



**PATIENT**

Tris Joergle

**SPECIES**

Canine

**BREED**

Chesapeake Bay Retriever

**SEX**

Spayed Female

**AGE**

9 Years 1 Month

**WEIGHT**

74.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Newton Veterinary Hospital

**REFERRING VET**

Dr. Wyman-Greenurald

**INVOICE**

15971

**DATE**

05/08/26

**PRESENTING CLINICAL SIGNS**

Decreased appetite, has had chronic muscle mass loss on head. Thyro tabs, just decreased dose thyroid level just above normal range. No other medication medications.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.4, globulin 4, ALKP 142, CBC- PLT 65, clumping noted, bands present. Mild toxic change, dome bodies noted.

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 7.08 cm in length.

*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 1.77 cm x 0.53 cm width at the cranial pole and 0.57 cm width at the caudal pole. The right adrenal gland measured 2.46 cm x 1.44 cm width at the cranial pole and 0.57 cm width at the caudal pole.

*Spleen*

The **spleen** revealed minor irregular swelling. The spleen was folded upon itself caudally yet not pathological.

*Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

*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



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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.

**Free Abdomen**

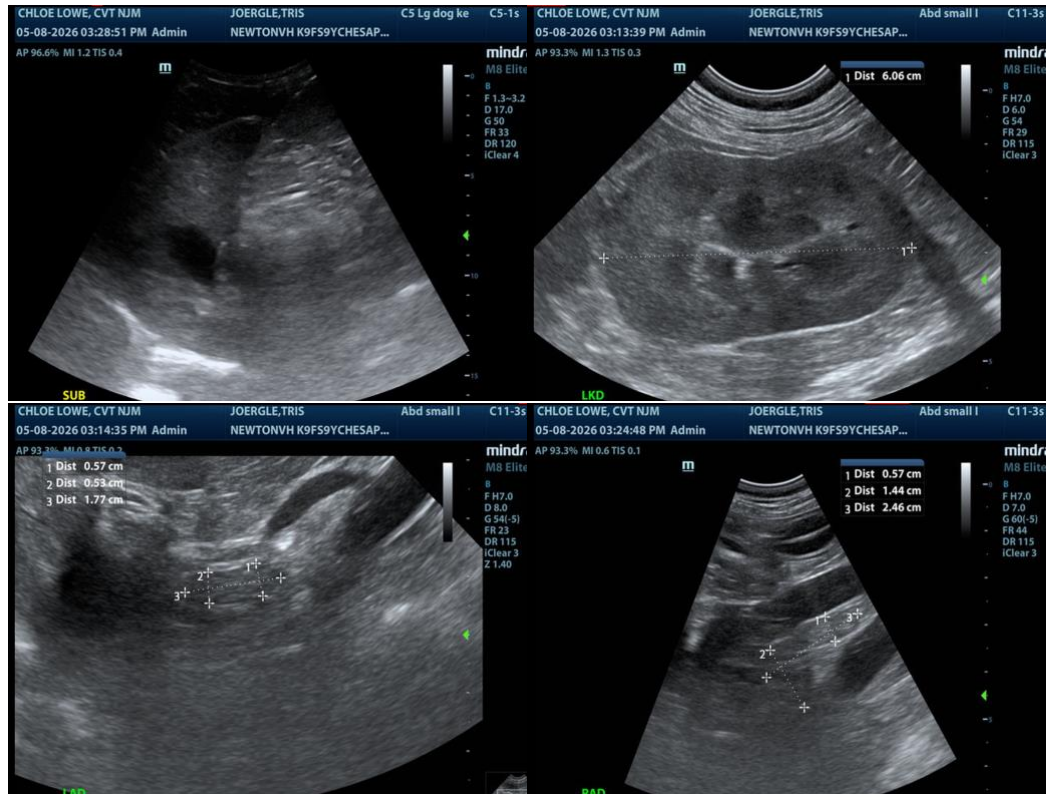
Rapid view of the **heart** revealed no evident pathology.

