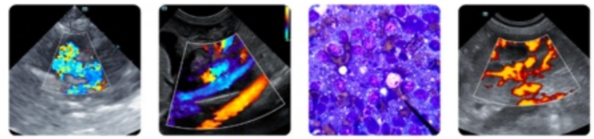


PATIENT
Chance Martin

SPECIES
Canine

BREED
Lab

SEX
Intact male

AGE
3 years

WEIGHT
57 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Linda Grau

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Grau

INVOICE
75051

DATE
4/30/26

PRESENTING CLINICAL SIGNS

History: seen in November for weight loss of 15#, albumin 2.0, WBC 30.5, antibiotics dispensed and owner was to drop off urine. rechecked April for additional 12 lbs protein loss and decrease appetite
Abnormal PE/Chem/CBC/UA Results: wasting, pale, UA 1+ protein but UPC 0.1 and other than some epithelials, inactive sediment, Albumin down to 1.6 and now has low globulin of 2.2, wbc 3.5, RBC 3.65, Reticulocytes 277, hoping for PLE with occult blood loss and chronic opportunistic infection.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed wall thickening with suspended debris and sand. This is consistent with chronic UTI. The bladder wall measured up to 1.0 cm. No evidence of inflammatory or neoplastic changes was 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 6.5 cm. The right kidney measured 6.8 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially and was mildly heterogenous. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. An abnormal vessel was noted in the portal hilus. 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

PATIENT

Chance Martin

SPECIES

Canine

BREED

Lab

SEX

Intact male

AGE

3 years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Linda Grau

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

75051

DATE

4/30/26

Examination of the **gastrointestinal tract** revealed a stomach that was filled with ingesta. The intestines were 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. 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

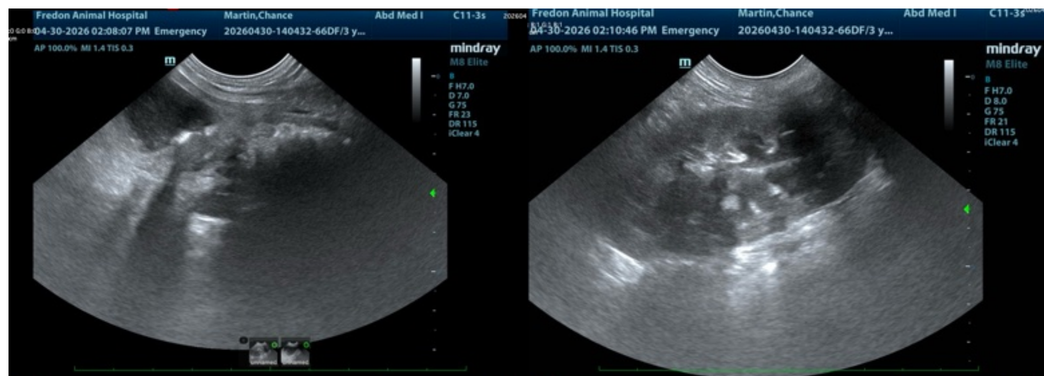
Chronic cystitis bladder pattern with calculi.

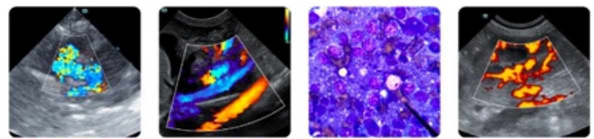
Chronic GI changes.

Unremarkable liver with an abnormal vessel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abnormal vessel was noted in the portal hilus. Origin and termination could not be assessed. This may be idiopathic portal congestion. However, further imaging with CT with contrast would be ideal. The cause of weight loss is unclear. Malassimilation/maldigestion with protein losing enteropathy is suspected. Fecal test is indicated. Chest radiographs and CNS exam are warranted to assess for other causes of weight loss.





