



PATIENT

Zeus O'Neal

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

4 Years

WEIGHT

92 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Solonyka

INVOICE

15566

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Productive cough started last week. 4/25 after long coughing fit O noted pale gums that returned to normal color within 10 min. Abdominal swelling noted late 4/26 pm. Presented 4/27 with abdominal fluid wave and tachycardia. Abdominocentesis performed - inhouse cytology showed mostly RBC, medium basophilic cells, few neutrophils, modified transudate TP 2.8. Patient started on Pimobendan and Furosemide 4/27. O notes improvement in overall well-being after abdominocentesis and starting meds

CBC - increased reticulocytes, leukocytosis due to neutrophilia (16.71), monocytosis (1.87), mild eosinophilia CHEM - elevated phosphorus 7.7 Hypoproteinemia 4.8, Albumin 6.2 Radiographs - general cardiomegaly, diffuse parenchymal pattern, limited abdominal detail, hepatomegaly

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 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 7.95 cm in length. The right kidney measured 7.76 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 left adrenal gland measured 2.78 cm x 0.41 cm width at the cranial pole and 0.47 cm width at the caudal pole. The right adrenal gland measured 3.5 cm x 1.05 cm width at the cranial pole and 0.60 cm width at the caudal pole.

Spleen

The **spleen** presented mildly enlarged and folded upon itself with minor vascular congestion.

Liver

The **liver** revealed hepatic vein dilation consistent with passive congestion. A comet tail lung pattern was noted through the diaphragm. The gallbladder and common bile duct were unremarkable.

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.



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

BREED

Free fluid was noted in the abdomen.

German Shepherd

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild splenic enlargement.
- Passive congestion abdomen with secondary ascites.

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Recommend focusing on the cardiac presentation in this patient as right-sided failure is suspected or other causes of passive congestion. No evidence of primary abdominal pathology.

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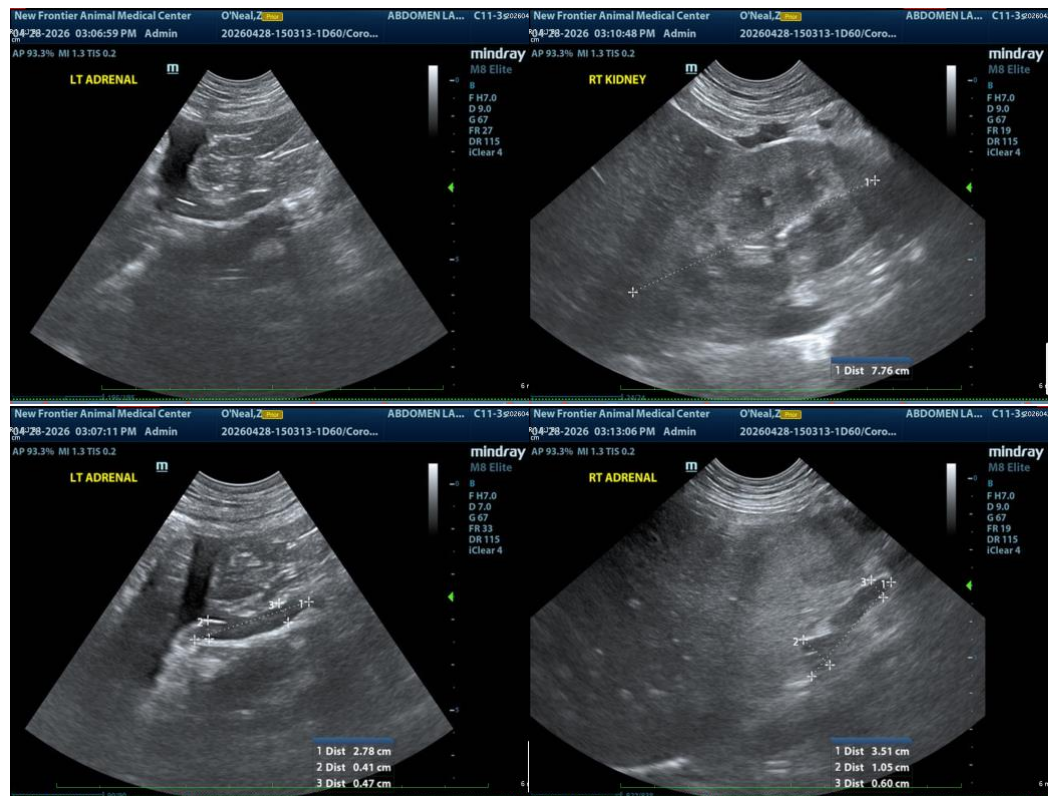
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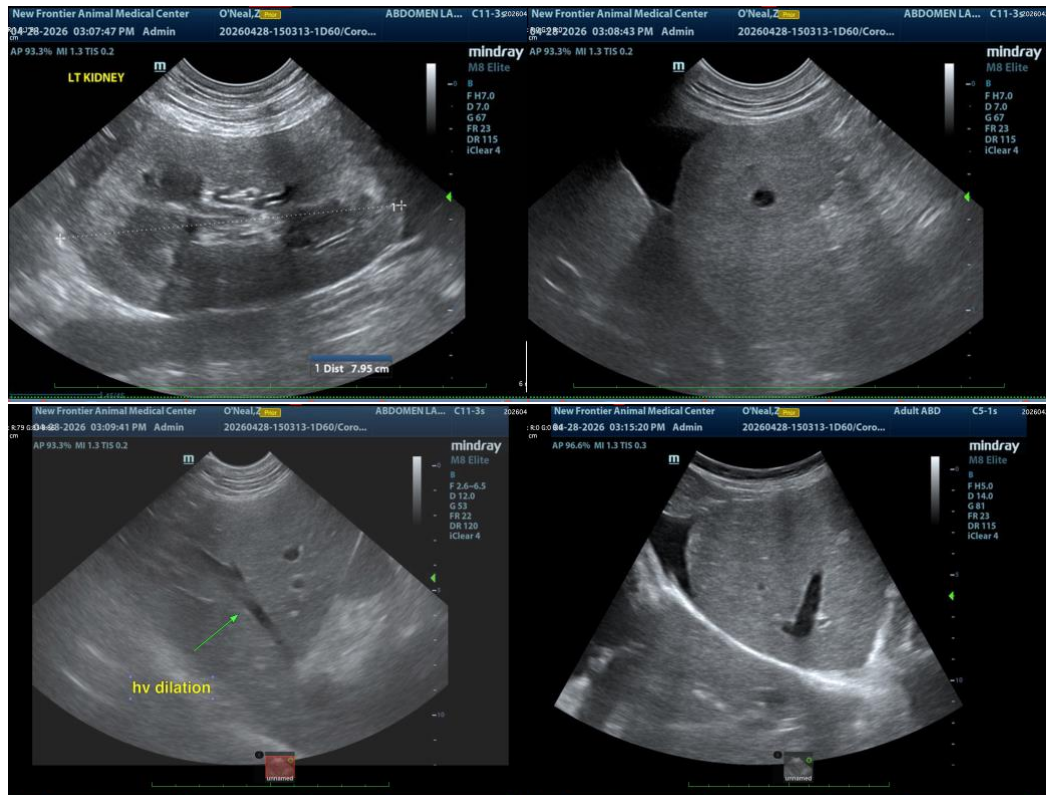
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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