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen with largely age-related changes.
- Folded spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the low albumin, assessment for any proteinuria is indicated and screening for Addison's even though the adrenals appear normal.





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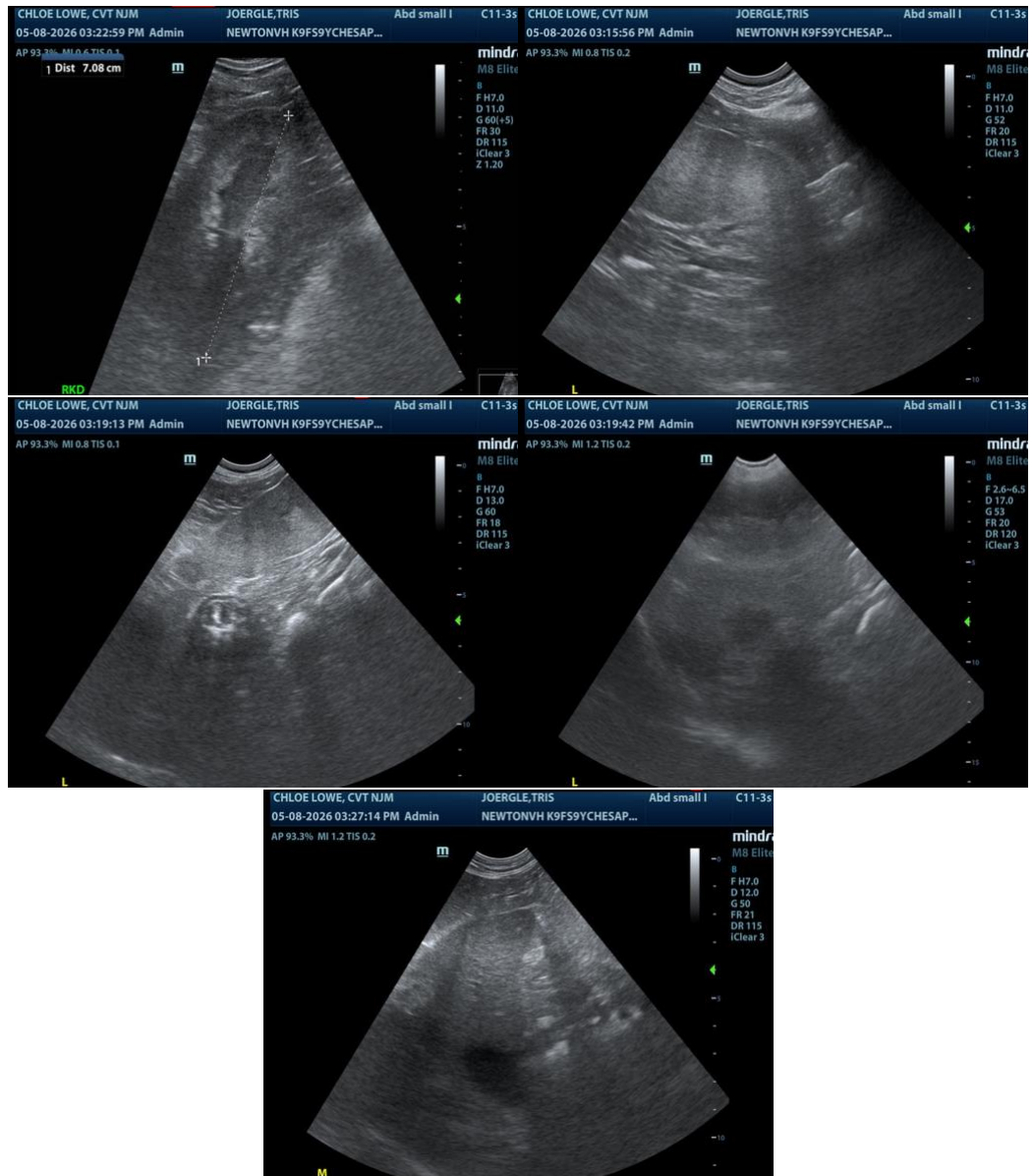
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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