



PATIENT

Banner Bauer

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 Years 7 Months

WEIGHT

74.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

14838

DATE

04/03/26

PRESENTING CLINICAL SIGNS

- Lethargic and not wanting to eat for 2 days
- Brown urine

Abnormal PE/Chem/CBC/UA Results: Marked lethargy, pale mm, drooling/appeared nauseous. T 104.4. HL clear. No petechiations noted. RBC 2.33 HGB 7.0 HCT 16.71 MCH 30.1 MCHC 42.0 PLT 27 Alanine Aminotransferase 181 Blood Urea Nitrogen 27 NA+ 140~ K+ 3.0H; Hemolysis noted with repeat venipuncture. Tbil normal but inconclusive. slide agglutination noted. Pending full CBC path review. Tick testing Started blood transfusion, IV dexamethasone, Ondanestron and maropitant for nausea; plan to continue pred and doxy pending further results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 7.5 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 0.50 cm width. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.50 cm width at the caudal pole.

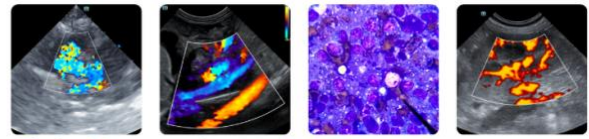
Spleen

The **spleen** presented slightly enlarged with subtle micronodular changes.

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



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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.

Heart

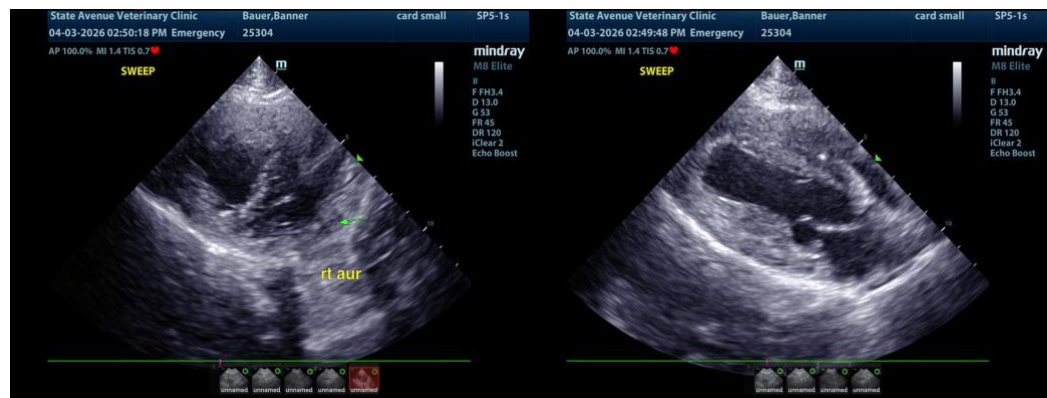
Rapid view of the heart revealed normal contractility and structure. Subjectively hypovolemic heart. No evidence of masses or pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly with subtle micronodular changes- likely hyperplasia or emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hydration status should be assessed in this patient. If platelet count is able to reach 70,000, an FNA indicated, however, no overt evidence of neoplasia, however, cannot rule out an emerging round cell neoplasia of the spleen or splenitis. CBC path review and bone marrow aspirate are indicated if medical management is able to reach a platelet count of over 70,000 and a PCV over 20.





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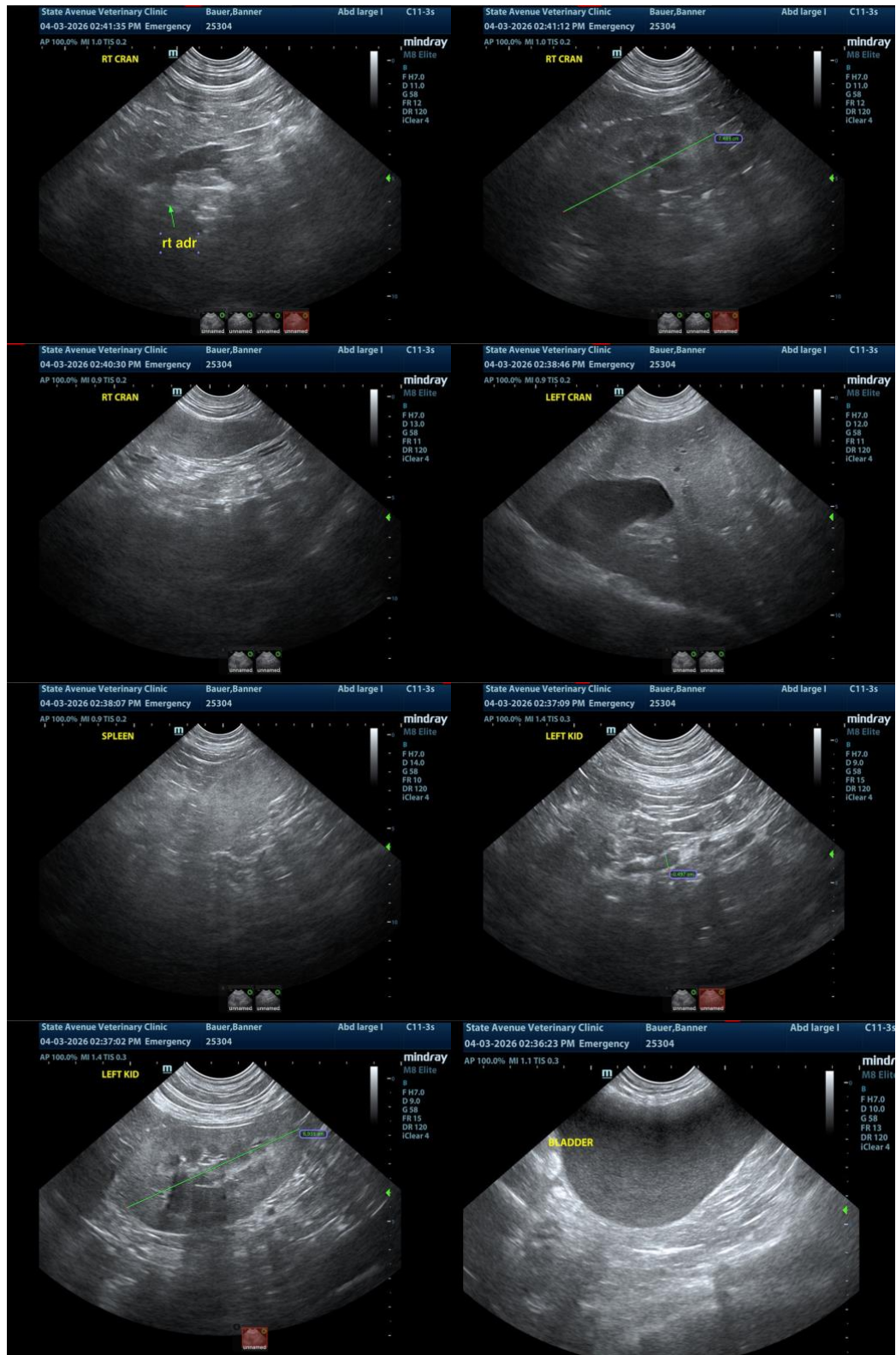
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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CEO, Owner, Founder -- SonoPath.com

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info@SonoPath.com

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