



## PATIENT

Prince George  
Middlekauff

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered male

## AGE

7 years

## WEIGHT

75 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nikki Kollman RVT

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Gibson

## INVOICE

69748

## DATE

12/31/25

## PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: Imaging and BW 12/29 at ER: VD/lateral abdominal radiograph- decreased disk space T10-11, diskospondylosis L1-5, L6-7, no ingesta in the entire GIT, Gas distended cecum, transverse and descending colon, Chem 21/CBC, lipase- normal HWT 4DX- Neg x 4 Possible mild pancreatitis CPL 300. Possible IVDD, diskospondylosis Repeat Radiographs today show similarly dilated colon throughout including cecum with extra gas in this junction area. No obvious fb but wish to look into further with ultrasound.

## 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.6 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. The left adrenal gland measured 1.4 x 0.56 cm. The right adrenal gland measured 2.9 x 0.6 cm.

### 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.

### Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings, yet there was no evidence of distorting pathology. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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## Gastrointestinal

The **stomach** in this patient revealed a mucosal thickening creating a mass effect that measured 2.3 x 3.3 cm. This was somewhat obscured by underlying ingesta. The distal small intestine was slightly thickened. The colon was unremarkable with normal curvilinear mural patterns and content. The mesenteric lymph nodes are enlarged, somewhat rounded and hypoechoic measuring up to 3.4 x 2.4 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

Gastric fundic thickening.

Slightly thickened distal small intestine.

Mesenteric lymphadenopathy. Reactive lymph nodes versus emerging round cell neoplasia is possible.

Otherwise, unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy is indicated to obtain visualization and mucosal biopsies as well mesenteric lymph node FNA, cytology and culture are indicated. Differentials include low-grade epithelial tumor, benign hyperplasia and less likely carcinoma, but possible.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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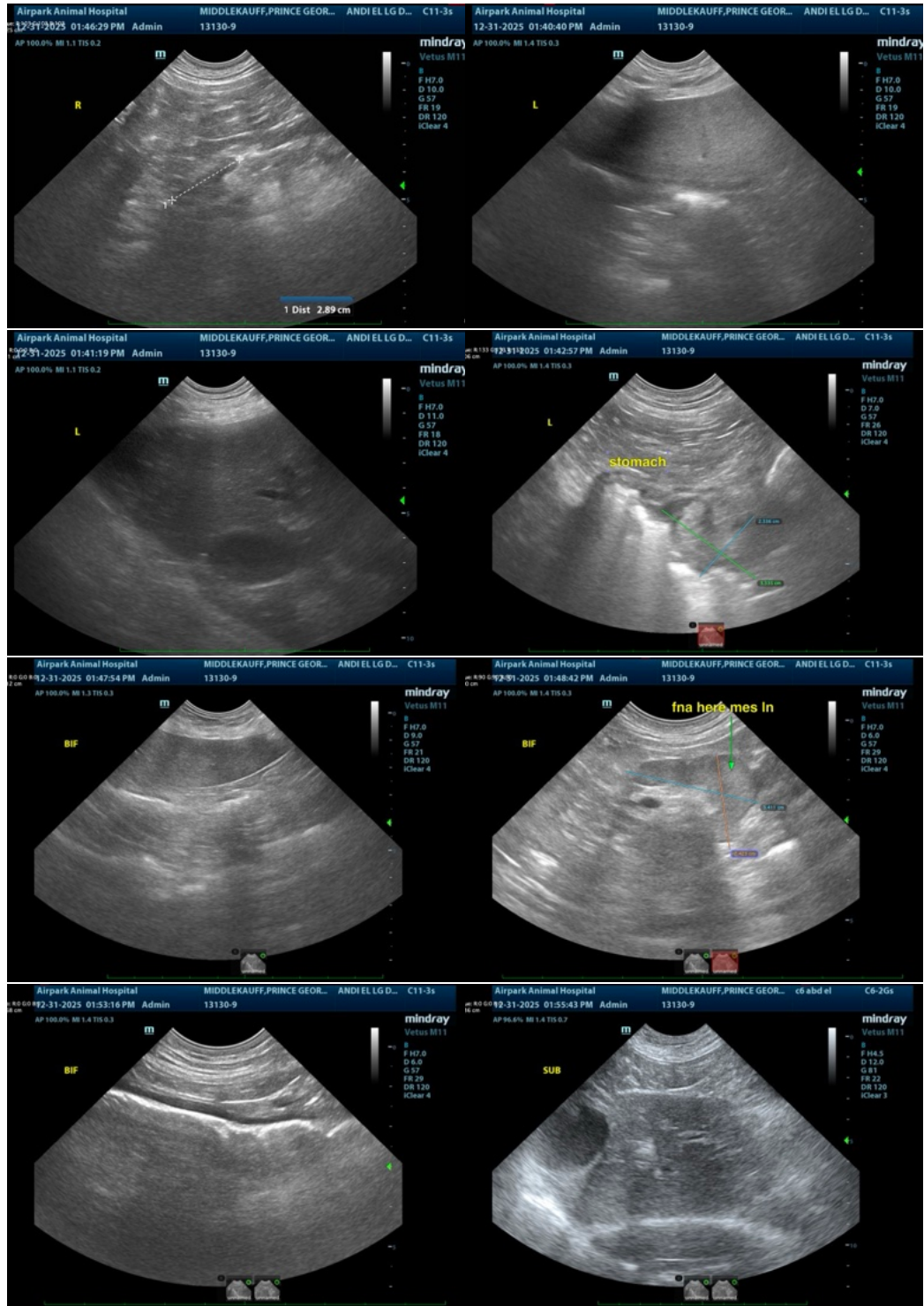
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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