



PATIENT

Freddy Eastwood

SPECIES

Canine

BREED

Cavapoo

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

10.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

SAVE Emergency Vet

INVOICE

71826

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Freddy has had 3.5 days of vomiting, diarrhea, lethargy, and inappetence. Vomiting is clear/yellow; diarrhea progressed to very liquid. No signs of pain. Abdomen felt swollen initially. Drinking water but not eating meals. Lethargic and wanting to be alone. No recent travel; exposed to another dog that recently had similar GI signs. Up to date on vaccines/deworming.

Abnormal PE/Chem/CBC/UA Results: Vitals normal. ~5% dehydrated. Moderate dental disease. Very tense abdomen. Rectal exam: liquid stool, mild anal gland enlargement. No heart or lung abnormalities. Neuro and musculoskeletal exams normal. Pain score 3/24. CBC: Microcytic, non-regenerative anemia; monocytosis; ↑ MPV. ●Chemistry: ↑ BUN, ↑ globulins, markedly ↑ liver enzymes (ALT/ALP), ↑ bilirubin, ↑ cholesterol; marked ↑ amylase & lipase. Electrolytes: Mild hypokalemia and hypochloremia. POCUS: Gallbladder with sludge, poor emptying; no masses or free fluid. Agglutination test: Negative.

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 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. Right kidney measured 5.9 cm with cortical nodules and mineralizations noted. Left kidney measured 5.5 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. Right adrenal gland measured 0.68 cm. Left adrenal gland measured 0.53 cm.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** presented uniform enlargement and mild heterogeneous parenchymal changes, consistent with vacuolar hepatopathy or hepatic lipidosis. The gallbladder was overdistended with immobile bile. Gallbladder wall was thickened.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Variable distal small intestinal thickening noted with muscularis hypertrophy. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

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

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Lymph nodes measured up to 3.8 cm x 0.60 cm.

ULTRASONOGRAPHIC FINDINGS

- Enteritis pattern with lymphadenitis.
- Hepatitis with emerging mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential emerging surgical gallbladder. However, I do not believe that the gallbladder is a primary issue at this point. Leptospirosis titers indicated. Ultrasound guided FNA of the liver indicated. Gallbladder motility study warranted and supportive care gastroenteritis. FNA of the mesenteric lymph nodes with cytology and culture would be ideal.

Gall Bladder Motility Study

Preparation:

- Fast the dog for 12 hours before the test to ensure gallbladder is full.
- Obtain baseline ultrasonographic long axis measurements of gallbladder size in SDEP 11 & SDEP 12 positions. Long axis apex to neck, short axis at widest point.

Meal Administration

- Feed a high-fat test meal A/D diet (Hills) (*High Fat/ High Protein*)

Post-Prandial Imaging

- Perform repeat ultrasound prior to feeding (Time 0) and then at 15 & 30 minutes post-meal.
- Re-measure gallbladder volume and assess for contraction.

No change or enlargement: Possible stasis, dyskinesia, mucocele risk, or obstruction.



