



PATIENT

Gibbs Prater

SPECIES

Canine

BREED

Anatolian Shepherd

SEX

Neutered Male

AGE

6 Years

WEIGHT

125 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

16259

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Elevated liver and kidney values. Doxycycline.

Abnormal PE/Chem/CBC/UA Results: Increased Liver and kidney values. Albumin, TP, Globulin, Ast, Alt, Alk Phos, creatinine, calcium, na/k ratio. Anaplasma positive. Negative for leptos.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra to a depth of 2.0 cm 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 **iliac trifurcation** was unremarkable.

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 8.2 cm in length. The right kidney measured 8.28 cm in length.

Adrenal Glands

Both **adrenal glands** were slightly enlarged. The left adrenal gland measured 3.15 cm x 1.0 cm width at the cranial pole and 0.8 cm width at the caudal pole. The right adrenal gland measured 2.48 cm x 1.13 cm width at the cranial pole and 0.69 cm width at the caudal pole.

Spleen

The **spleen** revealed subtle micronodular splenic changes were noted.

Liver

The **liver** revealed mild uniform enlargement with slight increased portal markings. The gallbladder and common bile duct were 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.



PATIENT

Free Abdomen

Gibbs Prater

The enlarged mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.5 cm x 6.5 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Mesenteric lymphadenopathy.
- Nonspecific inflammatory hepatopathy.
- Urinary bladder debris.
- Prominent adrenal glands.
- Micronodular spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6 Years

Urinary work up is warranted. FNA of the spleen and liver is warranted. Structurally, the kidneys are unremarkable. Concern for occult emerging round cell neoplasia in this patient versus nonspecific inflammatory hepatopathy and reactive spleen.

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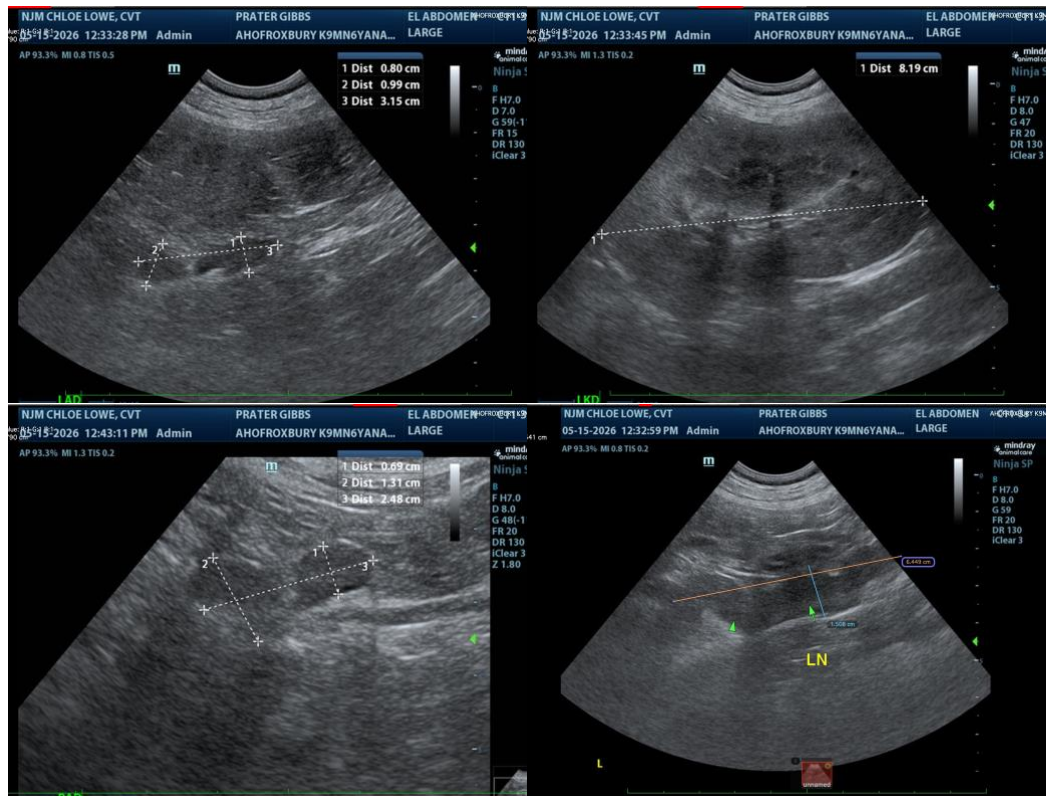
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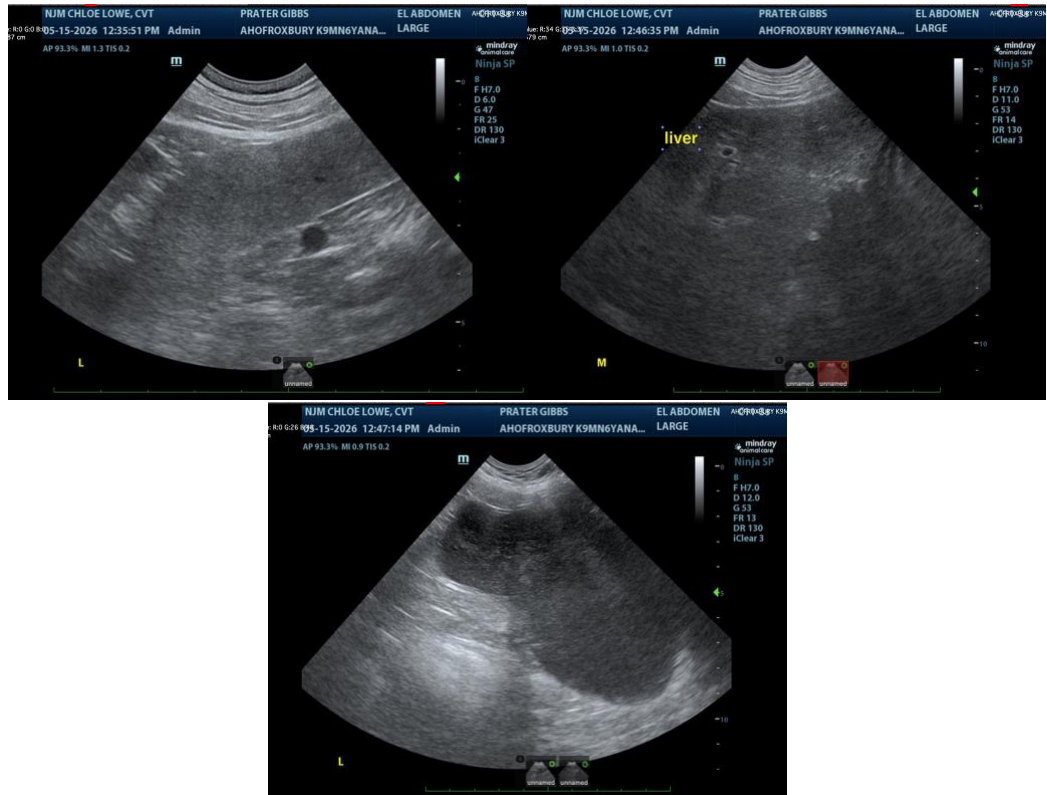
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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