



PATIENT

Tobias Muntean

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male

AGE

12 years

WEIGHT

46.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Williams

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

77783

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Tobias has a history of an elevated ALP but most recent bloodwork showed continued elevation in ALP and elevations in ALT and AST now
Cholesterol slightly elevated and T4 low end of normal
He has been on Denamarin Advanced for a little over a year now and also gets Dasuquin Advanced and Rejensa joint supplements
Per O, his appetite is still great and no increased thirst or urination. No GI symptoms noted either
Has experienced a small amount of weight loss recently and seems to have developed some weakness in his front two legs
Attached radiographs taken today. Aerophagia was noted because prior to his pre med, Tobias was quite nervous and was panting

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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 5.6 cm.

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 0.5 cm. The right adrenal gland measured 0.6 cm.

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 was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Minor gallbladder debris was noted.

Gastrointestinal

The **stomach** revealed minor fluid filled gastric lumen with gas accumulation. There was no evidence of obstruction. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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

Structurally unremarkable abdomen.

Non-specific, age related hepatic changes.

Gastric fluid, stasis. Potential low grade gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of gross disease. Gastrointestinal protectant protocol is warranted. If any NSAIDs are being utilized, then I recommend stopping for a week and reassessing. GI protectant protocol is recommended empirically if anorexia is an issue. There was no evidence of gross disease. FNA of the liver could be considered for further definition, yet subjectively appears benign.



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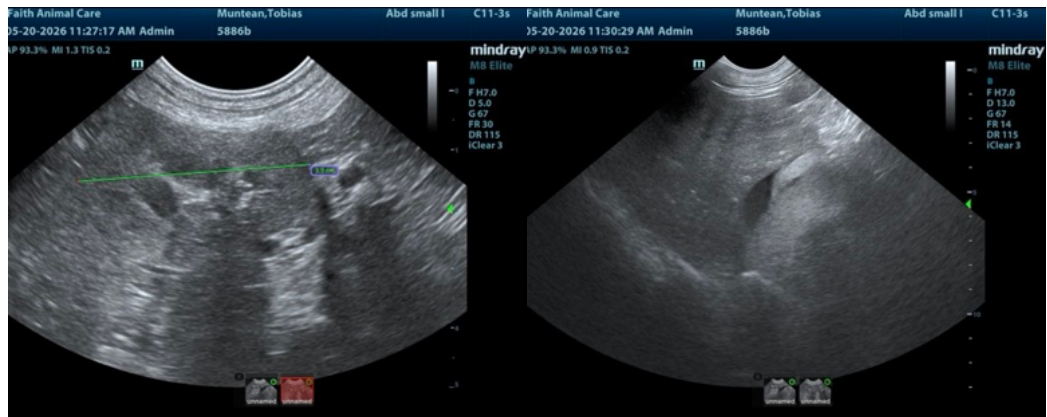
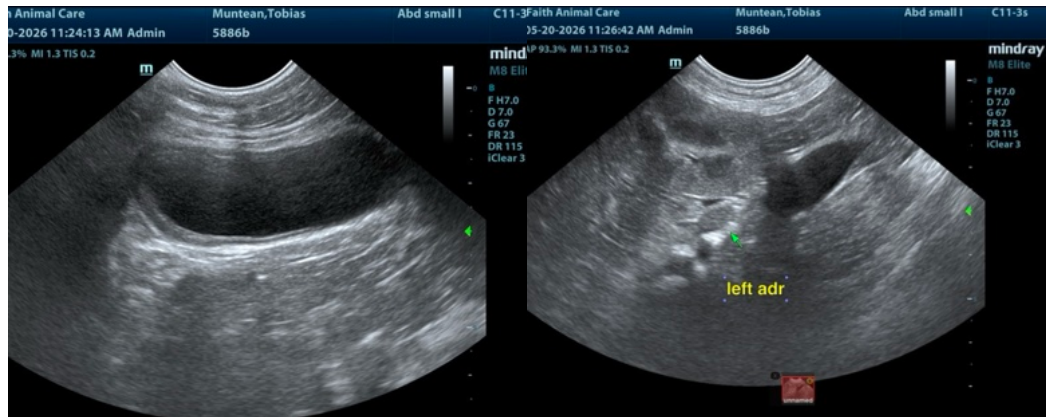
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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