



## PATIENT

Luka Dobson

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Intact male

## AGE

8 months

## WEIGHT

24.7 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski

## HOSPITAL NAME

Apex Veterinary  
Service

## REFERRING VET

Alpine 24/7 ER Doctor

## INVOICE

69220

## DATE

12/2/25

## PRESENTING CLINICAL SIGNS

History: Acute vomiting at ~7 PM containing food, styrofoam, and cardboard. Ate normally earlier; currently refusing treats. No previous medical history or medications. Known to ingest inappropriate objects. Vaccinations up to date.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature: 39.8°C - later on 38.5, Pulse: 120 bpm Respiratory Rate: 32/min, increased effort - later on 64, SpO<sub>2</sub>: 94% (room air) - later 99%, Hydration: >5% dehydrated Mentation: QAR, BCS: 5/9 Respiratory: Shallow breathing; increased bronchovesicular sounds bilaterally with right-sided crackles; mild effort. CXR Bronchoalveolar pattern in right middle and left caudal lobes - consistent with aspiration pneumonia Abdominal (AXR): Decreased serosal detail (possible effusion vs low fat) Empty stomach, Colon full of feces, Gassy intestinal segment (caudal left abdomen), Heterogeneous opacity—right craniodorsal abdomen (nonspecific), No definitive FB visualized

## 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 2.0 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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the kidneys and may be owing to fluid therapy if the patient was on fluids at the time of the sonogram. The right kidney measured 8.67 cm. The left kidney measured 7.8 cm.

The **prostate** was uniform.

### 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 right adrenal gland measured 0.44 cm at the caudal pole and 0.36 cm at the cranial pole. The left adrenal gland measured 0.43 cm at the caudal pole and 0.4 cm at the cranial 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 was noted.



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## 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.

## Gastrointestinal

The **stomach** revealed a dense shadowing linear structure that measured 1.4 cm. Some other fundic shadowing structures were noted. The upper small intestine revealed hyperperistalsis and luminal dilation. Other areas of hyperperistalsis was noted. The colon was filled with normal stool material. The mesenteric lymph nodes are reactive and measured up to 0.71 cm.

## Pancreas

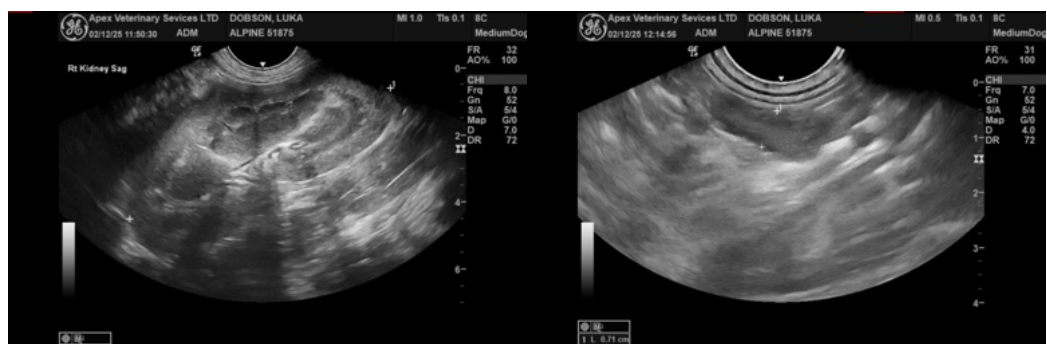
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Gastroenteritis presentation with shadowing gastric material and reactive mesenteric lymph nodes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some dilation and partial obstructive pattern in the distal small intestine. However, an overt foreign body was not noted. There is material in the stomach that would justify surgical intervention. Either 24 hour n.p.o., IV fluid support and recheck sonogram is indicated to assess if the partial obstructive pattern resolves. Otherwise, exploratory surgery with GI biopsies are recommended with examination of the distal small intestine and the stomach is indicated.





