



PATIENT

Kaiser Kalbach

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

5 years

WEIGHT

106 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Waters

HOSPITAL NAME

Patt VH

REFERRING VET

Dr. Tobias

INVOICE

78145

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: 5 day course of Carprofen for suspected cruciate tear end of April; another 5 day course Carprofen mid-May; Denamarin stx'd 5/28 PM; P noted to have slight decreased appetite recently; Normal CBC/Chem values 2/4/26
Abnormal PE/Chem/CBC/UA Results: monitoring lab work on 5/22 revealed elevated ALT (1077); Carprofen was d/c'd; validated ALT on 5/26 was 1700; recheck ALT on 5/27 was 2419

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 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 6.0 cm. The right kidney measured 7.4 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.

Liver

The **liver** revealed slight increased portal markings. The liver parenchyma was unremarkable and uniform. Vascularity appeared normal. The increased portal markings were subtle. The gallbladder and common bile duct were unremarkable.



PATIENT

Kaiser Kalbach

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

5 years

WEIGHT

106 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Waters

HOSPITAL NAME

Patt VH

REFERRING VET

Dr. Tobias

INVOICE

78145

DATE

5/29/26

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

Mild, non-specific inflammatory hepatopathy.

Acute to subacute insult is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are indicated. Ultrasound-guided FNA is indicated. Core biopsy would be necessary to define potential underlying copper storage disease. However, this is not suspected.





PATIENT

Kaiser Kalbach

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

5 years

WEIGHT

106 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Waters

HOSPITAL NAME

Patt VH

REFERRING VET

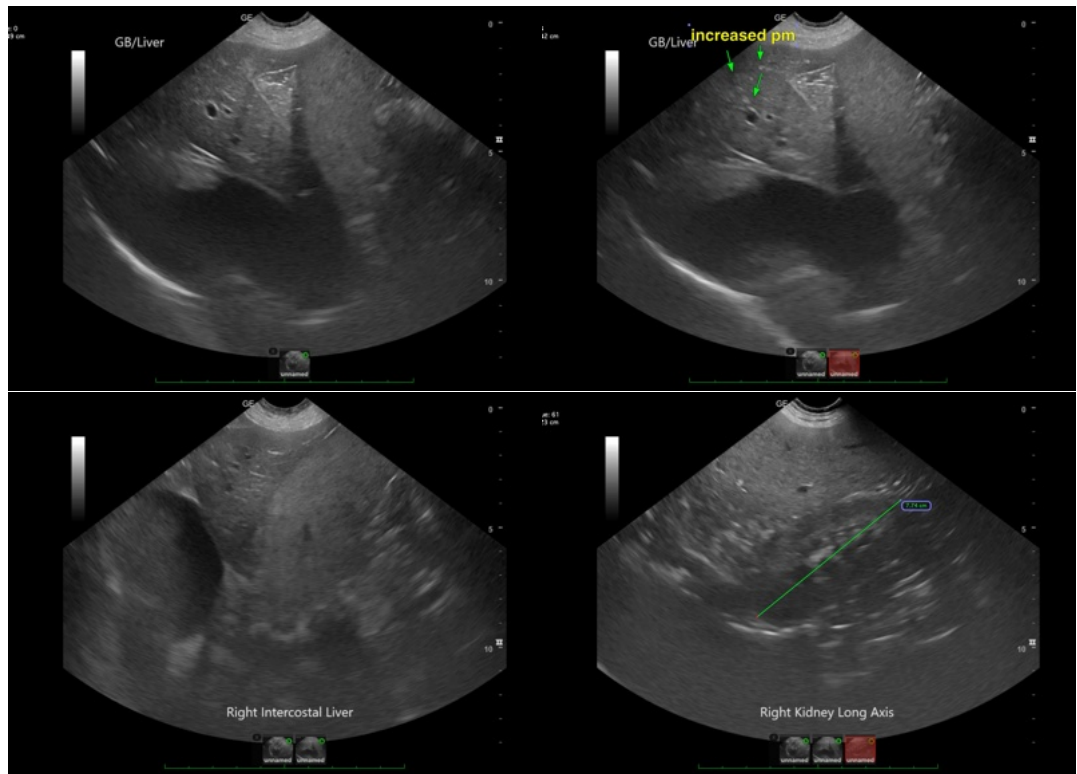
Dr. Tobias

INVOICE

78145

DATE

5/29/26



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 of SonoPath.com

info@SonoPath.com