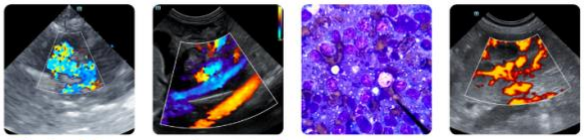


PATIENT

Riker Brandenberger

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

9

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

INVOICE

15402

DATE

04/24/26

PRESENTING CLINICAL SIGNS

Patient presents today after having multiple fainting episodes. O recently started Keppra at the end of February for seizures and O saw no fainting or seizures for a few weeks. O started seeing fainting again Monday. Fainting occurs mostly when going outside to potty or when he is excited. Ps fainting spells only last for a few seconds. P has not been eating his usual diet (Hill's Sensitive Skin/Stomach kibble) but is still accepting treats. O reports P has been lethargic all day. O reports P's urine has been very dark and O seeing blood in his urinary stream since last night. Stream is consistent, no obvious straining or whining. O brought free catch urine sample in a clear water bottle. O reports seeing decreased water intake, and trying to offer P more water this week, but P will drink more water after fainting. O has been seen at Dove Lewis Neurology and has a Cardiologist appointment in June. O reports no C/S/V/D. P treated for ear infection earlier today at VCA Keizer. AFAST: no ff in the abdomen, subjectively normal abdomen otherwise TFAST: no pleural or pericardial effusion present, glide sign present, no B-lines noted

BW: CBC: HCT 23.8 (L), Hgb 6.5 (L), MCV 86.5, Retic 511 (H)- WBC 37.20 (H), Neut 28.51 (H)- bands suspected, Lymph 6.33 (H), Mono 2.11 (H)- suspected machine error reading bands, Plt 153 (low N) Chem17: TP 8.7, Alb 3.3 (N), Glob 5.4 (H), T.bili 1.1 (H), Amylase 1,554 (H) Urinalysis: USG 1.024 (N), red, cloudy, pH 9.0, protein 500 mg/dl, blood/hemoglobin 250 (H), bilirubin 6 mg/dl (H), WBC <1/hpf, RBC <1/hpf, suspect cocci present Stained sediment: no cocci noted, quiet sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended at the time of the sonogram. The 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 6.9 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** was folded upon itself with uniform parenchyma. No evidence of splenic pathology. Mild uniform enlargement was present.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of

PATIENT

Riker Brandenberger

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

9

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

INVOICE

15402

DATE

04/24/26

inflammatory, infiltrative or regenerative pathology was evident. Mild hepatic vein dilation was noted and may represent passive congestion.

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

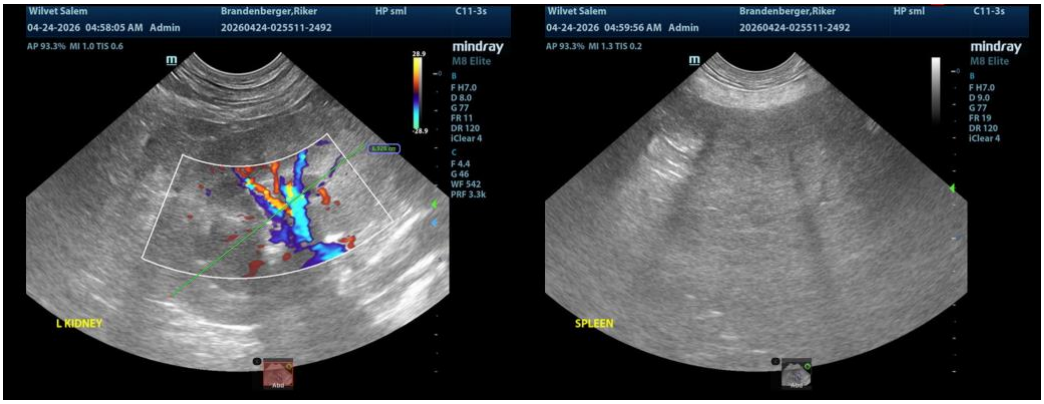
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild passive congestion liver pattern.
- Mild splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic work up and echocardiogram are indicated given the patient's history. The cause of the anemia is unclear. CBC pathology review is warranted. Hemolytic disease is suspected.



PATIENT

Riker Brandenberger

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

9

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

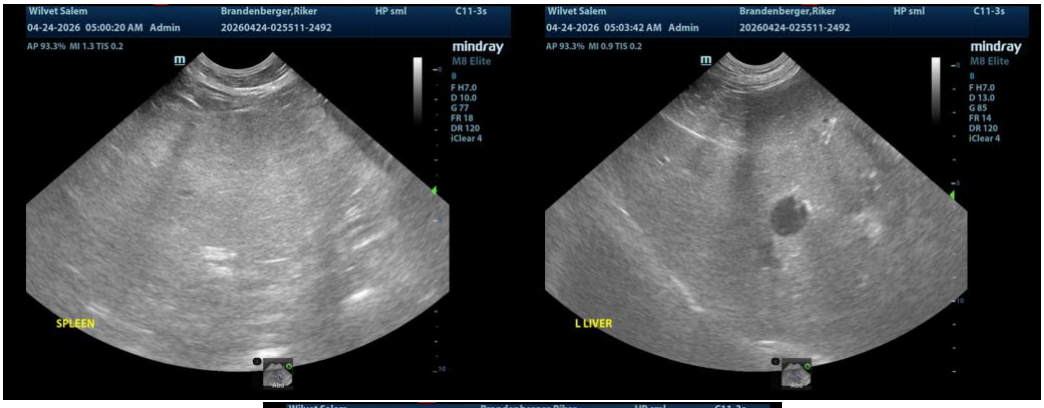
Dr. Burns

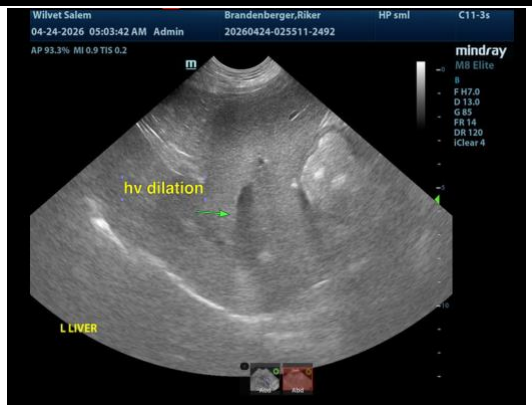
INVOICE

15402

DATE

04/24/26





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