
**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sound beam attenuation was a significant issue in this patient limiting somewhat the interpretation of deep tissues particularly in the cranial abdomen as images were dark, yet globally there was no evidence of gross pathology visualized. I cannot rule out occult neoplasia in this patient. Chest radiographs are also warranted despite unremarkable results. Joint tap and screening FNA of the spleen and liver would be appropriate given the patient's history.

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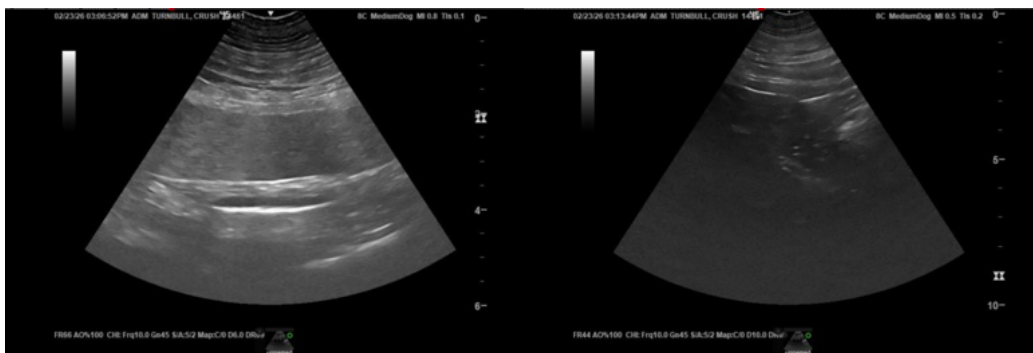
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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