



## PATIENT

Duke Fritz

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Male

## AGE

3 Years

## WEIGHT

21.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kuzimski

## HOSPITAL NAME

Animal Emergency  
Hospital Deland

## REFERRING VET

Dr. Kuzimski

## INVOICE

12767

## DATE

12/19/25

## PRESENTING CLINICAL SIGNS

Patient continuing to have intestinal and urinary issues. patient started Baytril yesterday following finishing doxycycline. sent here for additional testing

Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense on palpation with discomfort. Bladder full but soft CBC. owner declined Chemistry owner declined EPOC owner declined Radiographs. owner declined

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** and trigone 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 urethra was not visualized.

The **testicles** were found to be uniform as were the epididymis.

The iliac **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. They measured up to 4.5 cm x 2.3 cm.

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 7.1 cm in length. The right kidney measured 6.8 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### 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** presented with mild uniform enlargement with an unremarkable parenchyma. The gallbladder and common bile duct were unremarkable.

### Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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**Pancreas**

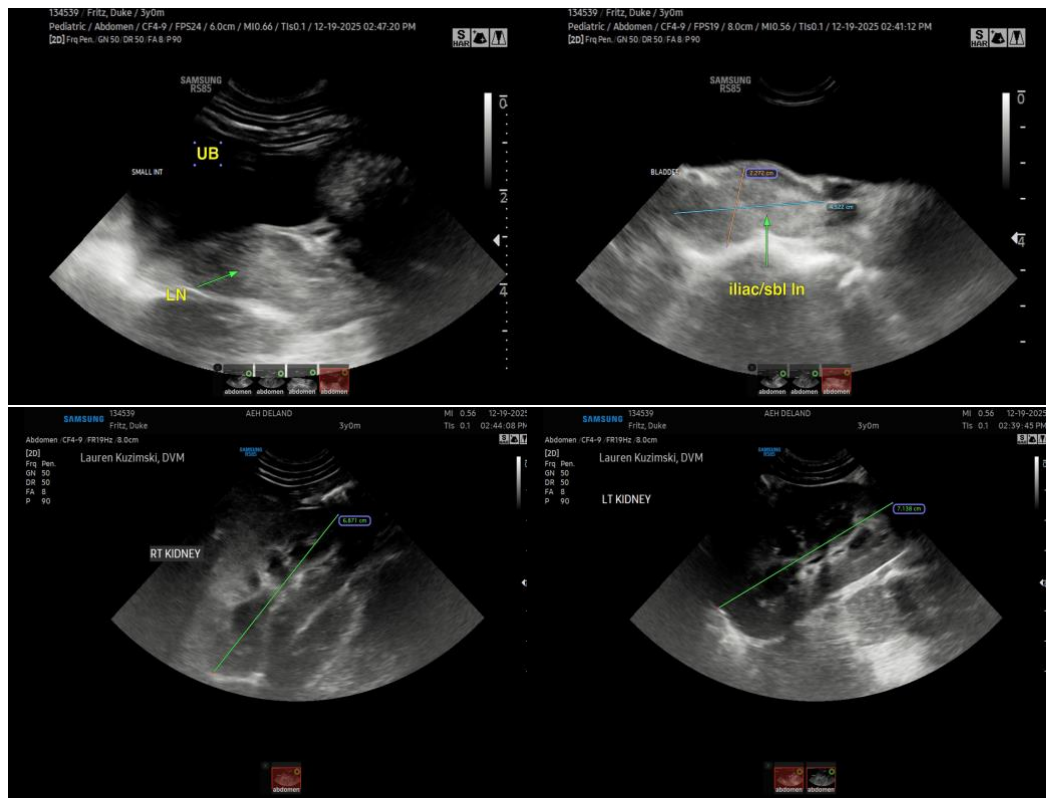
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Sublumbar lymphadenopathy.
- Unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Concern for underlying pelvic issues in this patient. Further imaging of the pelvic urethra and descending colon with SDEP3 position is recommended. Ultrasound guided FNA of the sublumbar lymph nodes, cytology and culture are indicated.





