



## PATIENT

Henry Kowalyk

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered male

## AGE

9 years

## WEIGHT

38.7 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Mariusz Chmielinski,  
DVM

## HOSPITAL NAME

Apex Veterinary  
Services, Ltd

## REFERRING VET

Alpine 24/7/ER Doctor

## INVOICE

70905

## DATE

1/22/26

## PRESENTING CLINICAL SIGNS

- Gradual decline in energy since December.
- Early January: severe vomiting and liquid diarrhea; partial improvement with antiemetics, probiotics, and sucralfate.
- Ongoing lethargy and chronic dry cough x ~4 weeks (retching-like, non-productive).
- Today: four vomits (two with undigested food, two liquid with fresh blood). No diarrhea today. Appetite present but patient is "not himself."
- Past history: severe pica (socks, corncob), three prior GI obstruction surgeries; multiple cutaneous masses; one firm ventral abdominal mass noted by owner. No current medications.
- T 38.4 °C, HR 136 bpm (pulse 1:1), RR panting, BP 137/100 mmHg (MAP 108), MM light pink, tacky; CRT <2 sec, Mentation BAR, Hydration ~6% DeH2O CBC Anemia: HCT 0.325 L/L (↓), Hgb 117 g/L (↓), RBC 5.22 (↓) Reticulocytes 42.8 K/μL (within RI) → non-regenerative t Platelets: 96 ×10<sup>9</sup>/L (↓) with ↑ MPV Chemistry Electrolytes largely WNL: Na 151, K 3.5; mild hypochloremia (Cl 108 ↓) PRIOR IMAGING (rDVM) • Abdominal radiographs: concern for splenomegaly. • Thoracic radiographs: cardiac silhouette acceptable; pulmonary nodule noted (possible contributor to chronic cough).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 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 right kidney measured 7.5 cm. The left kidney measured 7.5 cm.

### 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 1.0 cm at the cranial pole and 0.6 cm at the caudal pole. The cranial pole of the left adrenal was slightly enlarged.

### Spleen

The **spleen** was folded upon itself caudally.



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## Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Gas filled stomach obscured some visibility. Hyperperistalsis was noted in the small intestine. An intestinal mural mass was noted an appears jejunum. The mass measured 3.37 cm. This appears to be deriving from intestinal wall. This appears to be isolated and appears to be jejunum.

## 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 with normal volumes and contractility.

## ULTRASONOGRAPHIC FINDINGS

Intestinal mural mass, appears to be jejunum.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery with resection and anastomosis. Liver inspection and biopsy is indicated to assess for micrometastasis. Non-neoplastic mural intestinal abscess is possible versus underlying carcinoma. Hemangiosarcoma is rare, but possible and appears isolated.

Chest radiographs are warranted prior to surgery.



