

## PATIENT

Gunnar Griffin

## SPECIES

Canine

## BREED

Greyhound

## SEX

MN

## AGE

12yr

## WEIGHT

61lb

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING

### PERFORMED BY

Dr. Brittany Wolfe

## HOSPITAL NAME

HomeVets

## REFERRING VET

Dr. Brittany Wolfe

## INVOICE

24173

## DATE

03/11/2026

## PRESENTING CLINICAL SIGNS

- P presents for yellow/orange diarrhea for about 2 weeks and recent decreased appetite and rapid weight loss (~10lb weight loss).
- P has been on a bland diet and started probiotics yesterday.
- New marked anemia and thrombocytopenia present on recent bw

Abnormal PE/Chem/CBC/UA Results: HCT 33% when previously 70% in dec PLT 55K when previously 89K in dec Panhypoproteinemia Alb (1.9), globs (2.4)

## 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 6.0 cm.

The right kidney measured 6.0 cm.

### Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The right adrenal gland was subnormal in size. 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 0.5 cm.

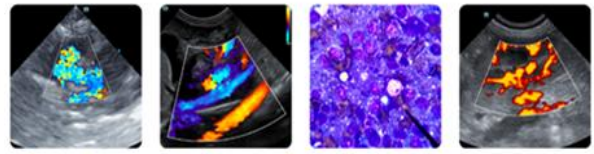
The left adrenal gland measured 0.7 cm.

### Spleen

The spleen was folded upon itself caudally. The spleen was mildly enlarged and uniform. Slight heterogenous parenchymal changes, most consistent with hyperplasia. If any weight loss is an issue, then 25ga FNA is indicated.

### 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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### ***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.

## BREED

Greyhound

### ***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.

## SEX

MN

### **ULTRASONOGRAPHIC FINDINGS**

- Splenic enlargement, folded upon itself, no overt mass noted.
- Subnormal right adrenal gland

## AGE

12yr

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt mass is noted. However, cannot rule out an emerging round cell neoplastic event or hyperplasia. If the platelet count is greater than 70,000 and coagulation panel is normal, then 25ga FNA of the spleen indicated for further definition with CBC path review +/- bone marrow aspirate. The cause low ALB is unclear. If no significant proteinuria is present, then protein losing enteropathy is likely. Screening for Addison's is warranted even though the left adrenal appears normal, the right appears subnormal in size.

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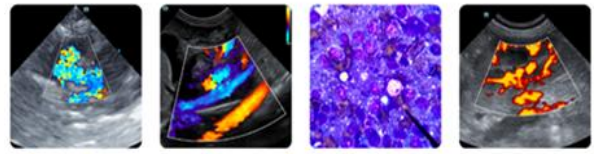
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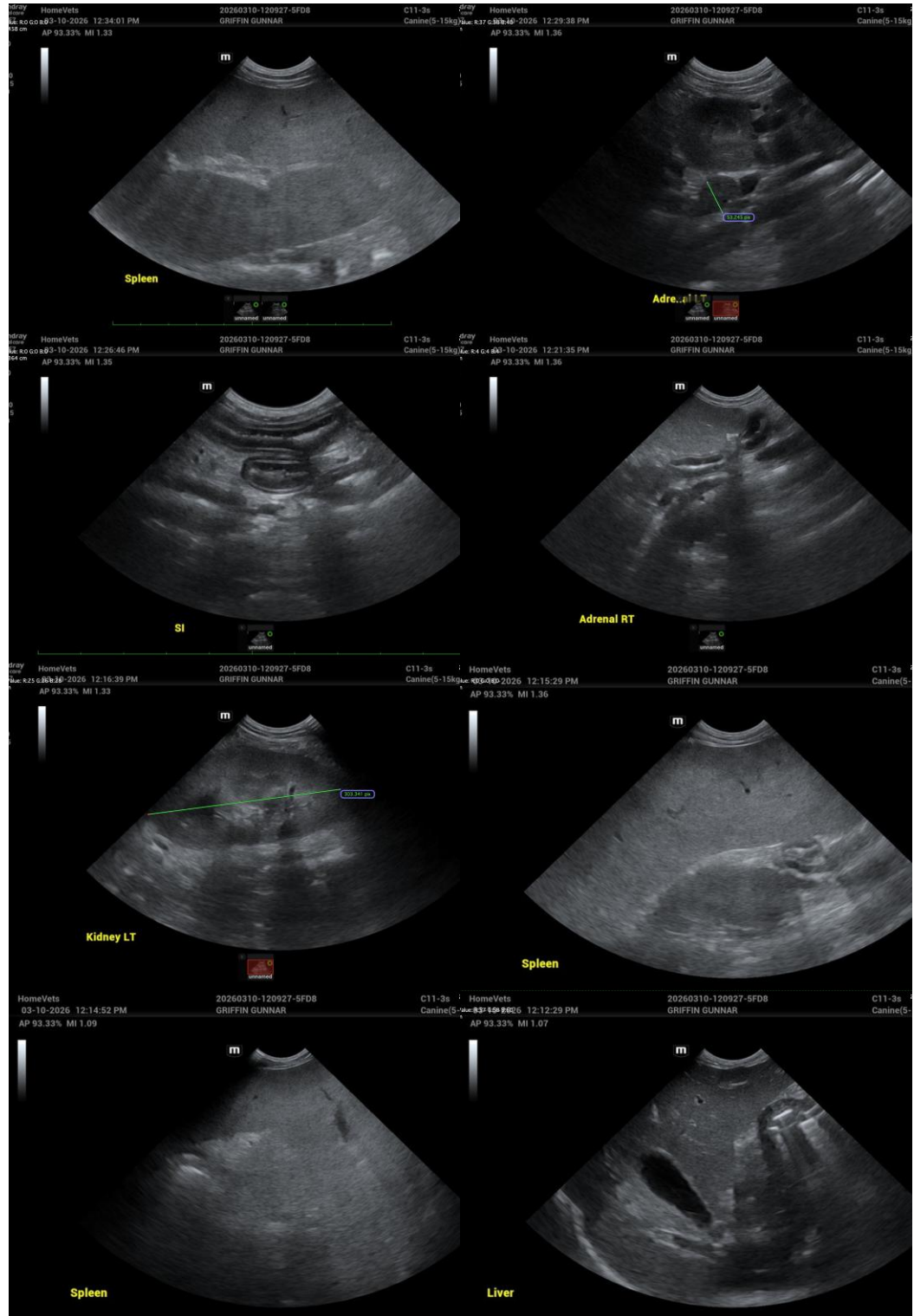
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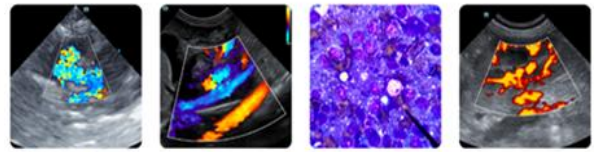
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
info@SonoPath.com