



PATIENT

Jax Altringer

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered male

AGE

4 years

WEIGHT

36.6 lbs

PRESENTING CLINICAL SIGNS

History: Presents for lethargy, decreased appetite, weight loss, nasal congestion, ocular discharge, increased water intake, and vomiting.

- Duration: Decreased appetite, weight loss, ocular/nasal discharge for 3–4 days; increased water intake and vomiting noted last night.

- Ocular: Bilateral conjunctival hyperemia, watery discharge, scleral congestion; intermittent improvement with topical ophthalmic drops.

- Nasal: Dried debris, mucopurulent discharge, one episode minor epistaxis during cleaning.

- Appetite: Markedly decreased, eating less for 3–4 days, spilling food, prefers water over food, minimal intake this morning.

- Vomiting: One episode last night, primarily water and some grass.

- Water intake: Increased last night, not persistent.

- Activity: Marked lethargy, weakness, increased sleeping, less active than baseline.

- No known toxin or foreign body exposure; no recent travel; no new lumps or bumps.

- No current medications, flea, or tick preventives.

- Vaccination: Last vaccine 2023 (first booster), not current, no subsequent boosters.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: Demeanor: Depressed, lethargic, prefers recumbency, BCS 3.5–4/9, marked weight loss, visible hips/ribs, Tacky, injected pink mucous membranes, scleral congestion, conjunctival hyperemia, Grade 2–3 dental calculus, moderate gingivitis, halitosis, dried debris present in nasal cavity, slightly muffled heart sounds HGB 19.4, HCT 55.59, MCH 25.4, MPV 11.5, Sodium 171, Chloride 128, Amylase 2,208, Lipase 5,207

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. Minor micropolypoid changes were noted in the bladder. Assessment for any evidence of UTI is indicated. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Ave VC

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 6.5 cm. The right kidney measured 6.8 cm.

REFERRING VET

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The residual prostate measured 0.7 cm.

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Adrenal Glands

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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.



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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 was noted.

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

Gastrointestinal

The upper **gastrointestinal tract** was over distended with chyme. This was followed by empty small intestine and created an obstructive pattern. Areas of mucosal fogging was noted in the small intestine. There is a potential for emerging lymphangectasia. The colon was empty. The mesenteric lymph nodes were reactive.

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

Over distended stomach with shadowing material.

Partial obstructive intestinal pattern, exact cause is unclear.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The obstructive pattern can be caused by numerous potentials non-visible foreign body, regional, dysfunctional bowel and intestinal torsion are all potentials as well as an non-visible intestinal tumor. I recommend 24 hour n.p.o. and aggressive IV fluid support with a recheck sonogram to assess if the obstructive pattern is persistent or only dynamic. The cause of weight loss is unclear at this time.



