



## PATIENT

Harper Atwell

## SPECIES

Canine

## BREED

Great Pyrenees Mix

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

106.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mary Pearce

## HOSPITAL NAME

Chambersburg Animal  
Hospital

## REFERRING VET

Dr. Dawn Eckert

## INVOICE

16484

## DATE

05/22/26

## PRESENTING CLINICAL SIGNS

Presented 5/20/26 for a decrease in appetite and water intake over the past 5 days. The owner also reports that he has been eating more grass than usual and was lethargic this morning, being unwilling to get up to go outside. No vomiting or diarrhea has been observed, and bowel movements are reported as normal. Harper has a history of chronic ear infections that have been difficult to manage. He recently finished a course of prednisone about a week ago. Bloodwork performed approximately 2 weeks ago was within normal limits, with the exception of an elevated alkaline phosphatase, which was attributed to the steroid administration. A fecal test at that time was negative. He has also been noted to have lost weight 6/2025 114.8lb, 4/2026 108.8lb, now 106.7lb. P was started on oral Cerenia and continued motetamax therapy for ear infections. Scheduled for sedated radiographs and ultrasound.

5/22/26: During US, noted significant changes to skin with areas of lichenification and pigmentation, also with concerns for possible bruising appearance/purple coloration. P is fractious and was sedated for procedure. For safety concerns, did not examine MM for petechiae. CBC: HCT 32.2%, MCV 59.2 (L), MCH 21.1 (L), MCHC 35.7 (normal), retic 12.0. 4Dx Negative x4. Radiographs: Unremarkable thorax, no evidence of metastatic disease. Good abdominal detail. Large/full urinary bladder. Liver small in size with sharp margins, spleen in cranial abdomen lying next to liver, appears unremarkable. Stomach small and empty, more dorsal in positioning. Kidneys/intestines appear normal. 5/12/26: Negative fecal. 5/5/26: HCT 45.3%, WBC 9.3, PLT 225. ALP 425. Otherwise, normal chem, lytes. TT4 1.8.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **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 7.1 cm in length. The right kidney measured 6.7 cm in length.

### Adrenal Glands

The **adrenal glands** were flattened, owing to the prednisone therapy yet structurally unremarkable. The left adrenal gland measured 0.44 cm width.

### 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. The spleen was folded upon itself cranially.

### Liver



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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.

### Gastrointestinal

Portions of the **gastric fundus** were obscured by the splenic folding, however, the pyloric outflow was clearly visible and empty with no evidence of pathology. The small intestine and colon were unremarkable.

