



PATIENT

Jasper Burt

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

98.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kendall Helbert

HOSPITAL NAME

South College
Veterinary Clinic

REFERRING VET

Dr. Roosevelt Herbert

INVOICE

15335

DATE

04/21/26

PRESENTING CLINICAL SIGNS

P presented for lethargy and inappetence on 4/15/26. He was febrile (105.9°F) on presentation with no fluid or other abnormalities present on AFAST. P tested positive for Ehrlichia on 4Dx. P has been on doxycycline, prednisone and Unasyn with IVF therapy.

UA: Proteinuria, bilirubinuria, hematuria Chemistry: Elevated T.Bili, ALP, amylase (resolved). Albumin started as elevated but is now decreased. CBC: mild anemia, significant leukocytosis, neutrophilia, lymphopenia, monocytosis *ALL BLOODWORK WILL BE ATTACHED*

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 **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 8.3 cm in length. The right kidney measured 9.2 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

Spleen

Subtle micronodular changes were present in the **spleen**.

Liver

The **liver** presented slightly heterogenous with edematous gallbladder. The hepatic veins appear dilated. Subtle micronodular changes were present.

Gastrointestinal

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.

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.

Free Abdomen

A moderate amount of free fluid was noted with enhanced mesentery.



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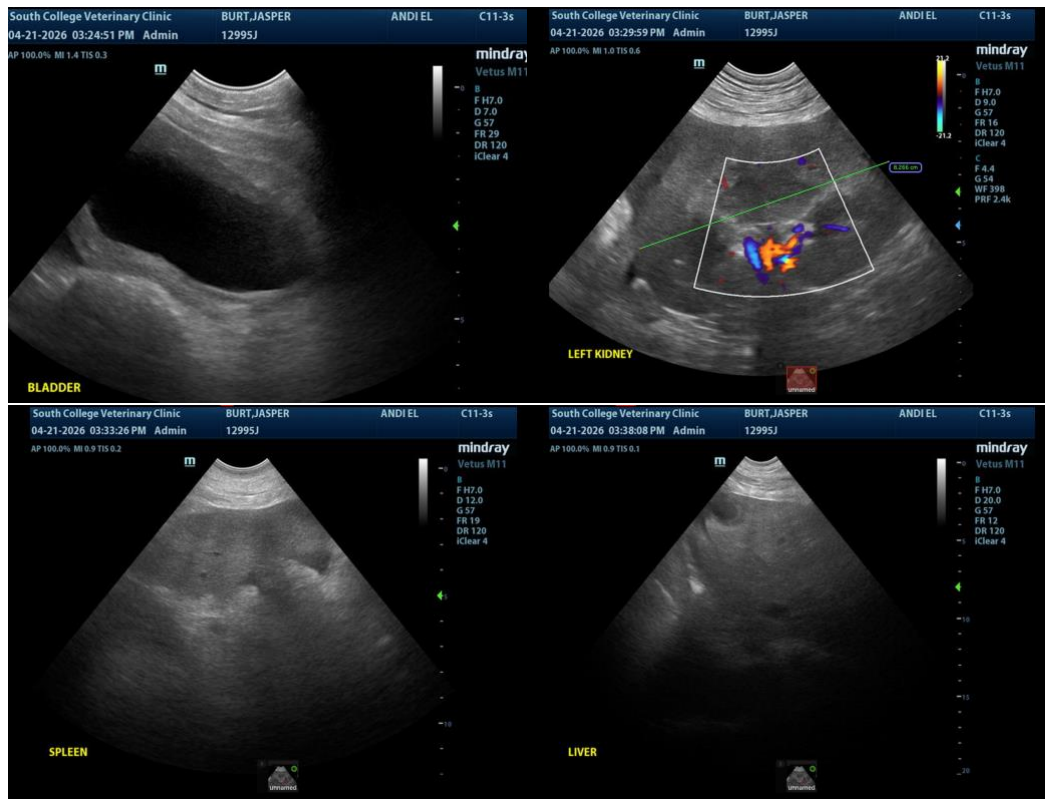
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ULTRASONOGRAPHIC FINDINGS

- Hepatosplenic nodular hyperplasia pattern.
- Free abdominal fluid with enhanced mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend echocardiogram to assess for cause of passive congestion such as pericardial effusion. 25-gauge FNA spleen and liver and abdominocentesis is recommended with Cytospin. Given the prednisone therapy, this may be suppressing a more significant lymphoproliferative type of presentation. Prognosis is guarded.





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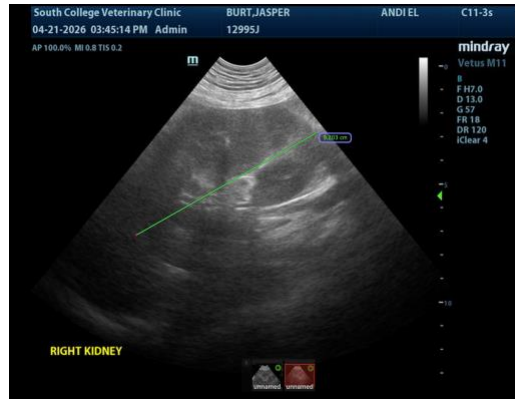
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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