



PATIENT

Doggie Allan

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

20.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

16348

DATE

06/05/26

PRESENTING CLINICAL SIGNS

1 month history of intermittent diarrhea and hyporexia. Progressing into vomiting and anorexia over past 3 days. Pet has unintentionally lost 15lbs

Oral Cavity: Mucous membranes pink/moist, CRT <2s, dental disease, gingival hyperplasia Abdominal: tense/painful on abdominal palpation Rectal: profuse diarrhea, left anal gland full, right anal gland empty, no palpable mass effect 5/4/2026 rDVM CHEM15/LYTES: ALKP 14 CBC: WNL 5/28/2026 RDVM CHEM15/LYTES: WNL CBC:RETIC 144.8, PCT 0.51 Rads Marked weight loss, decreased abdominal serosal detail, intermittent gas dilation throughout GI tract, suspect diarrhea throughout intestinal tract, severe spondylosis deformans noted on lumbar spine and sacrum, no obvious masses or obstructive patterns; unable to visualize kidneys and spleen. No significant findings within thorax. 6/4/2026 HAEC CPL: 214 EPOC: TCO2 16.8, PH 7.287, BE -9.3, K 3.2 PCV 55 TS 5.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderately echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. A trace amount of sand was present.

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 5.4 cm in length. The right kidney measured 6.2 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 0.64 cm width. The right adrenal gland measured 0.8 cm width at the cranial pole and 0.4 cm width 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** 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. The gallbladder presented acceptably



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thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were mild 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. No evidence of foreign bodies or neoplasia.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Nonspecific gastrointestinal upset- malassimilation nutrient strong potential, parasitic disease, dietary intolerance all potentials.
- Urinary bladder debris with a trace amount of sand.

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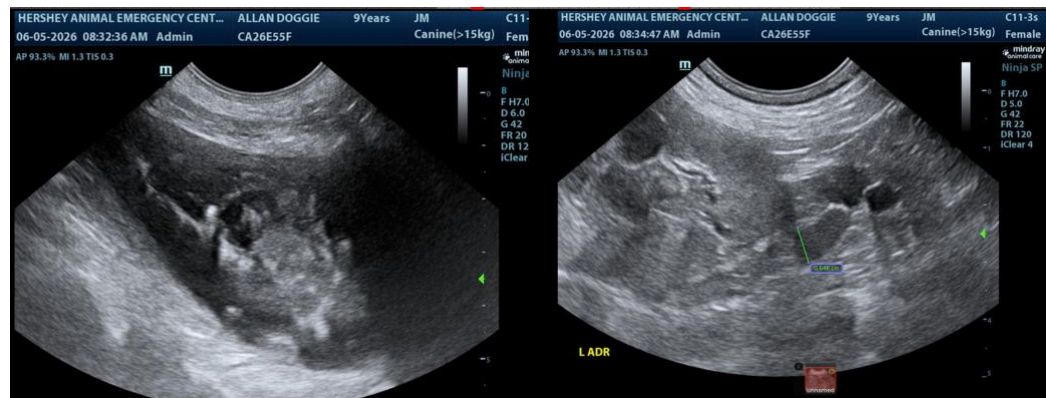
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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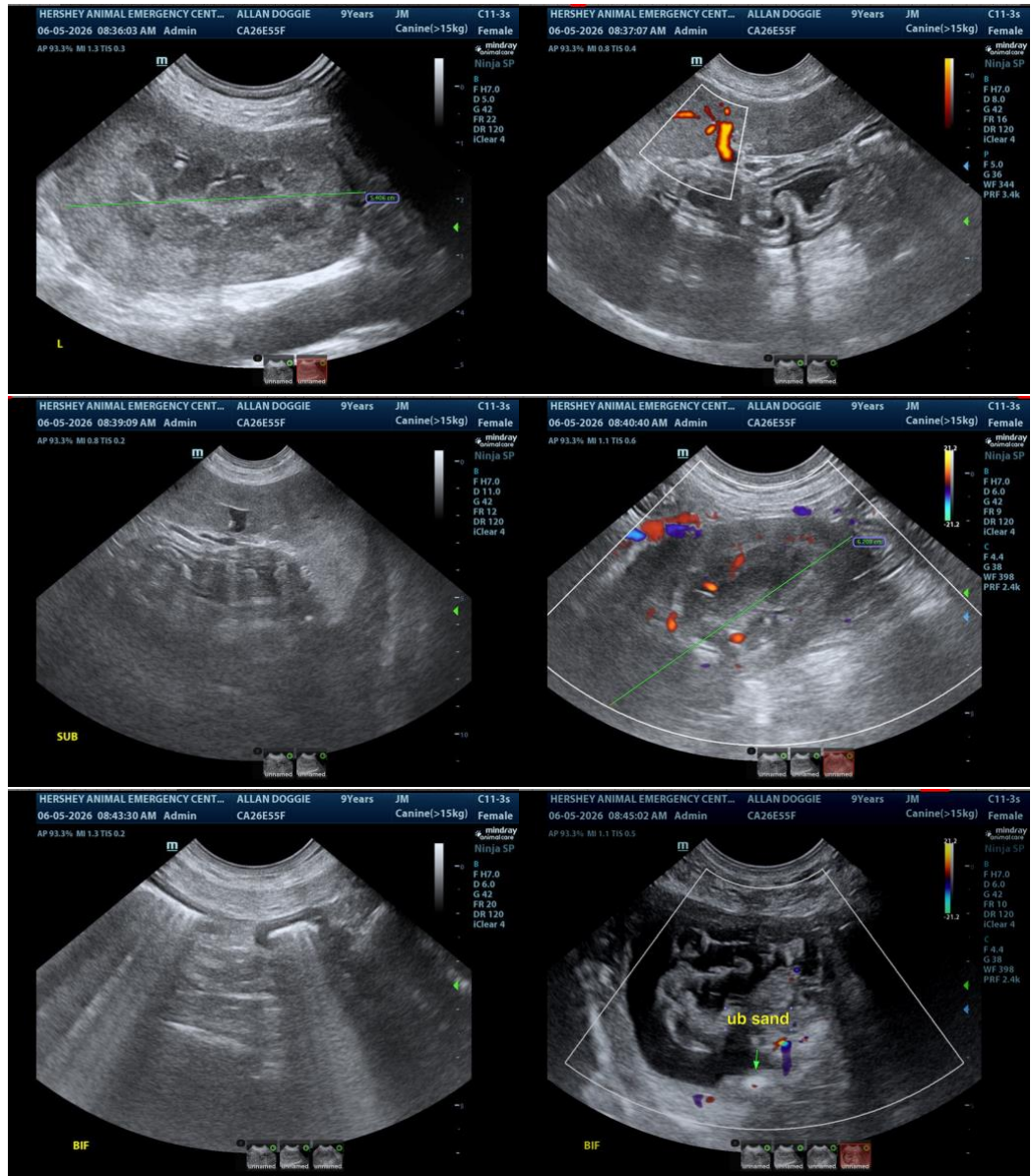
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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