



PATIENT

Chance Carsillo

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

12 years

WEIGHT

85 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

BrodheadsVille VC

REFERRING VET

Dr. Worton

INVOICE

78264

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Elevated liver values, hyporexia. Weight loss.
ALT 321, AST 113, GGT 35, bilirubin 0.4, SDMA 16, creat 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone presented normal thicknesses and normal tone. The pelvic urethra was mildly dilated. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.0 cm. The left kidney measured 6.9 cm.

The residual prostate has regressed and measured 1.4 cm.

The iliac trifurcation was unremarkable.

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 right adrenal gland measured 1.31 x 1.0 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 1.8 x 0.63 cm at the caudal pole and 0.44 cm at the cranial pole.

Spleen

The **spleen** revealed mild, nodular heterogenous parenchymal changes. The spleen has normal in size, contour and vascularity.

Liver

The **liver** revealed coarse architecture with increased portal markings and heterogenous parenchymal changes. The gallbladder revealed minor over distension. acceptably 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 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.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

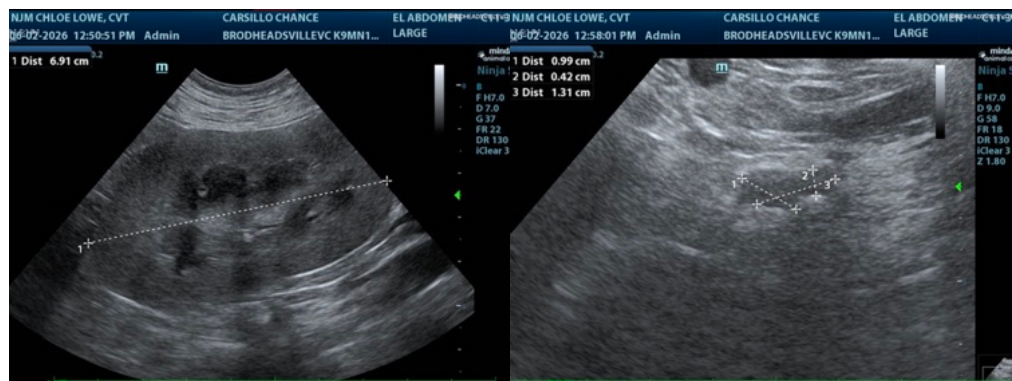
Chronic inflammatory hepatopathy, moderate, yet not to the level of cirrhosis. However, I am concerned about long term viability of the liver.

Nodular hyperplasia splenic pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Function testing of the liver is indicated with bile acid profile. Leptospirosis titers are warranted if not already performed to rule out underlying disease.