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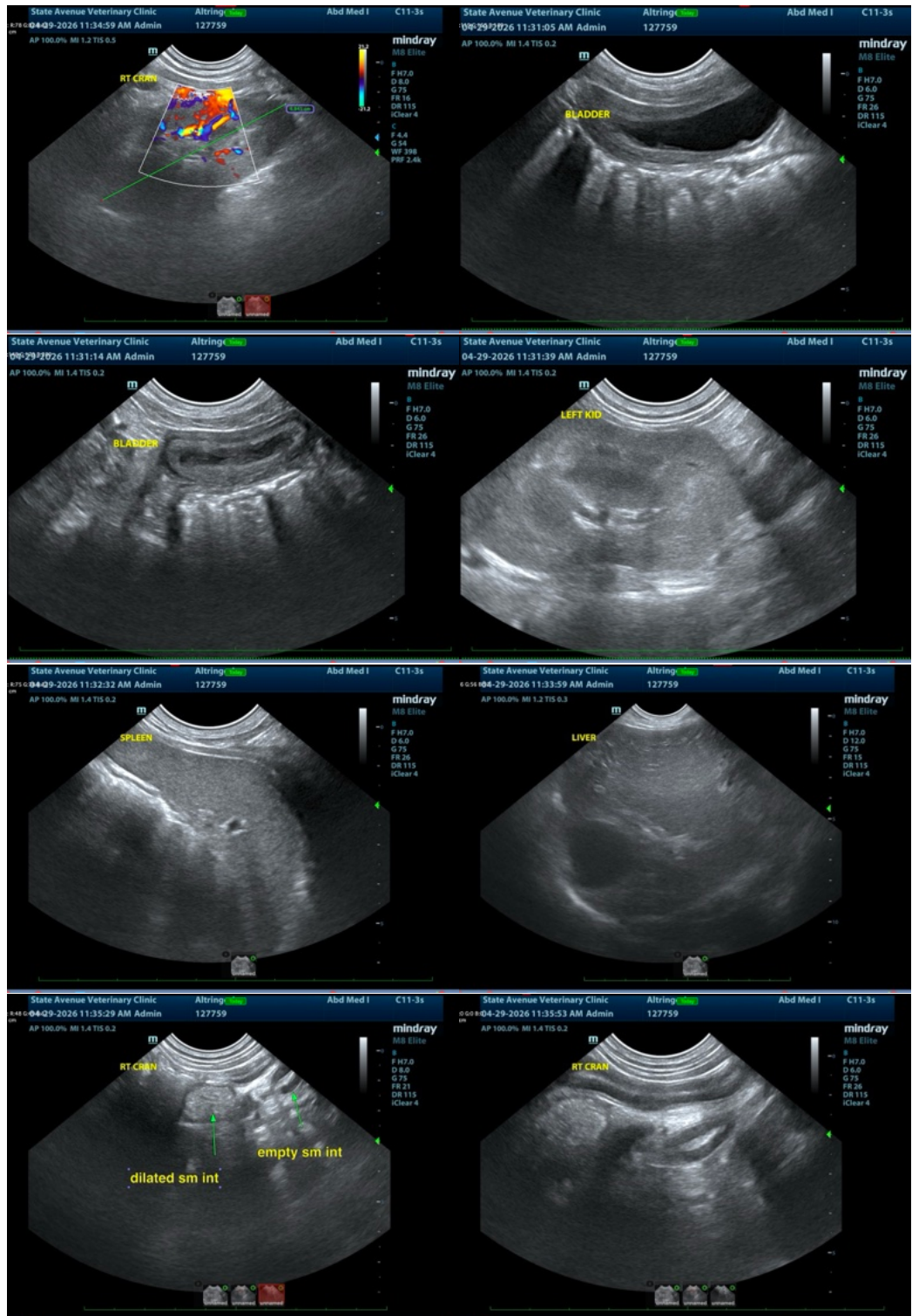
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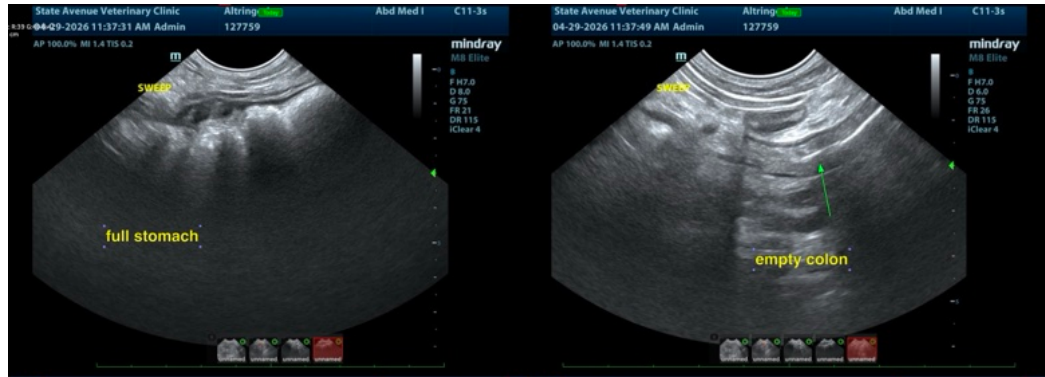
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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