



PATIENT

Piglett Marton

SPECIES

Canine

BREED

Black Lab/Pitbull Mix

SEX

Spayed Female

AGE

5 Years 2 Months

WEIGHT

62.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evendale- Blue Ash Pet
Hospital

REFERRING VET

Dr. Goodman

INVOICE

14177

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Last ultrasound was 1/21/26, previous concern for weight loss and elevated liver enzymes
- Low grade mast cell tumor removed 12/22/25, P was on prednisone during this time
- UTI in January that resolved after antibiotics
- Weight went from 58.2lbs on 12/22 to 54lbs on 1/6/26 but has since gone back up to normal 62lbs
- Came in for mucousy, loose stool and an episode of vomiting on 3/2/26: Gave subq fluids, Cerenia, and prescribed metronidazole; Per O: Pig's stool is still pretty yellow despite returning to normal food recipe on Saturday. However, the consistency has improved a lot
- Medications:
- Real Mushrooms Calming Chews x2 daily, Vetriscience UT Strength Chews x2 daily, NexGard Plus last dose 3/6, Provable Restarting after antibiotic on 3/9 with dinner, Metronidazole daily every 12 hours last dose on 3/8, Omeprazole- Did a 14 day cycle of it once a day no longer taking it daily

Abnormal PE/Chem/CBC/UA Results: 1/6/26: ALT= 389, ALP= 359 (Elevated while on steroids) - 1/28/26: ALT= 55, ALP= 92 (Back to normal)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **iliac trifurcation** was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.27 cm in length. The right kidney measured 5.7 cm in length.

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 3.13 cm x 0.46 cm width at the cranial pole and 0.71 cm width at the caudal pole. The left adrenal gland measured 2.52 cm x 0.35 cm width at the cranial pole and 0.38 cm width at the caudal pole.

Spleen

The **spleen** presented slightly heterogenous and folded upon itself cranially/caudally with mild uniform enlargement.

Liver



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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. A large amount of GI artifact was present in this patient.

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

- Excessive GI gas.
- Minor soft stool.
- Splenic enlargement.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Malassimilation of nutrient may be an issue regarding the weight loss. No obvious evidence of neoplasia. Screening FNA of the spleen is indicated.