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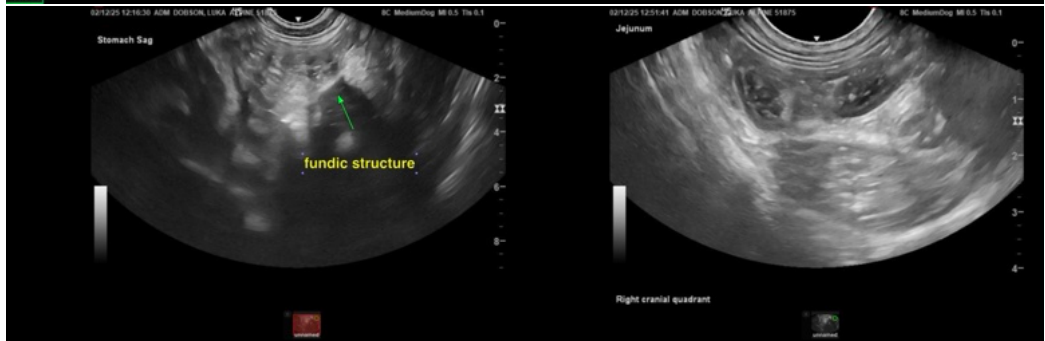
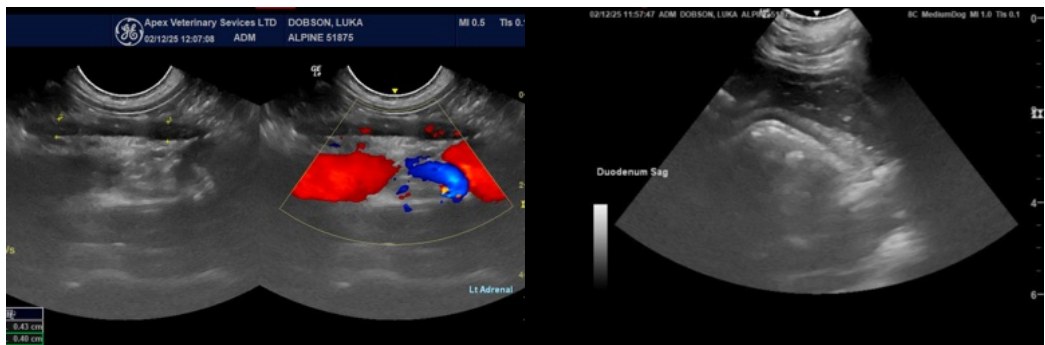
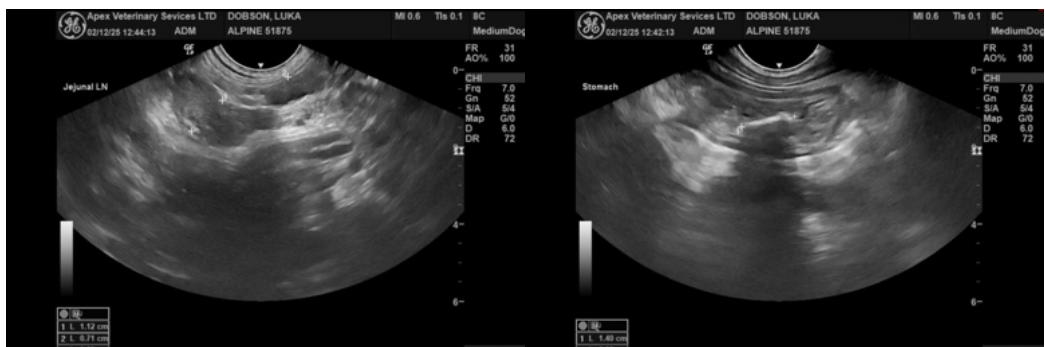
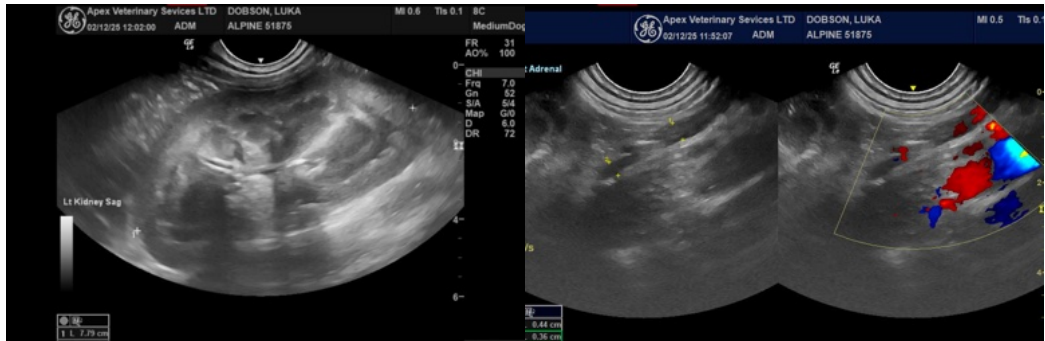
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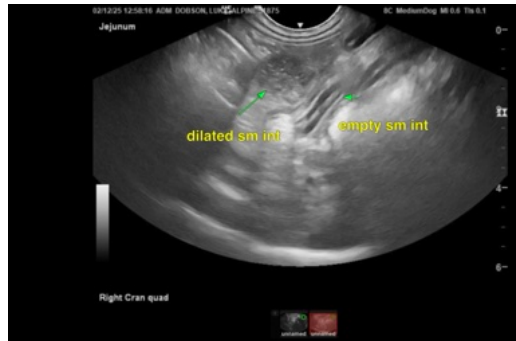
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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