



PATIENT

Pigeon Fowler

SPECIES

Canine

BREED

Pinscher x

SEX

Spayed Female

AGE

3 Years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Heider

INVOICE

75521

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Ongoing weight loss, vomiting and bloody diarrhea

ABNORMAL Labwork Values: In-House CBC/Chem 17/Lytes/panc Lipase--> CBC: Plt 110 (148-484), Plateletcrit 0.16% (0.14-0.46) Chem: Na 143 (144-160), Cl 102 (109-122), ALP 333 (23-212) Panc Lip: 563 (0-200) 5/16/26

Current Medications: Provable Paste, Maropitant 16 mg & Gabapentin 50mg
Radiographic Findings

Weight loss in the last week since previous visit, 2.15 lbs. Potentially concerned for liver shunt although pt is not showing any neurological signs.

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 **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. Right kidney measured 4.2 cm. Left kidney measured 3.3 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. Left measured 1.62 cm x 0.58 cm at the caudal pole and 0.49 cm at the cranial pole. Right measured 0.60 cm at the cranial pole and 0.40 cm 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** is mildly subnormal in size with slight increased portal markings. The gallbladder and common bile duct were unremarkable. Portal vein measured 0.62 cm. The vena cava was volume contracted at 0.50 cm.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was 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.

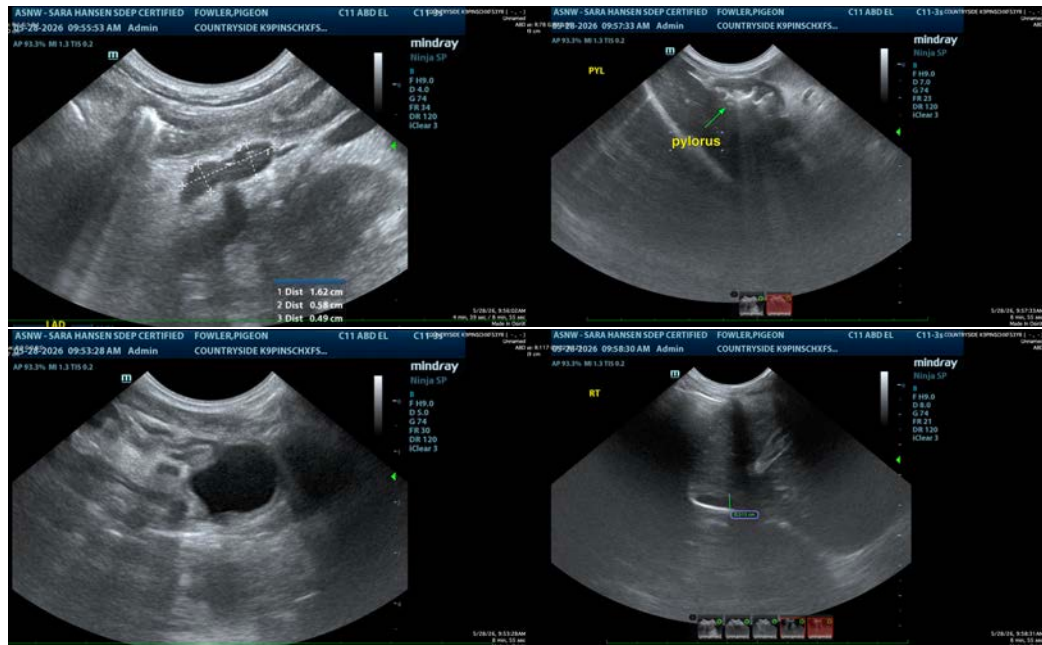
ULTRASONOGRAPHIC FINDINGS

- Mild microhepatica and mild increased portal markings, suggestive for history of inflammatory hepatopathy.
- Non-specific gastroenteritis presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted if not already performed. No evidence of intrahepatic or extrahepatic shunting. Portal hypoplasia/microvascular dysplasia may be an issue in this patient, yet would necessitate liver biopsy for definitive diagnosis. This depends upon bile acid profile.