PATIENT

Chance Martin

SPECIES

Canine

BREED

Lab

SEX

Intact male

AGE

3 years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Linda Grau

HOSPITAL NAME

Fredon AH

REFERRING VET

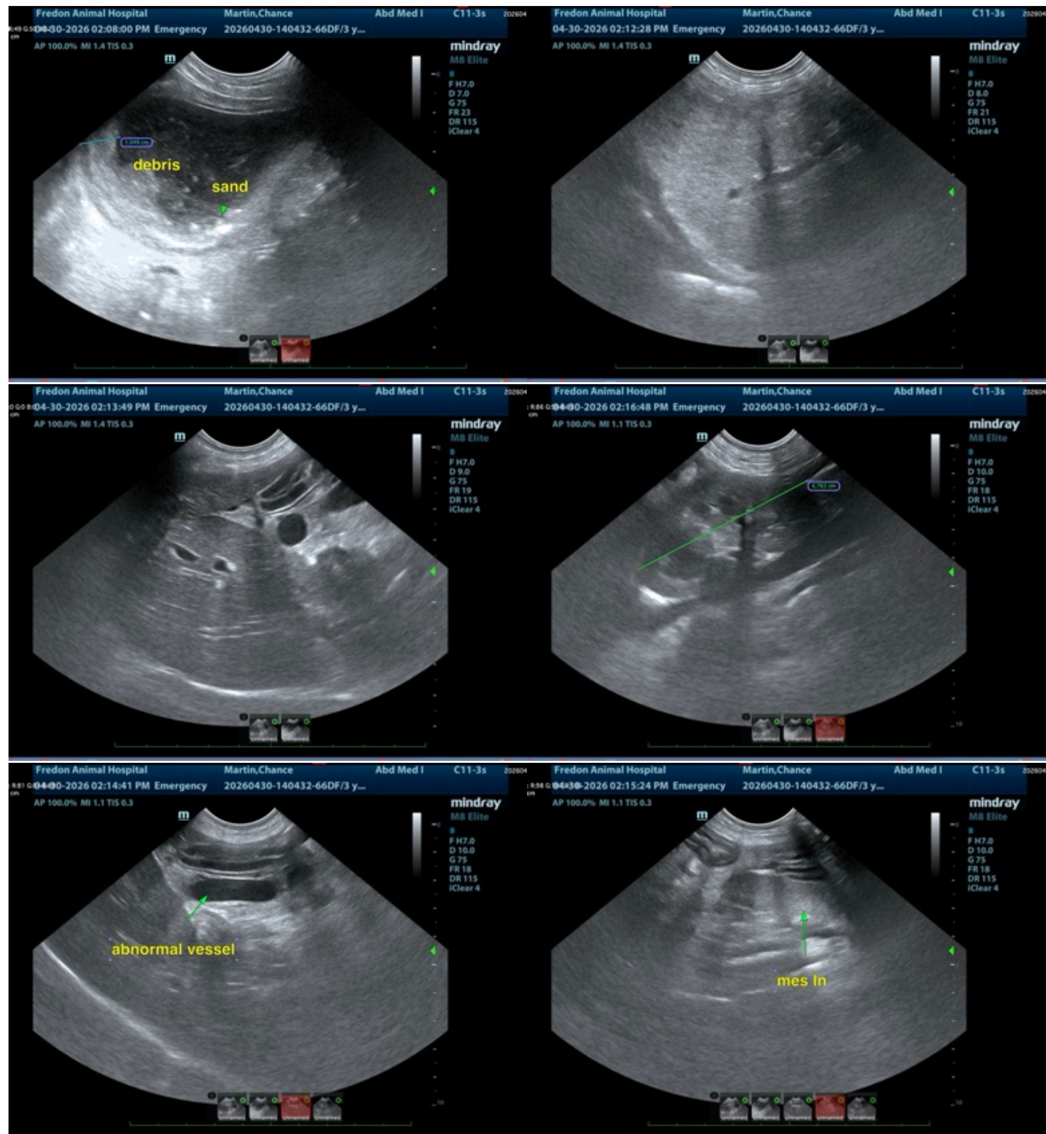
Dr. Grau

INVOICE

75051

DATE

4/30/26



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 of SonoPath.com

info@SonoPath.com