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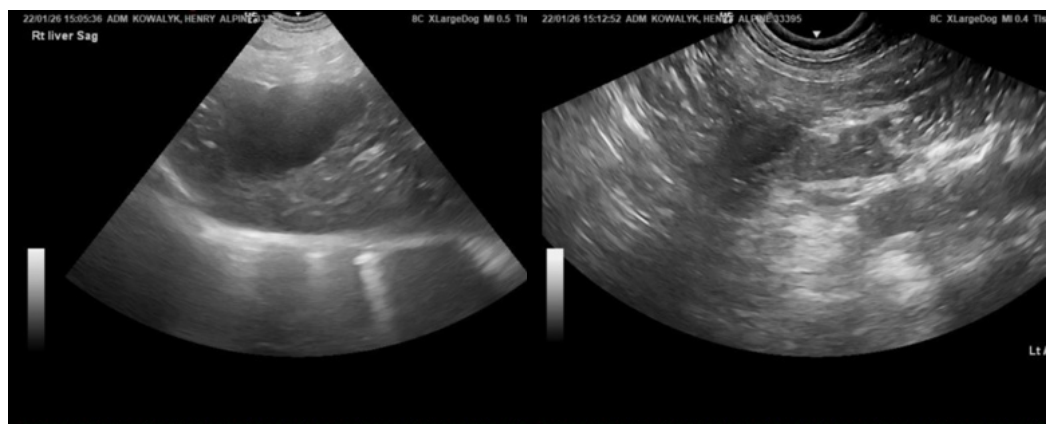
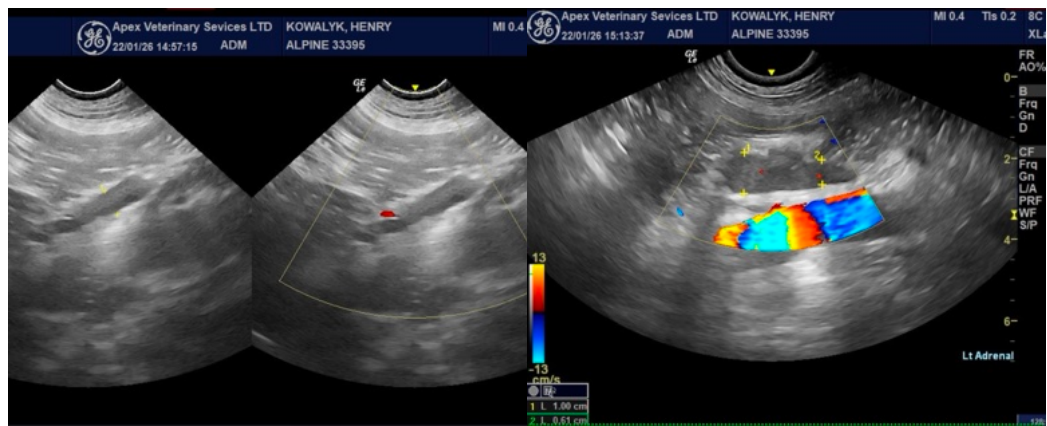
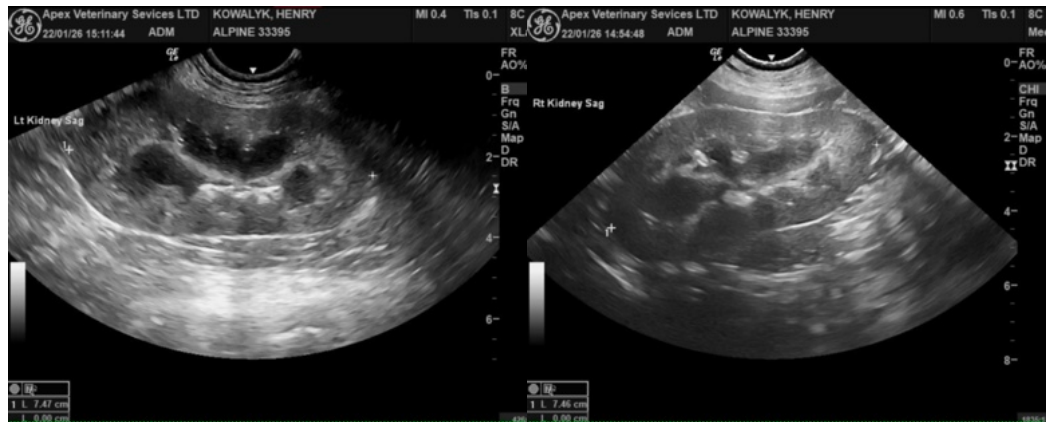
