



PATIENT

Enzo Bajkowsky

SPECIES

Canine

BREED

Doberman

SEX

Neutered male

AGE

9 years

WEIGHT

86 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

69285

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Vomiting for a week, appetite is hit or miss On carprofen and tylan powder
Abnormal PE/Chem/CBC/UA Results: PE: slight muscle wasting hind end CBC wnl CHEM wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minimal amount of urine at the time of the sonogram. Minor, subjectify thickened bladder wall was noted.

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 5.6 cm. The left kidney measured 6.16 cm. An ill-defined region medial to the left kidney was also noted and measured 2-2.5 cm. This may be an adrenal or lymph node.

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 2.26 x 0.65 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. A microcavitated splenic nodule was noted in this patient and measured 1.4 cm with disrupted architecture. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction.

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.



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Gastrointestinal

The **stomach**, was dilated with progressively shadowing material in the mid upper small intestine followed by empty small intestine. There were slight areas of intestinal thickening noted. Some nodular changes were noted in the left caudal aspect of the liver.

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.

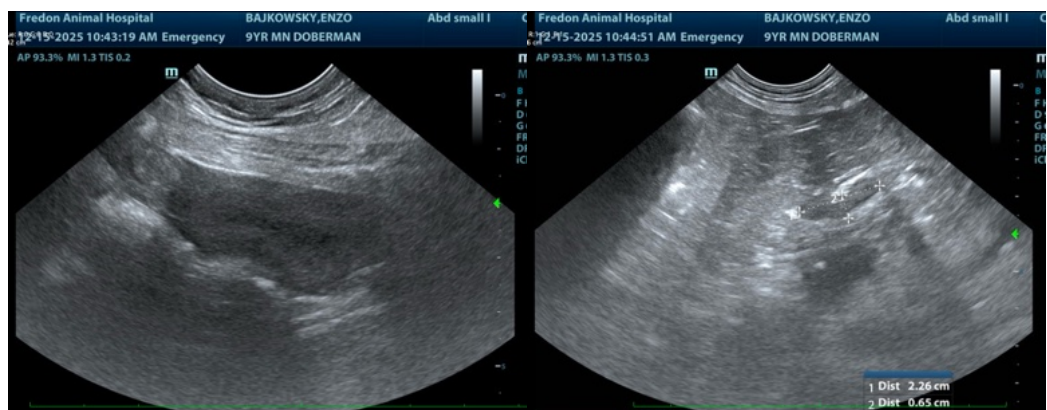
ULTRASONOGRAPHIC FINDINGS

Partial obstructive intestinal pattern with undefined nodules in the spleen and liver.

Undefined structure medial to the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery in this patient. An ill-defined region medial to the left kidney was also noted and measured 2-2.5 cm. I recommend exploratory in this patient with expectations of potential intestinal resection and anastomosis. Sampling of the spleen and liver as well as inspection of the region medial to the kidney. I am concerned about a neoplastic pattern.