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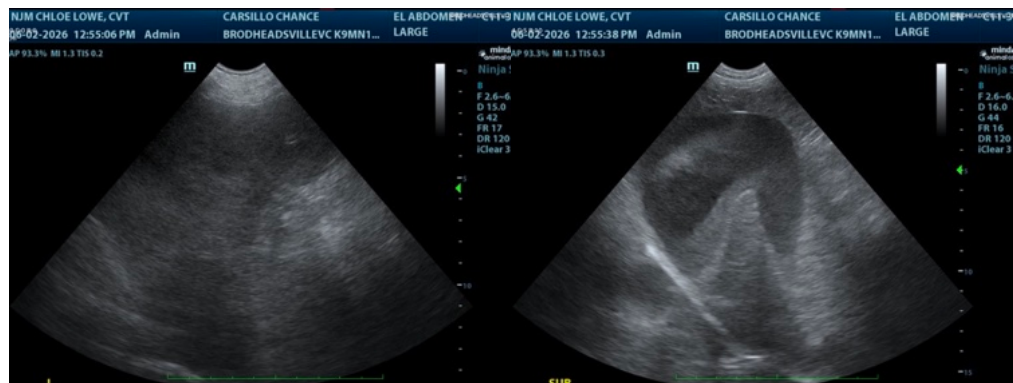
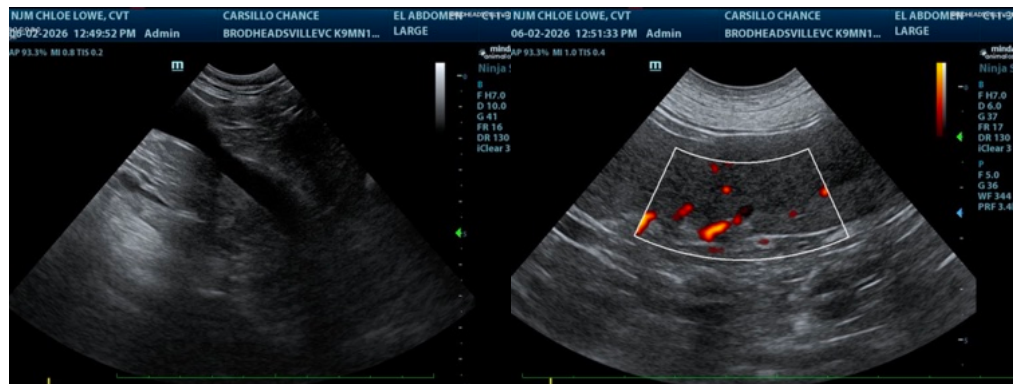
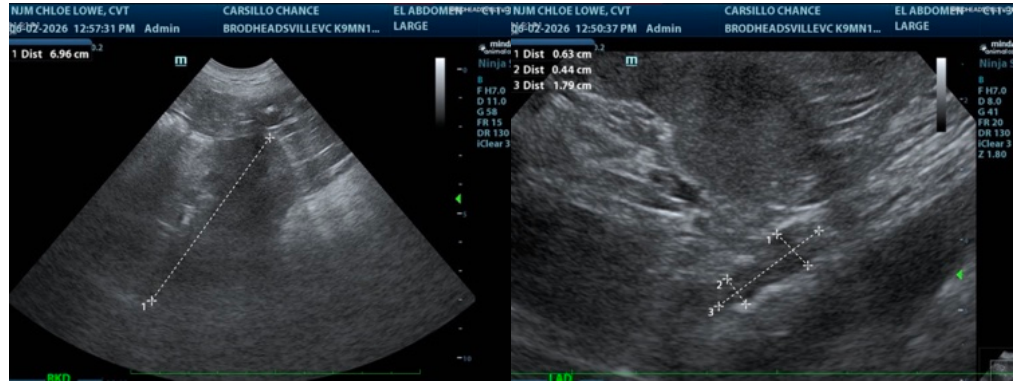
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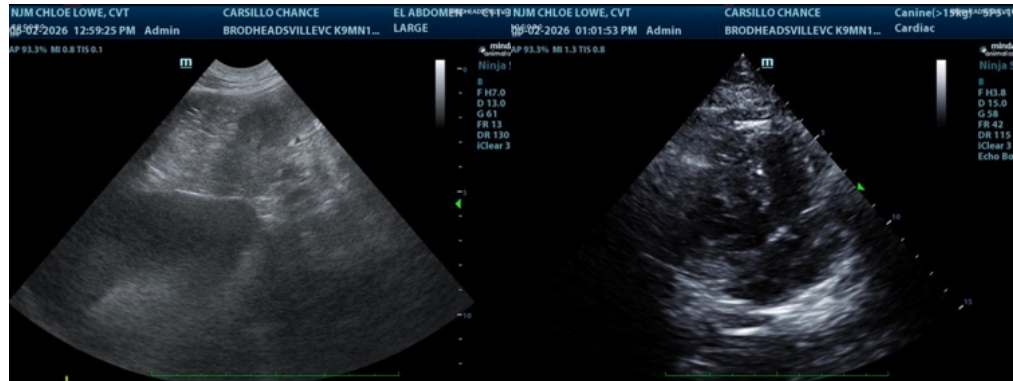
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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