



PATIENT

Brick Olier

SPECIES

Canine

BREED

Pitbull Mix

SEX

Intact Male

AGE

2 Years 6 Months

WEIGHT

51 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Newton Veterinary
Hospital

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

14931

DATE

04/08/26

PRESENTING CLINICAL SIGNS

Underweight. Difficult for him to gain weight. Sock congestion, 4/1, possibly still one in G.I. track. Has been eating and drinking normally. Normal bm

Abnormal PE/Chem/CBC/UA Results: 4/1 WBC 23.56, neut 22.23, eos decreased, phos 5.4, Ca 8.7, GGT 15

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 **prostate** presented slightly heterogenous and uniform contour measuring 3.2 cm.

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 7.4 cm in length. The right kidney measured 7.2 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 3.19 cm x 0.51 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland measured 2.75 cm x 1.98 cm width at the cranial pole and 0.71 cm width at the caudal pole.

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 were 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. Trace amounts of free fluid were noted.

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

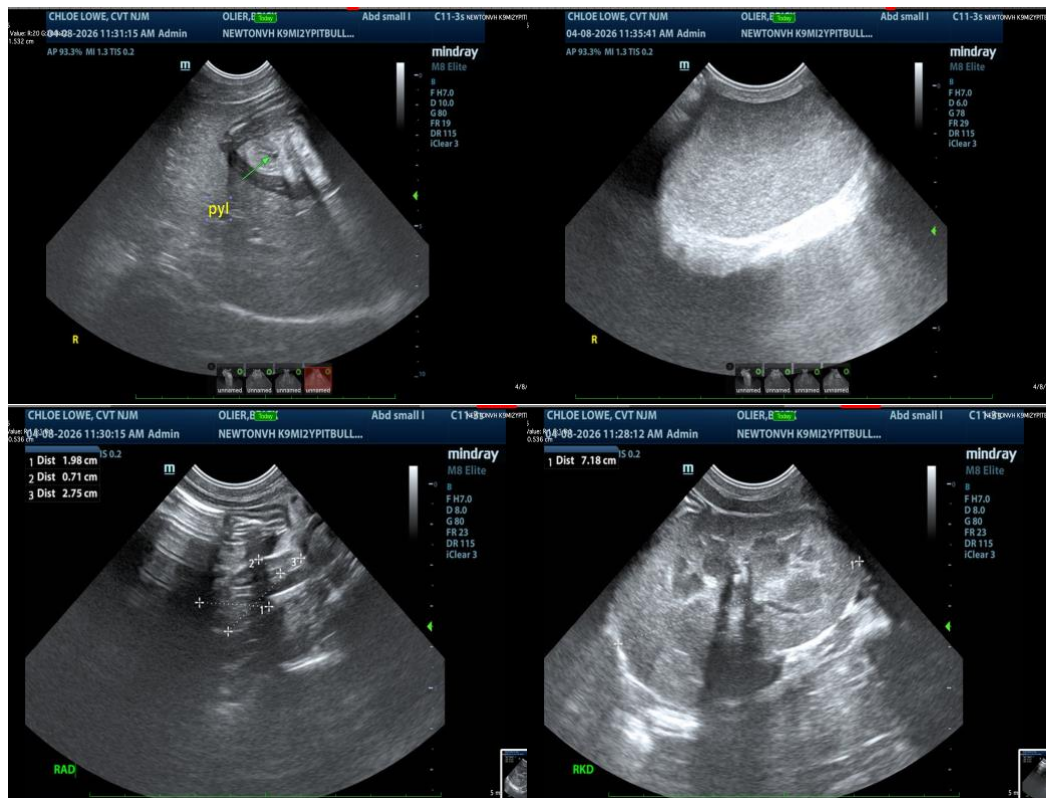
The **pancreas** revealed a minor amount of remodeling. No evidence of active inflammation with normal size and contour.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with lack of body fat.
- Pancreatic remodeling.
- Trace amount of free fluid.
- Heterogenous prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific abdominal visceral changes to justify the clinical history. No evidence of foreign body or organs with neoplastic criteria. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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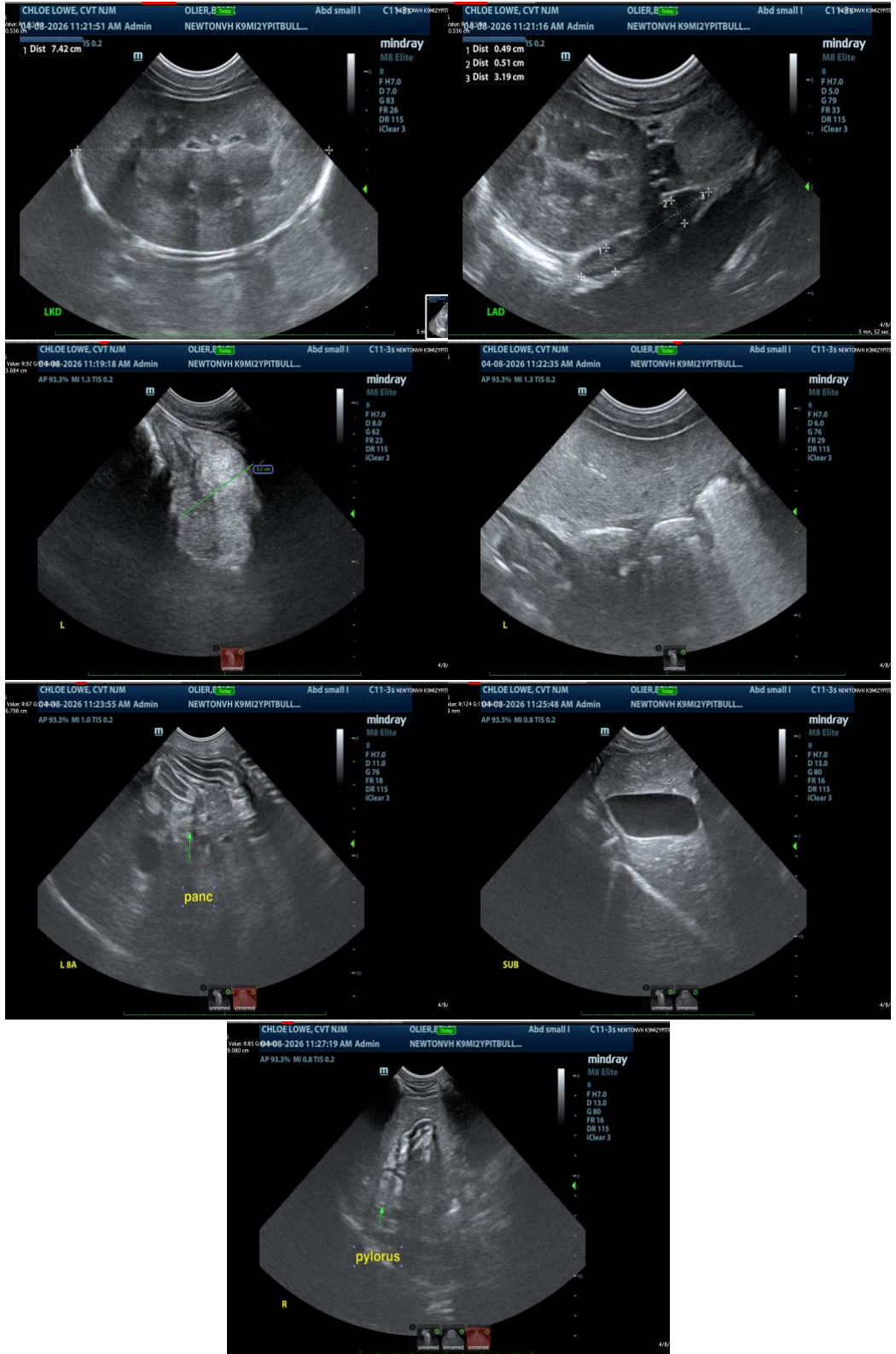
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

info@SonoPath.com

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