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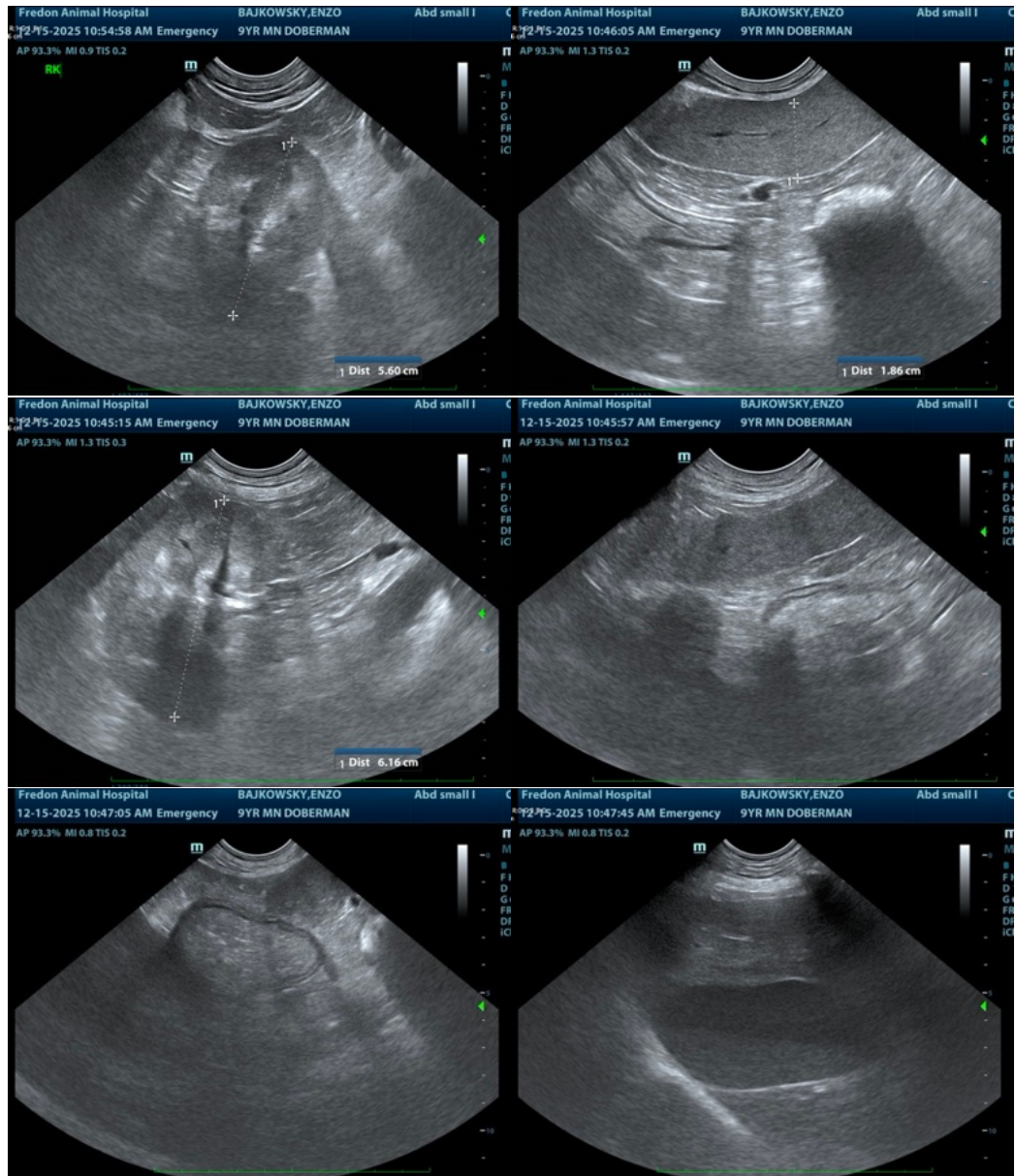
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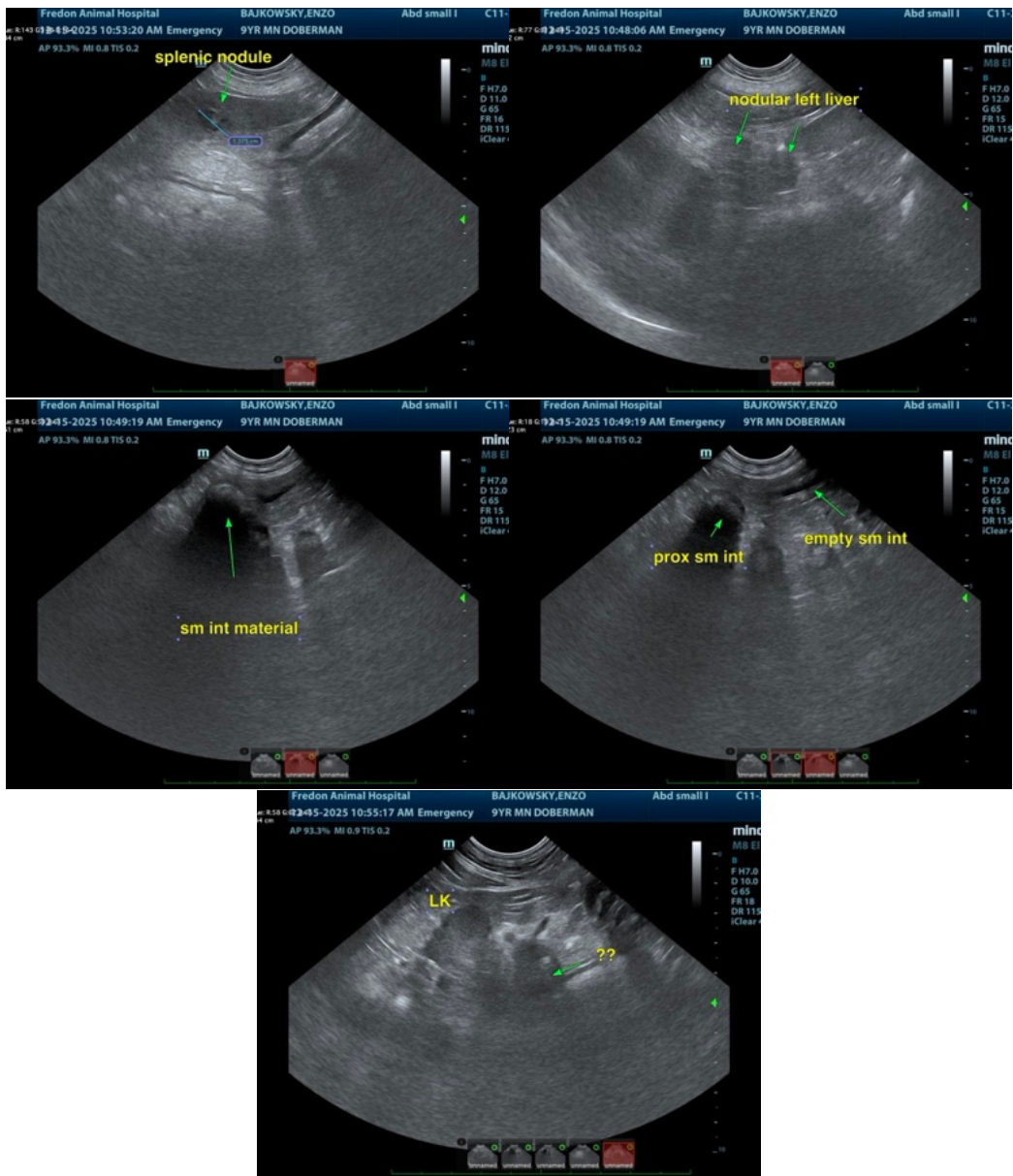
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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