



PATIENT

Duke Marcusen

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

11 Years 6 Months

WEIGHT

74 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lenz

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Shelley

INVOICE

16321

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Diarrhea started yesterday. Soft consistency without definite shape, possible hematochezia noted. Had BM today, also diarrhea with no change since onset. Decreased appetite over last few days (eating less than normal). No recent food or treat changes. No stressful events or environmental changes. Occasionally gets into garbage but not recently. Urinating normally. No vomiting. Weight loss of 10 pounds since February. Currently on Cytopoint. On antimicrobial medication twice weekly for skin condition. Known to be anxious

Abnormal PE/Chem/CBC/UA Results: LYM 0.82, EOS 1.03, MCH 26.2, Amylase 1240, BUN 58, Creatinine 1.8 Pending chest rads

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 8.3 cm in length. The right kidney measured 8.4 cm in length.

Adrenal Glands

Both **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 were noted.

Liver

The **liver** revealed mild coarse architecture with hepatic vein dilation. The gallbladder was thickened and echogenic. Slight free fluid was present between the liver and diaphragm. Gallbladder over distention was noted. The neck of the gallbladder revealed ill-defined polyps, with a grouping of which measured approximately 2.6 cm. The right cranial liver revealed a macronodular changes measuring 3.7 cm.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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