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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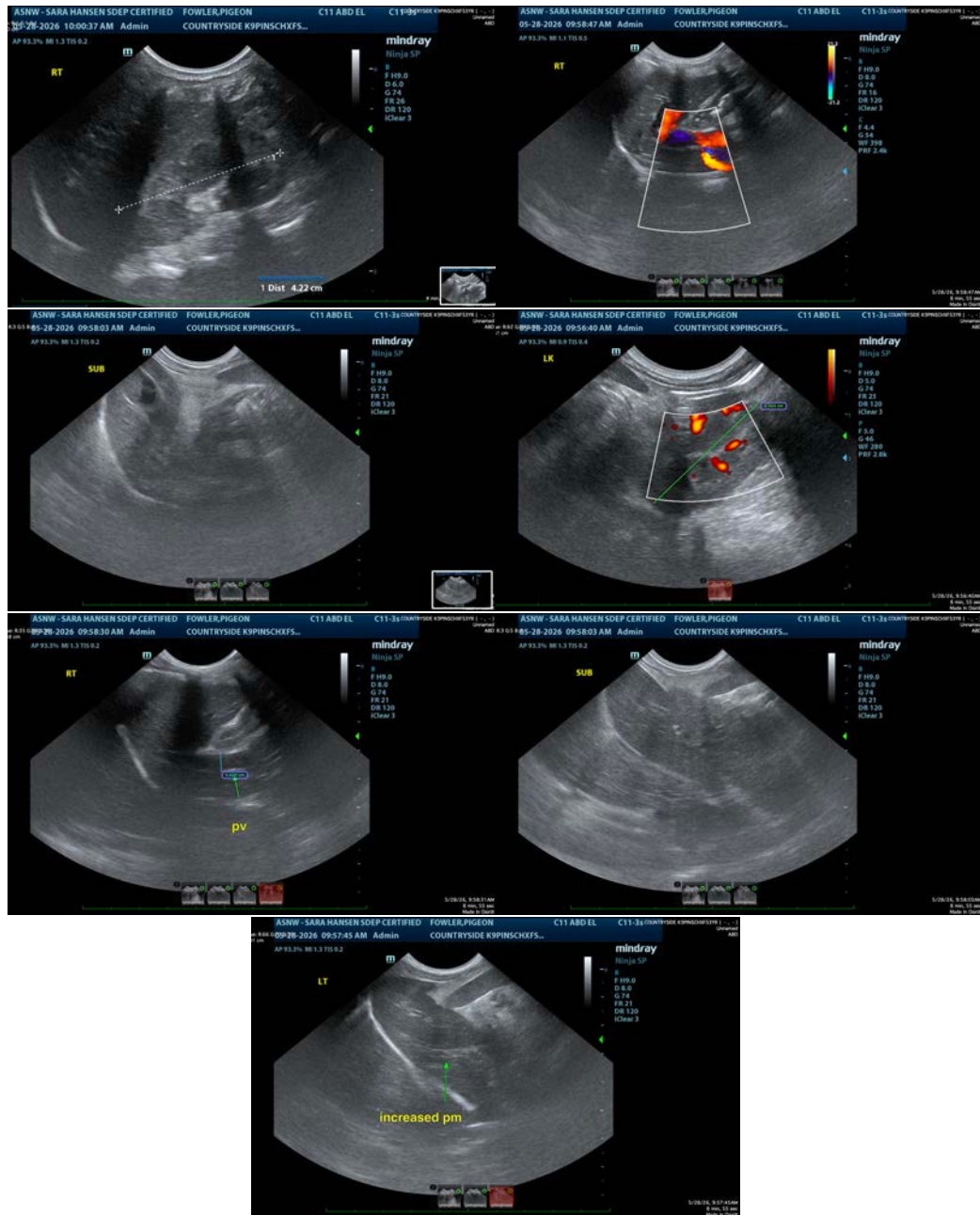
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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