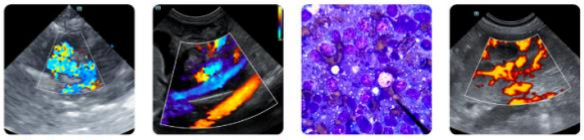

PATIENT

Robbie Geiger

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

13 Years 4 Months

WEIGHT

31 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of Flanders

REFERRING VET

Dr. Casulli

INVOICE

14472

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- not doing well. lethargic, weak. worsening anemia, abd distended, missing LF limb,
- pred 10mg SID gabapentin 100mg BID
- gave methadone after scan for painful abd
- last u/s nonspecific hepatopathy, bladder debris, mild mesenteric lymphadenopathy

Abnormal PE/Chem/CBC/UA Results: hct 31%, alk phos - 2646

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 4.8 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 0.50 cm width.

The region of the **right adrenal gland** was imaged with no evident pathology.

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.

Liver

The **liver** presented swollen and mildly hypoechoic to falciform fat. Generalized enlargement with a minor heterogenous changes. The gallbladder presented with a minor amount of sand and minor polyps.

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.

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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.

Pancreas

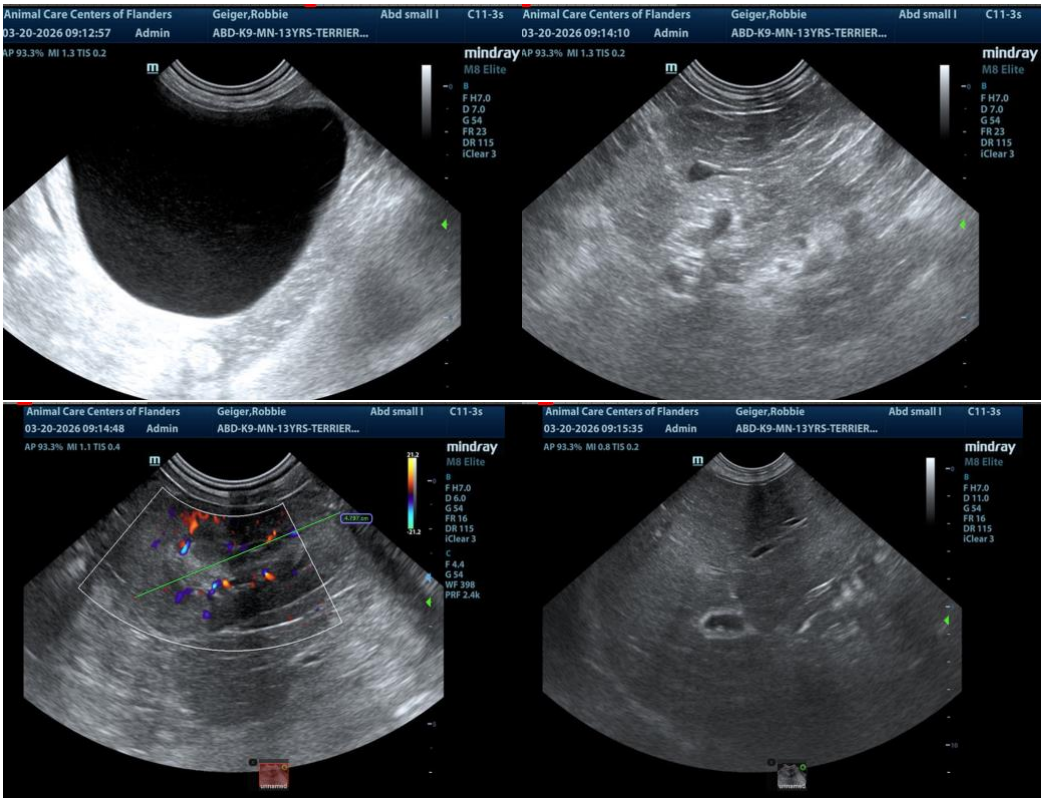
Minor heterogenous **pancreatic** changes were present with mixed echogenic parenchyma consistent with remodeling and potential for low-grade inflammation.

ULTRASONOGRAPHIC FINDINGS

- Subjective benign hepatopathy with gallbladder sand and polyps.
- Subjectively benign abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition, yet subjectively, the liver appears benign. Lethargy is not present, however, the Prednisone may be suppressing a more significant presentation. Ursodiol therapy is recommended from a preventative standpoint. Other cause of painful abdomen such as referred back pain should be considered. The cause of the anemia is unclear. GI blood loss is a potential. CBC path review +/- bone marrow aspirate may be appropriate.



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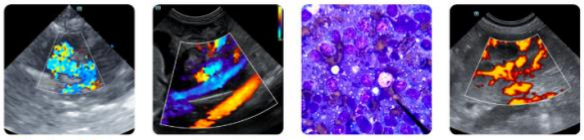

Clinical Sonography & Telecytology
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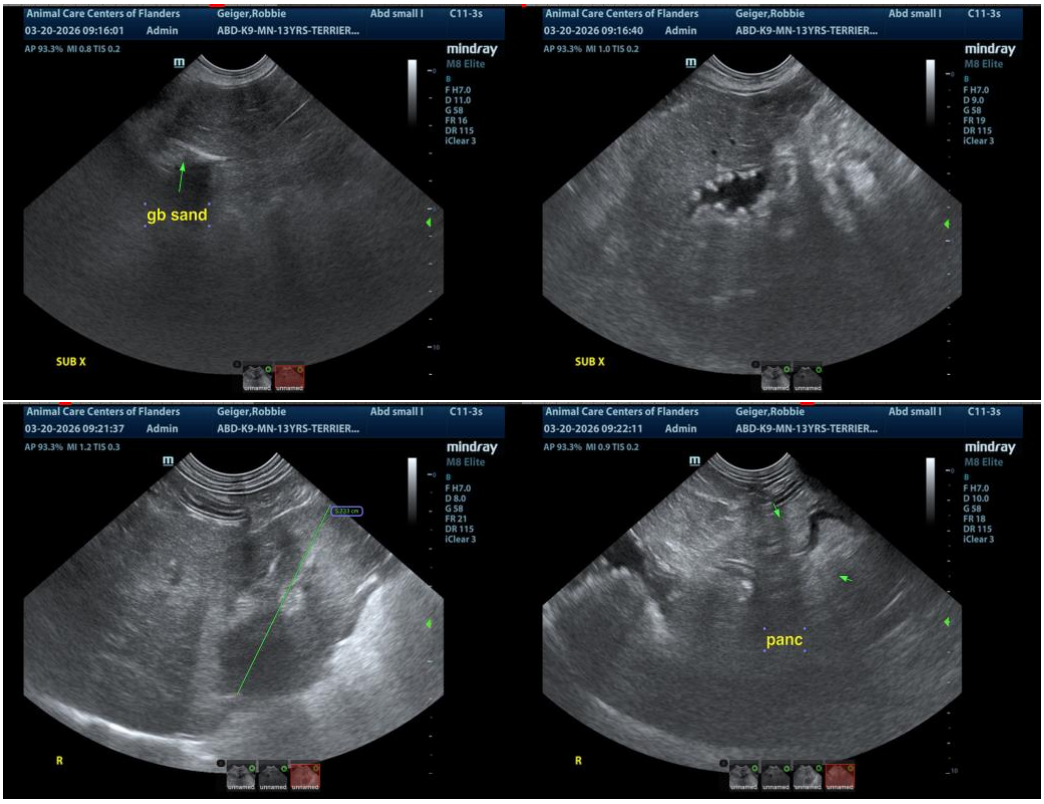

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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