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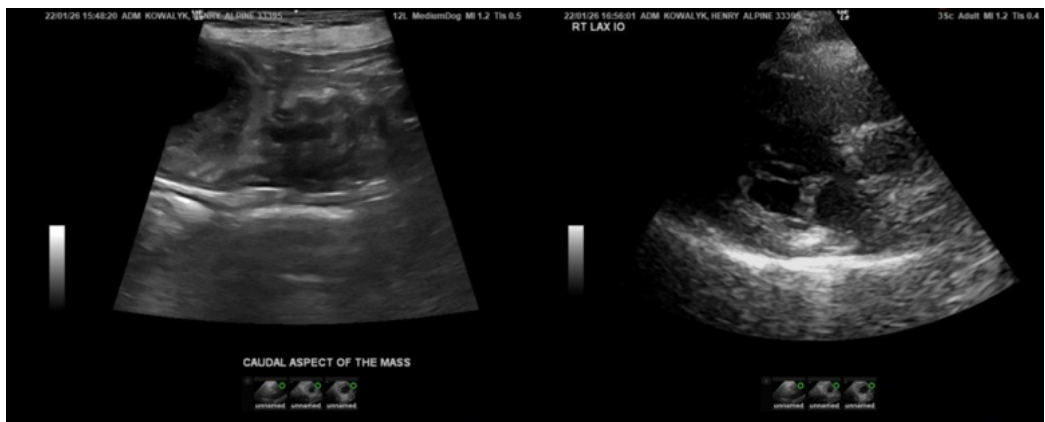
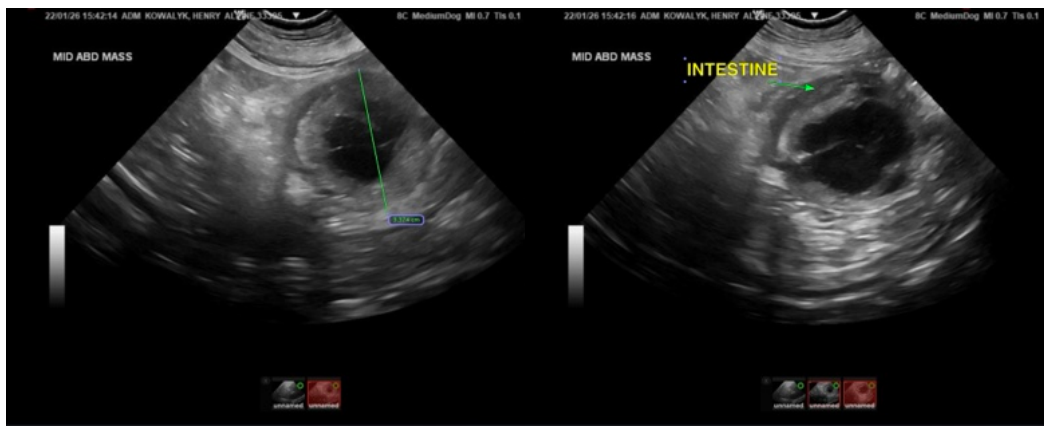
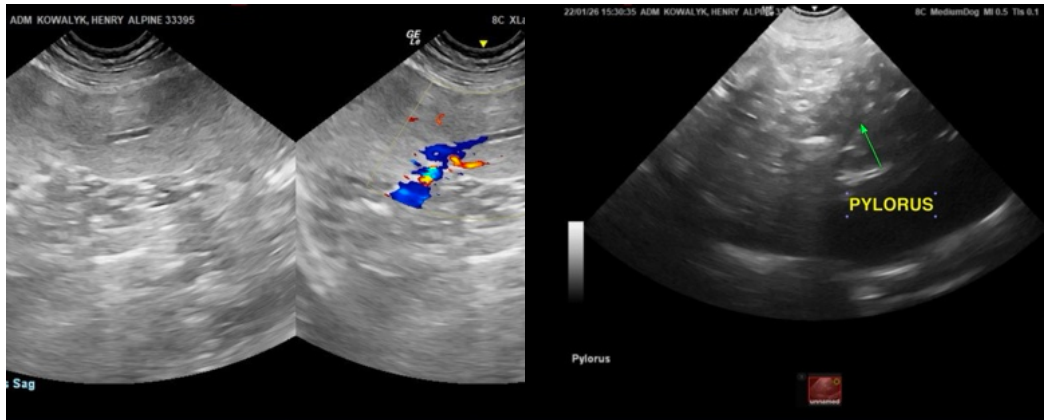
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)