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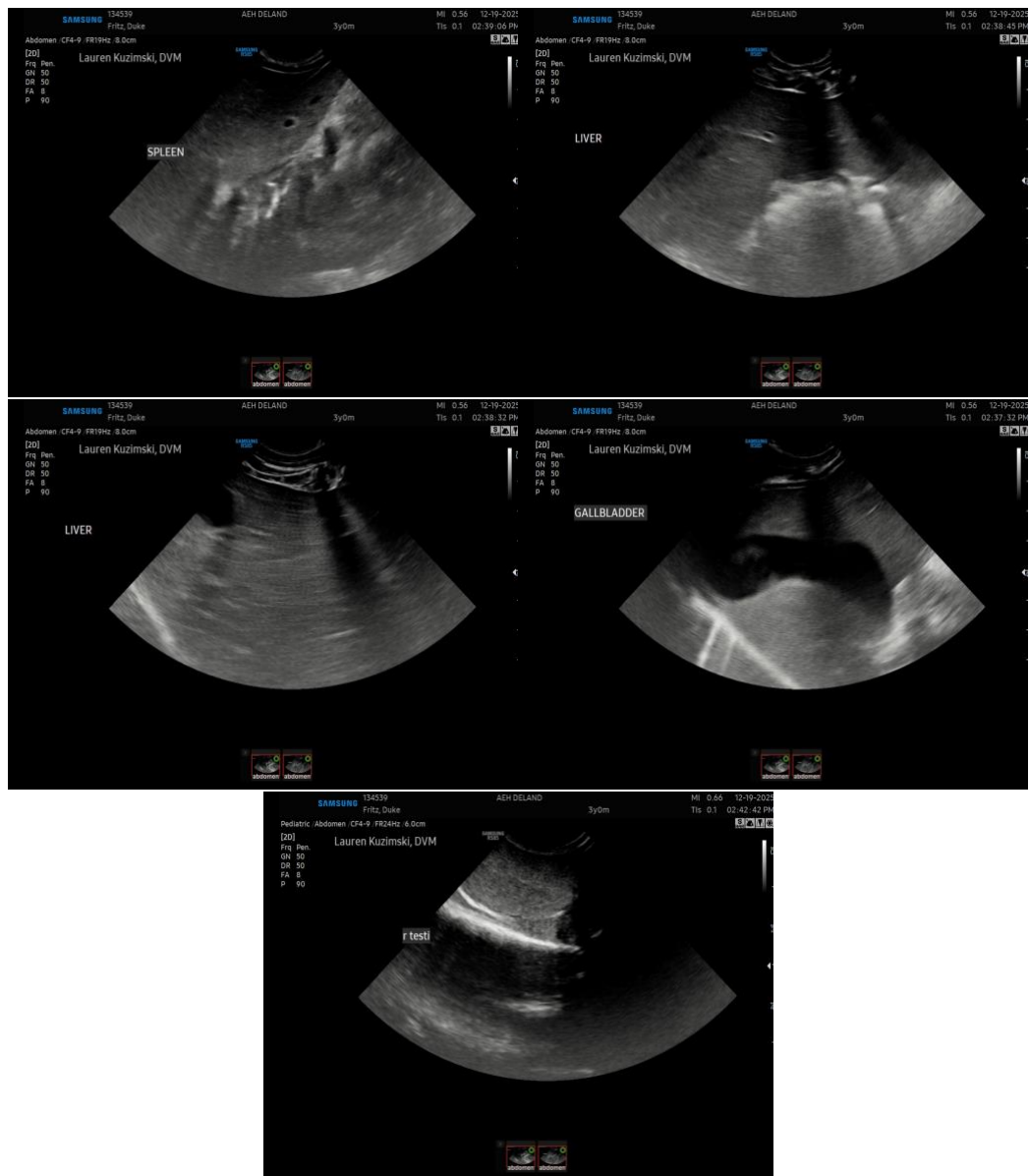
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)



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