



PATIENT

Percy Hoff

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

3 Years

WEIGHT

86.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Keefe

INVOICE

12719

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Possible foreign body. Clinical findings: Had enterotomy of R+A On 12/8 - removed Sock. On 12/16 he stopped eating and vomited. Vomited again this AM and remains inappetent. Current meds: Cerenia, famotidine, Cefazolin on 12/16. Was on Cephlexin, gabapentin and sucralfate on until he stopped eating 12/16.

Abnormal PE/Chem/CBC/UA Results: CBC/17/lytes on 12/8. ALP=17 EOS = 0.05 Mono= 1.58 Neut= 18.17 Retic= 21.2 WBC= 22.34

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with moderate micropolypoid mucosal changes without involvement of the submucosae. A minimal amount of urine was present at the time of the sonogram. No evidence of urethral pathology was present and was visible to a depth of 1.0 cm. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 left kidney measured 5.2 cm in length. The right kidney measured 6.6 cm in length.

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 2.57 cm x 0.50 cm width at the cranial pole and 0.78 cm width at the caudal pole. The right adrenal gland measured 4.13 cm x 1.6 cm width at the cranial pole and 0.76 cm width at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper **gastrointestinal** tract was dilated with chyme followed by an empty small intestine creating an obstructive pattern. The exact cause of the obstruction was unclear. Differentials include nonvisible intestinal mass or focal dysfunctional intestinal torsion, adhesion, nonvisible foreign body.

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

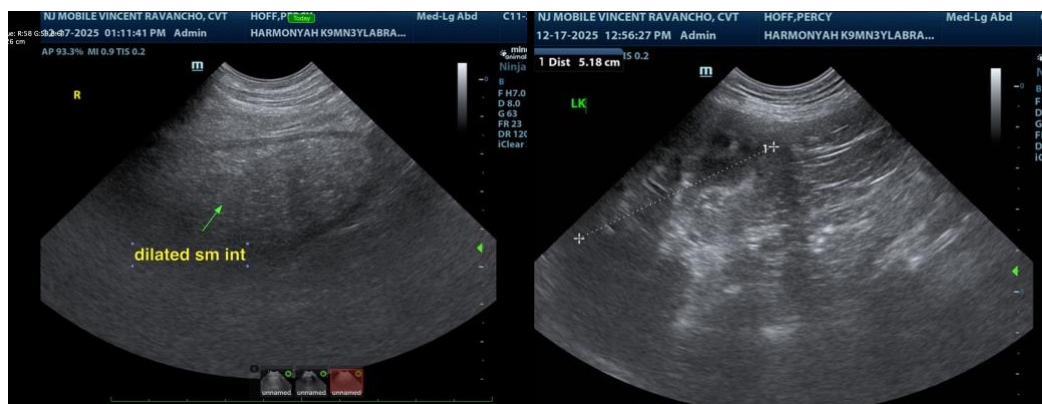
The mesenteric **lymph node** was enlarged, rounded and hypoechoic measuring 2.0 cm. Reactive mesentery was noted around the lymph node.

ULTRASONOGRAPHIC FINDINGS

- Obstructive GI pattern.
- Chronic cystitis pattern.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the rounded hypoechoic lymph node, a neoplastic process causing the obstruction cannot be ruled out. Recommend immediate exploratory surgery to assess the cause of obstruction with appropriate biopsies, particularly that of the mid abdominal lymph node.





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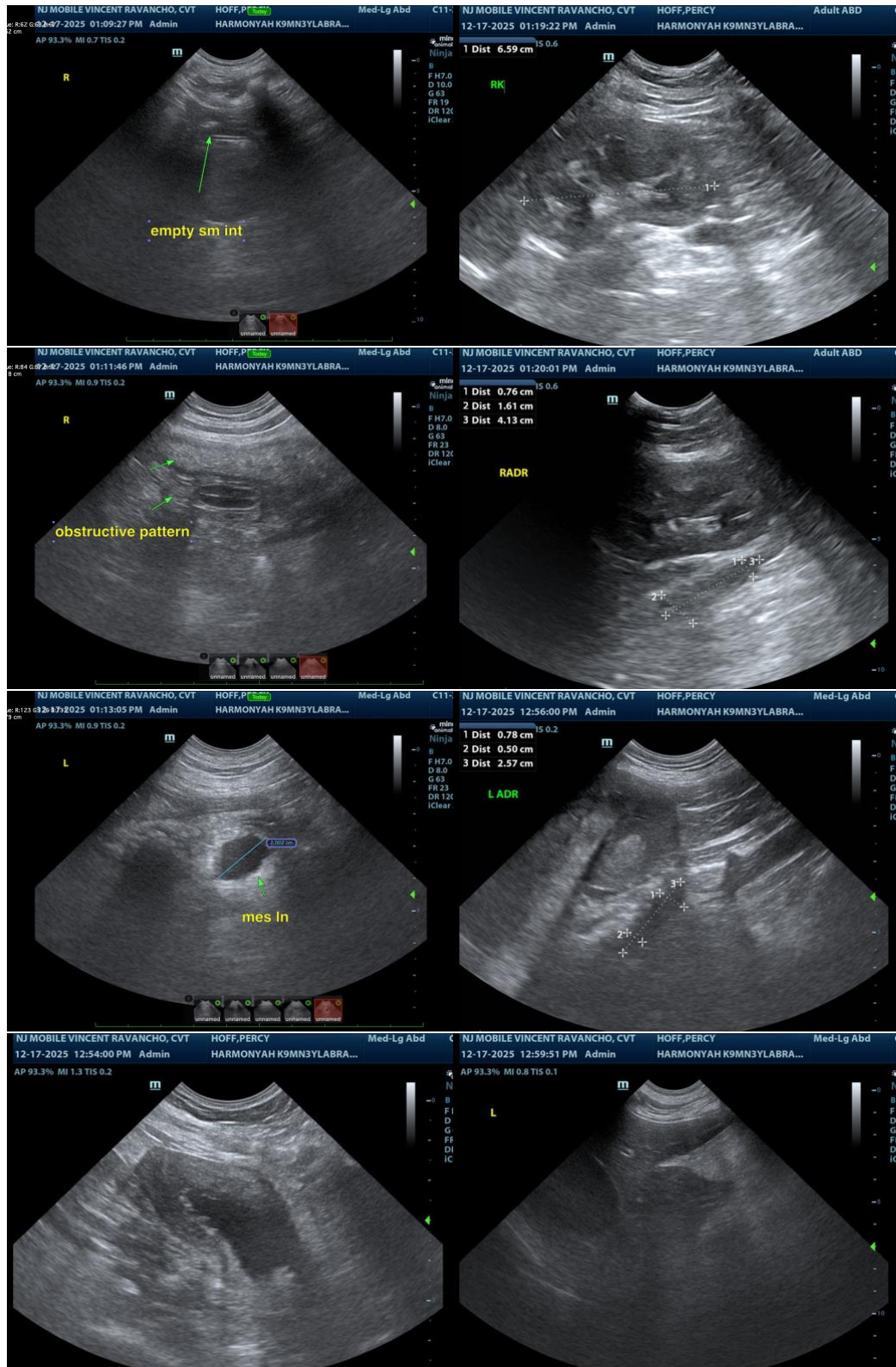
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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