### Pancreas

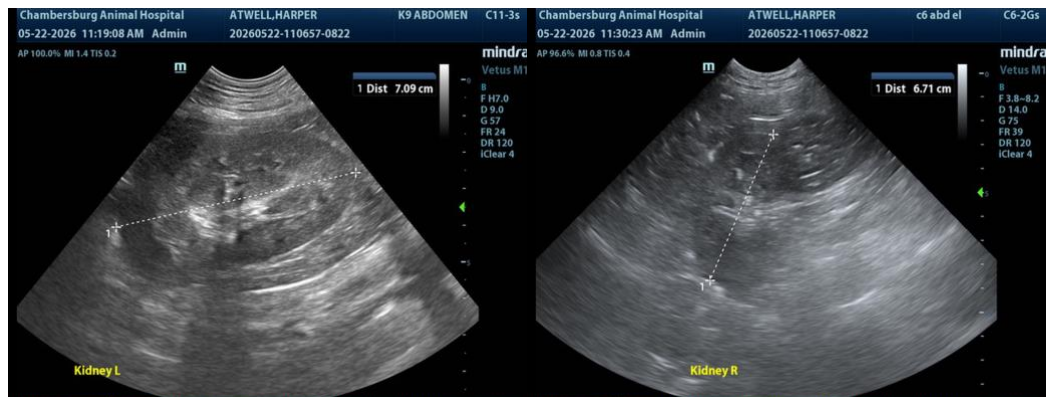
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.
- Flattened adrenal glands owing to Prednisone therapy.
- Folded spleen.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisone therapy may be suppressing a more significant presentation. Orthopedic pain, thoracic or CNS disease should all be considered. 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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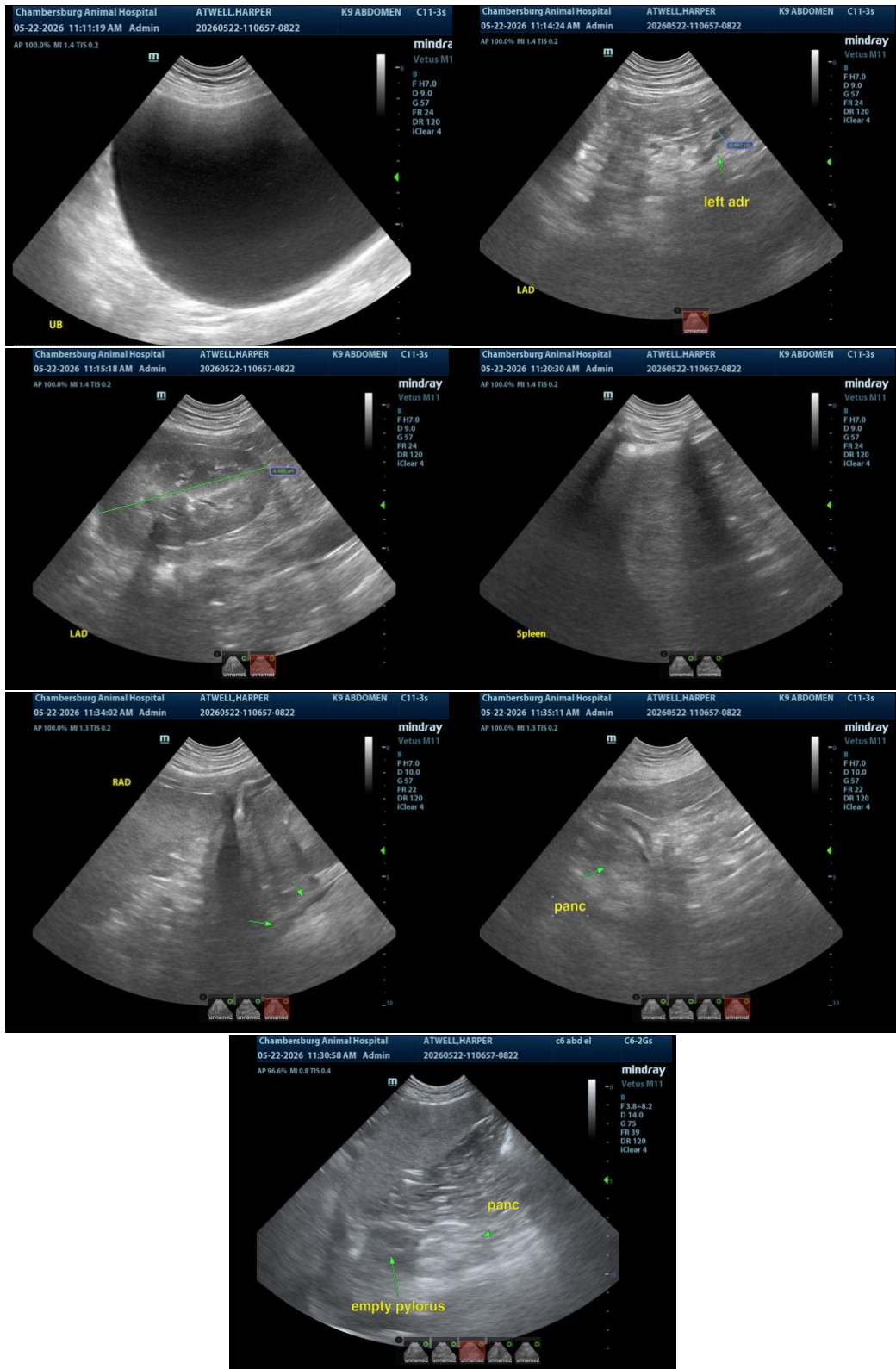
Dr. Dawn Eckert

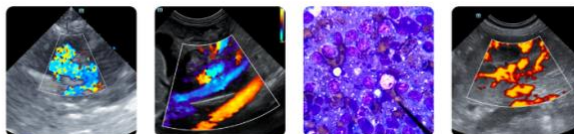
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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