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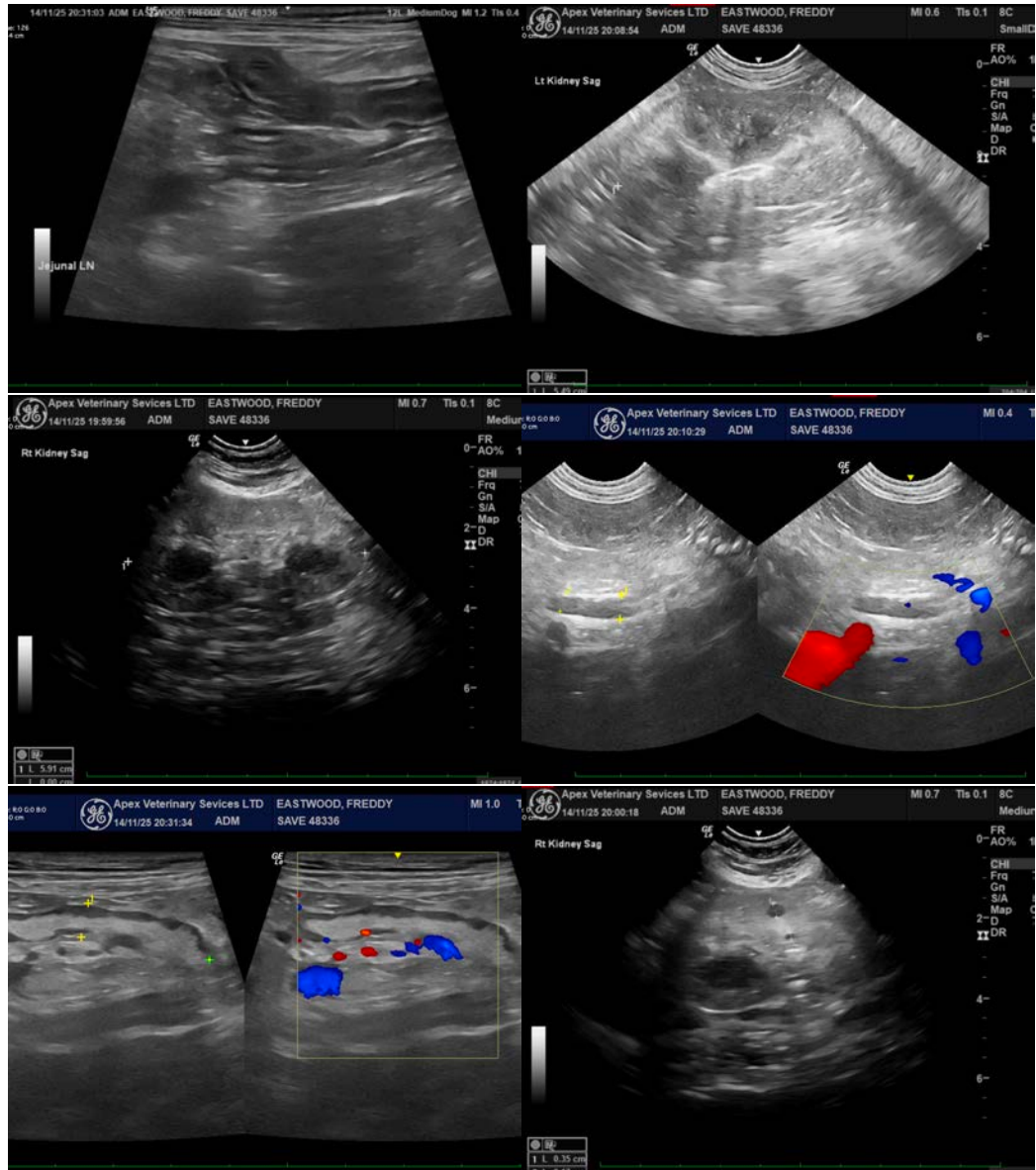
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SonoPath is currently conducting a study for publication on this subject and contributions of image sets following this protocol are appreciated. Info@sonopath.com for more information.





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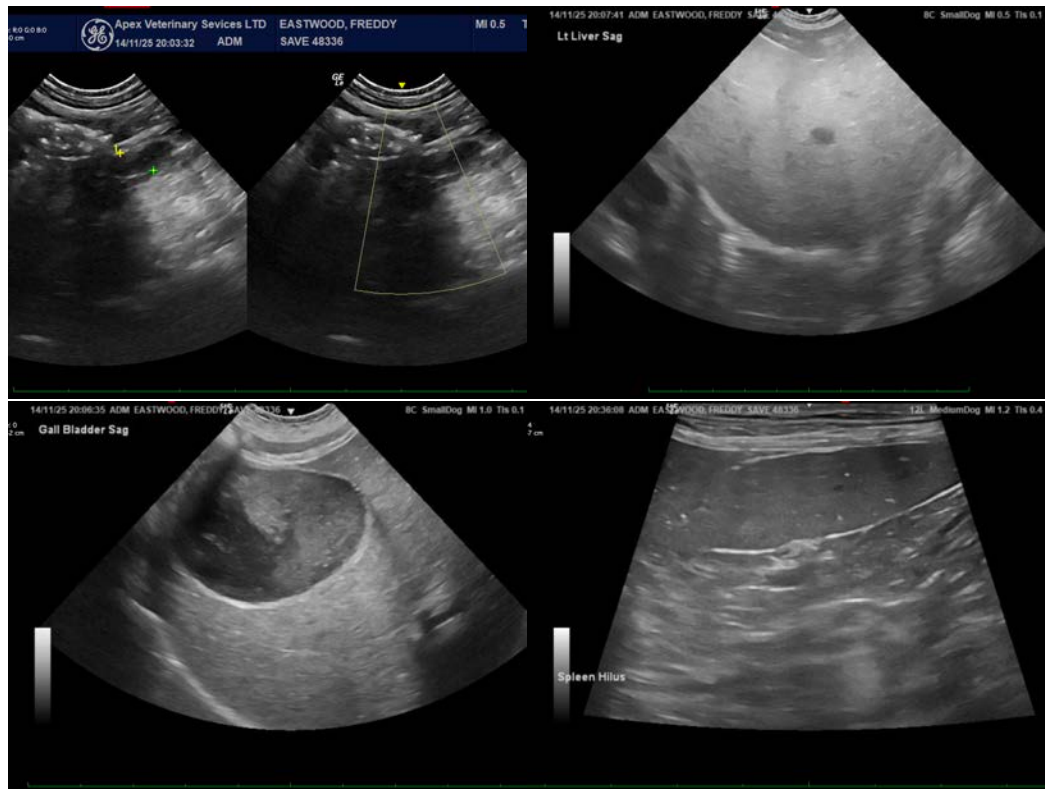
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com