



## PATIENT

Pepper Higgins

## SPECIES

Canine

## BREED

Labrador Retriever x

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

58.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sativa Romero

## HOSPITAL NAME

Petroglyph Animal  
Hospital

## REFERRING VET

Dr. Cassidy Stone

## INVOICE

72252

## DATE

1/15/26

## PRESENTING CLINICAL SIGNS

Acute onset azotemia with lethargy, hematochezia, and frank bloody diarrhea.  
Abnormal PE/Chem/CBC/UA Results: Azotemia

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal 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 was subnormal in size at 3.7 cm. Right kidney was normal in size at 6.3 cm.

### *Adrenal Glands*

The adrenal glands were not visualized.

### *Spleen*

The **spleen** was mildly enlarged, uniform, and swollen.

### *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 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.

### *Gastrointestinal*

The **stomach** revealed concentric wall thickening with loss of mural detail. Wall thickness measured up to 1.9 cm. Fluid filled lumen noted. Reactive mesentery noted. Variable small intestinal thickening also 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*

Free fluid noted throughout the abdomen.



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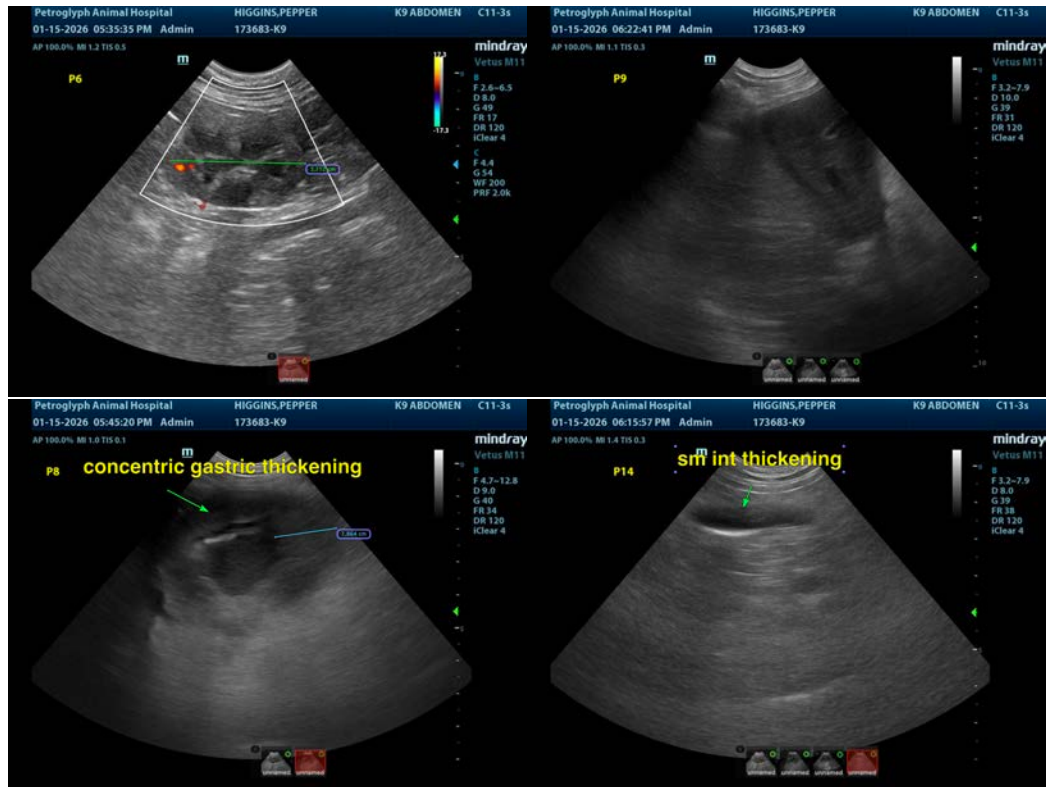
Dr. Cassidy Stone

## ULTRASONOGRAPHIC FINDINGS

- Variable gastrointestinal thickening with free fluid – strong concern for gastrointestinal lymphoma. Severe gastritis/enteritis possible with protein losing enteropathy if albumin is low. However, blood work was not available at the time of ultrasound interpretation.
- Free fluid – May be owing to poor oncotic pressure if low albumin is an issue (<1.5). Otherwise, lymphatic obstruction is a strong potential.
- Mildly enlarged, swollen spleen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin of the abdominal fluid with immediate slide preparation warranted to assess for abnormal lymphocytes that would suggest potential lymphoma. Otherwise, GI biopsies from a surgical aspect indicated. Endoscopy may allow for a definitive diagnosis. Prognosis is extremely guarded.



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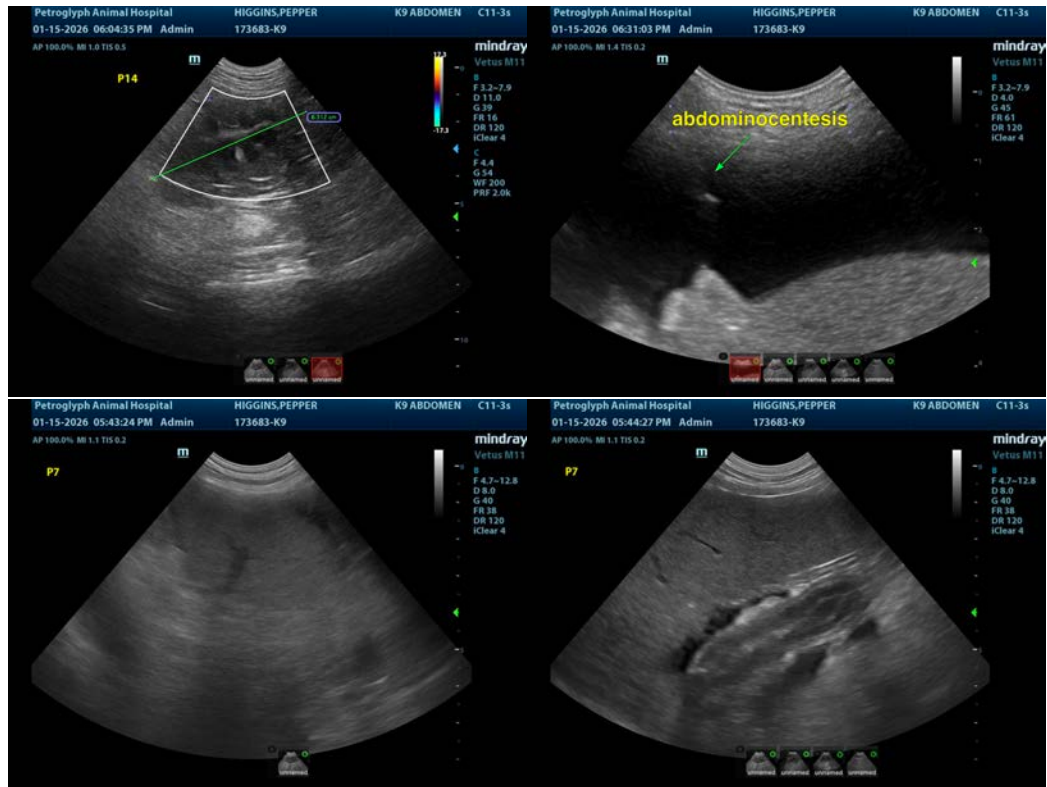
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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