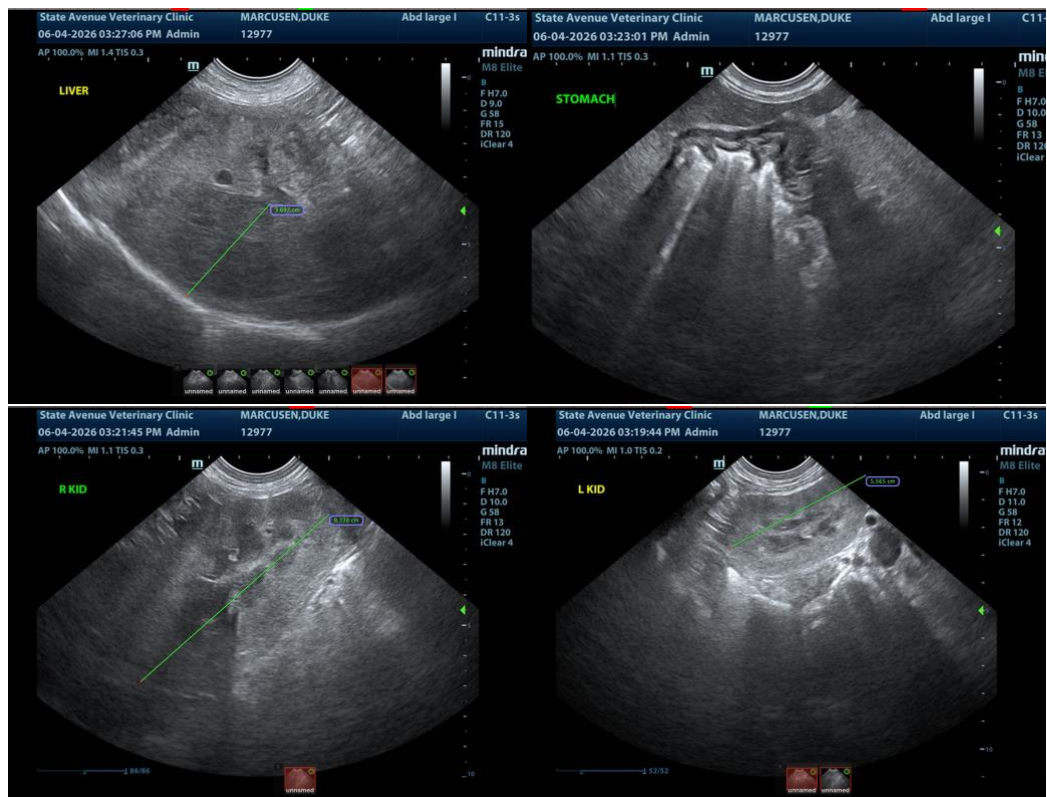
The **pancreas** presented hypochoic and swollen with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder polyps with wall thickening.
- Coarse hepatic architecture and macronodular changes- chronic cholangiohepatitis versus underlying gallbladder carcinoma or hepatic neoplasia are all possible.
- Age-related renal changes.
- Hypochoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA is indicated. Power doppler assessment of the gallbladder polyps would be indicated. Bile acid profile is indicated. Some level of pancreatitis is likely. Empirical measures for gastrointestinal upset/pancreatitis are indicated. Ursodiol therapy/enrofloxacin/metronidazole combination could be considered to penetrate the biliary tree. Ultrasound-guided FNA of the macronodular liver change as well as general parenchyma +/- gallbladder polyps would all be indicated to ensure neoplasia is not present. 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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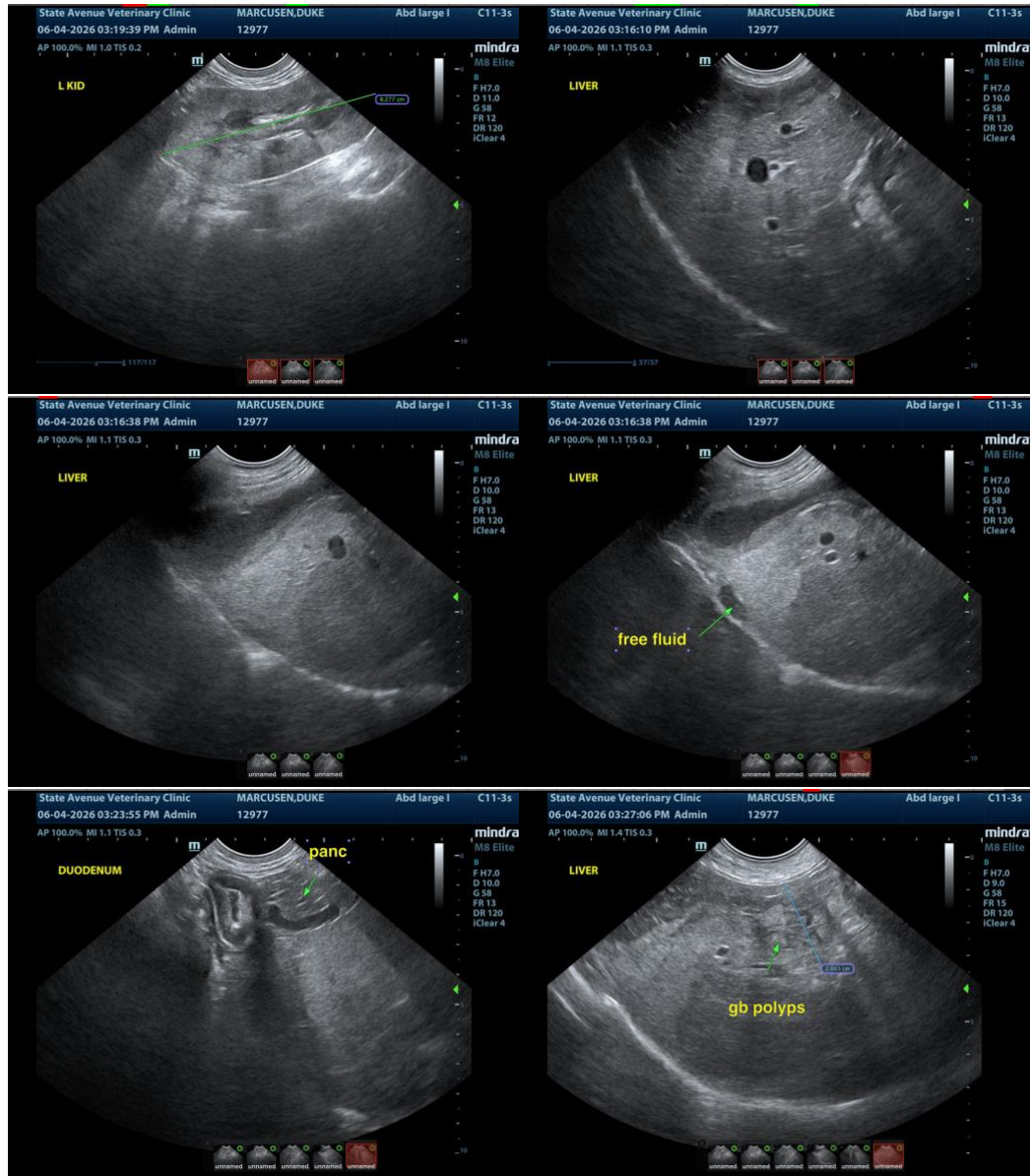
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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