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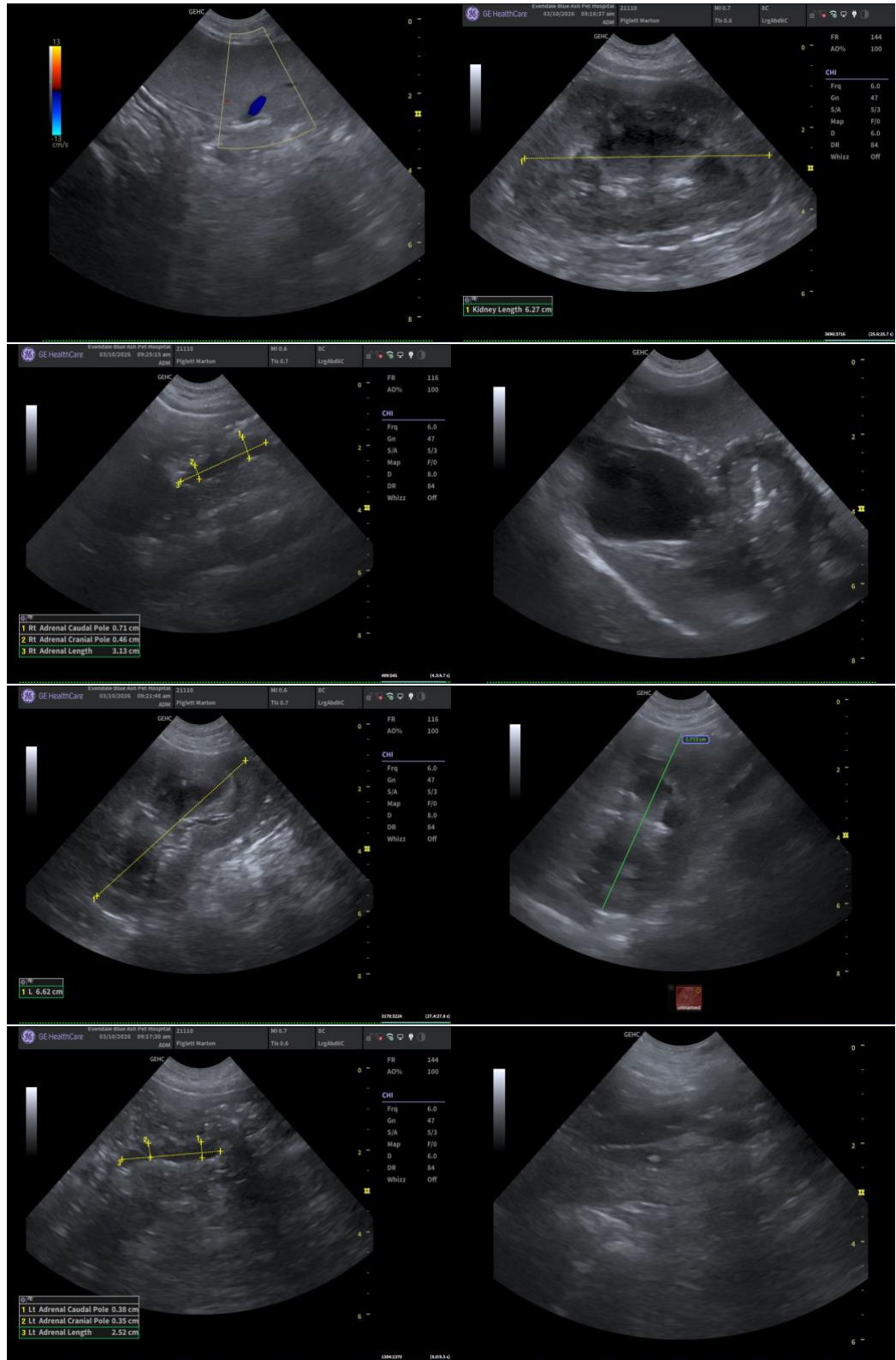
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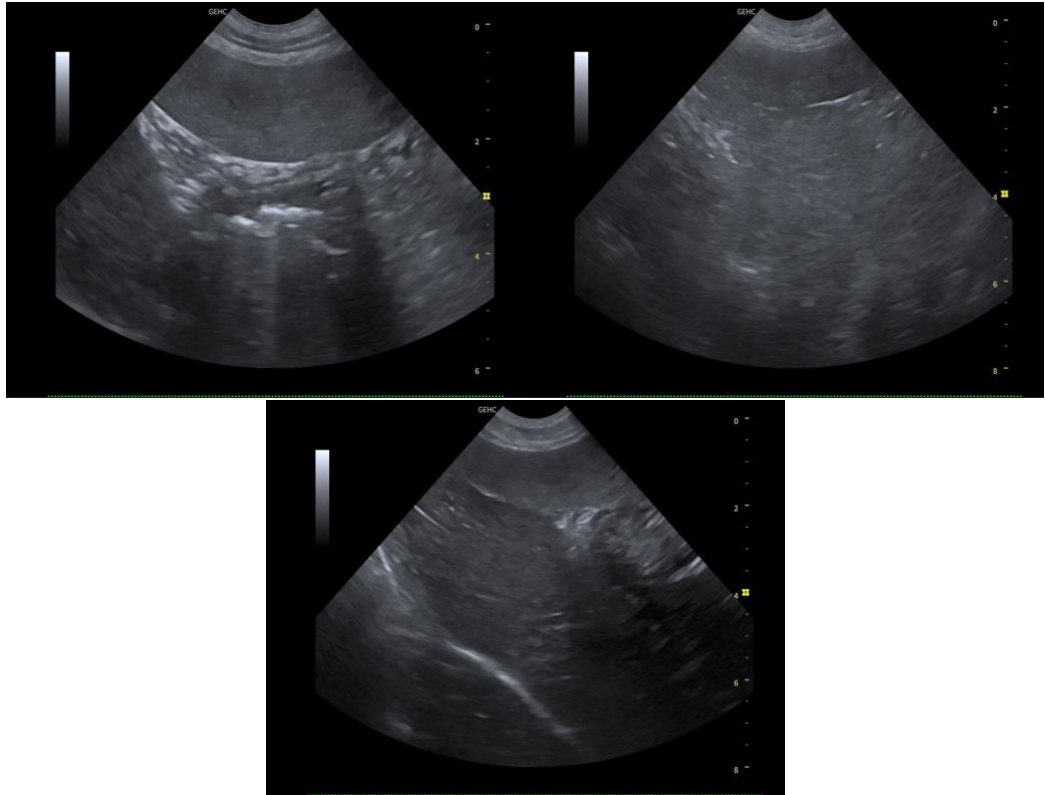
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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