



PATIENT

Emma Flannery

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

78

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

Dr. Branning

INVOICE

75144

DATE

5/14/26

PRESENTING CLINICAL SIGNS

10 pound weight loss, bloody stools, lethargic, elevated liver values, chronic UTIs
Abnormal PE/Chem/CBC/UA Results: ALP 1349

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Bladder wall measured 1.0 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 7.3 cm. Right kidney measured 7.1 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented subtle micronodular changes.

Liver

The **liver** presented subtle irregular, expansive parenchymal changes. The gallbladder appeared 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.

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. Minor potential for underlying neoplasia/carcinoma.
- Occult splenic and hepatic changes.



PATIENT

Emma Flannery

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

78

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

Dr. Branning

INVOICE

75144

DATE

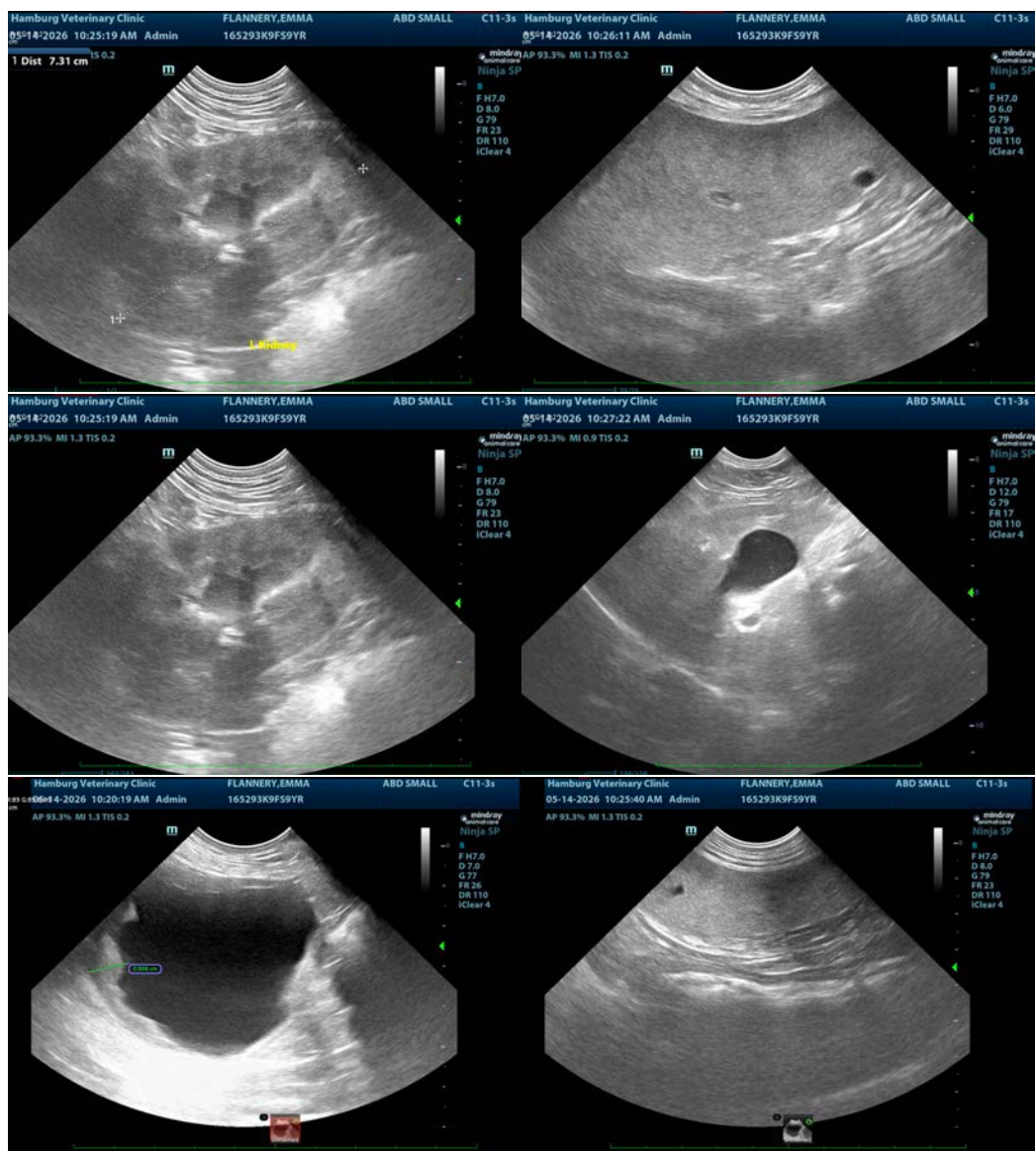
5/14/26

- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact cause of weight loss is unclear. However, I'm concerned for a potential emerging round cell neoplastic event. FNA spleen and liver indicated. BRAF testing indicated. If negative, then urine culture and sensitivity through cystocentesis indicated.

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.





PATIENT

Emma Flannery

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

78

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

Dr. Branning

INVOICE

75144

DATE

5/14/26



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, Owner, Founder -- SonoPath.com
info@SonoPath.com