

PATIENT PRESENTING CLINICAL SIGNS

Harlo Arevalo Harlo has an ever increasing globulin with increased lymphocytes - for 2 yrs.
The tick panel and valley fever were negative

SPECIES History of gastrointestinal disease/painful abdomen

Canine Abnormal PE/Chem/CBC/UA Results: Globulins 6.2 (2.4 - 4.0) Total Protein 9.2 (5.5 - 7.5)
Lymphocytosis 7092 (980 - 4200)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shepherd **Urinary System**

SEX 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.
FS

AGE 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.
7yr

WEIGHT The left kidney measured 7.25 cm.
100lb The right kidney measured 7.28 cm.

Adrenal Glands

INTERPRETED BY The left adrenal gland was 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.
Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left adrenal gland measured 2.06 cm x 0.45 cm cranial x 0.37 cm caudal.

IMAGING PERFORMED BY **Spleen**

Gudrun Gunther The spleen was slightly enlarged, folded upon itself cranially with subtle micronodular changes. A screening FNA is warranted given the globulin elevation.

HOSPITAL NAME **Liver**

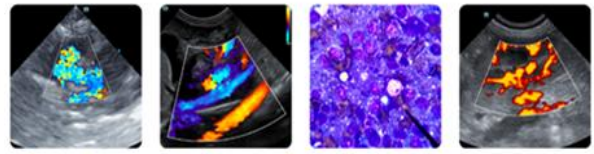
New Frontier Animal Medical Center The liver images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Cholelith noted adjacent to the gallbladder as well as choleliths within the gallbladder up to 1.2 cm. Lobar biliary calculus noted adjacent to the gallbladder at 1.9 cm, non-obstructive.

REFERRING VET
Dr Tyler

Gastrointestinal

INVOICE
24745

DATE
05/07/2026



PATIENT

Harlo Arevalo

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.

SPECIES

Canine

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.

BREED

Shepherd

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Slight micronodular spleen.
- Cholelithiasis, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7yr

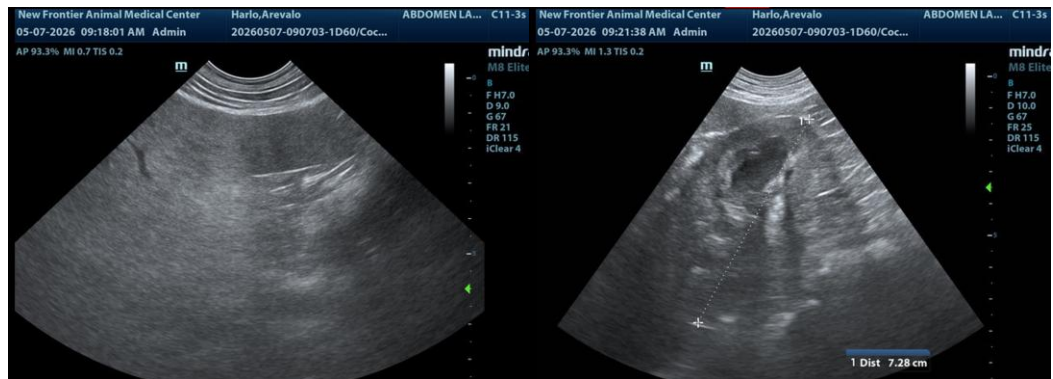
Screening splenic FNA warranted given the globulin elevations to ensure occult multiple myeloma is not present. Proactive ursodiol therapy could be considered in an attempt to dissolve the cholelith yet this is highly variable in effectiveness and varies patient to patient, with a recheck sonogram in 6 weeks. A benign abdomen otherwise. Protein electrophoresis indicated.

WEIGHT

100lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS



IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

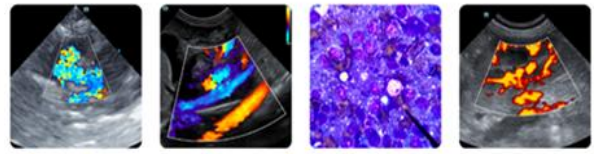
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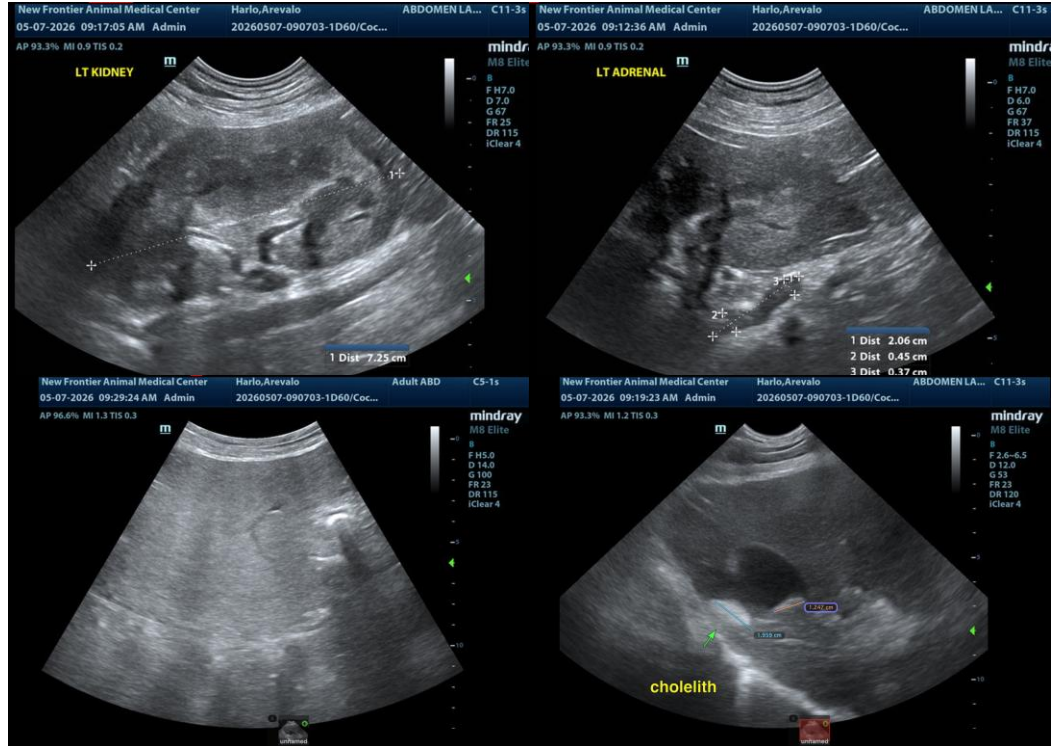
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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