



PATIENT

Kevin Jacobson

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

7 years

WEIGHT

64 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Ave VC

REFERRING VET

Dr. Evoniuk

INVOICE

69420

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: - Multiple prior episodes of foreign body ingestion involving toys; estimated fifth episode - Previous surgeries: gastrotomy (gastric foreign body), enterotomy (intestinal foreign body); last surgical episode ~2-3 years ago - Recent possible ingestion of Yorkie puppy toy - Onset of clinical signs since 5 am yesterday: anorexia, lethargy, posturing to defecate without production, transition from solid to liquid feces only - Last normal bowel movement at 5 am yesterday - No vomiting reported during current episode - No abdominal pain noted; ambulatory, able to jump into vehicle - Weight stable; no recent weight loss - Past supportive care with fluids; no subjective improvement - Blood work performed yesterday at West River Vet Clinic: no significant abnormalities
Abnormal PE/Chem/CBC/UA Results: General Appearance: Mildly decreased body condition, possible due to recent decreased intake or retained fecal material; Rads- ingesta in stomach, gas-filled

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 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 6.5 cm. The right kidney measured 5.8 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 0.6 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.



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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** in this patient presents two separate shadowing foreign body. One appeared to be pyloric measuring approximately 4.0 cm. The second mass was in the fundus and measured approximately 6.0 cm. This occupied the majority of the stomach. There was stasis noted prior to the foreign body. A portion of tortuous intestine was noted in the midabdomen with a linear structure that measured approximately 2.0 cm. However, attachment to the gastric foreign bodies was not able to be confirmed. The colon was empty and unremarkable with normal curvilinear mural patterns and content.

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

Dense shadowing foreign bodies.

Tortuous intestine with linear structure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention is recommended with gastrotomy and enterotomy is likely necessary in this patient. GI biopsies are warranted to rule out underlying disease.

According to SonoPath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.



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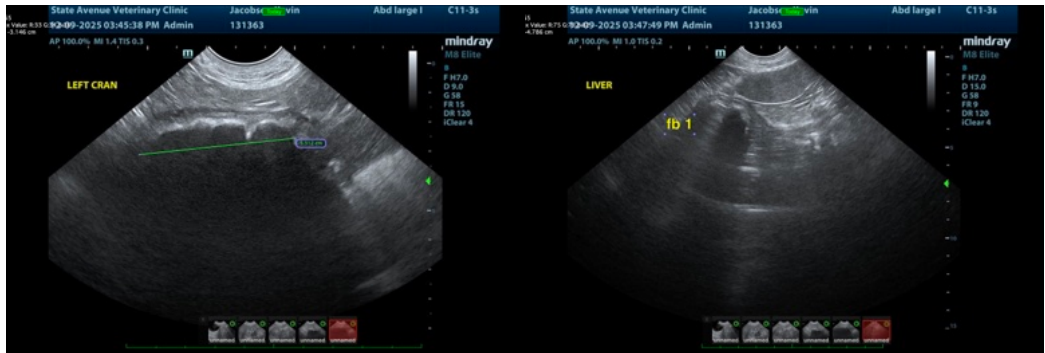
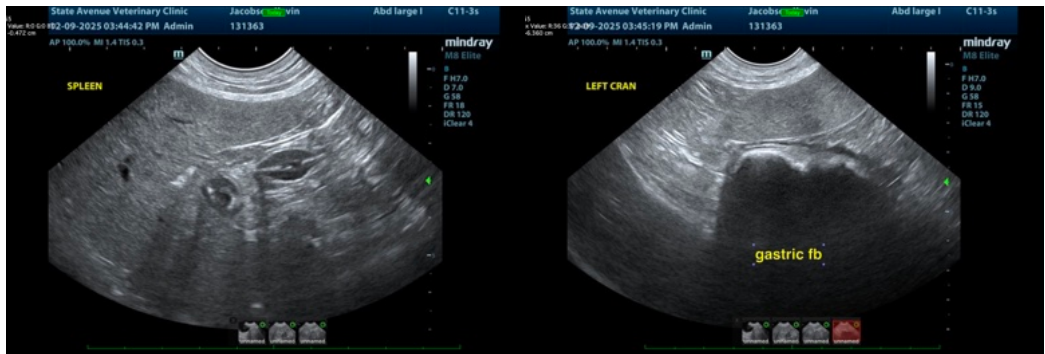
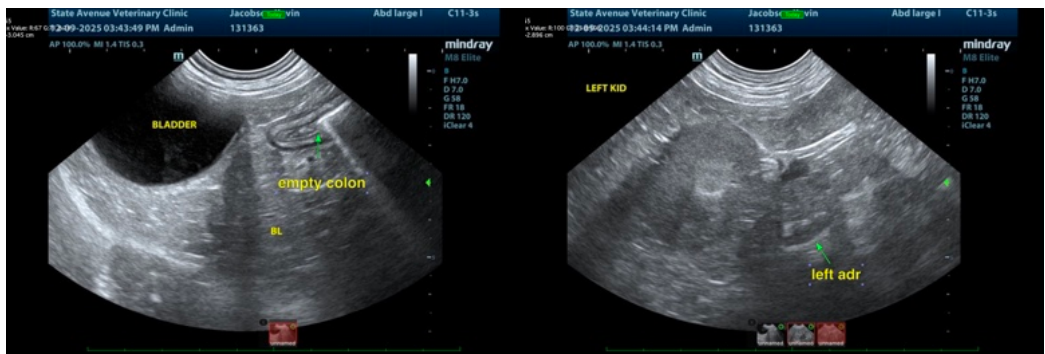
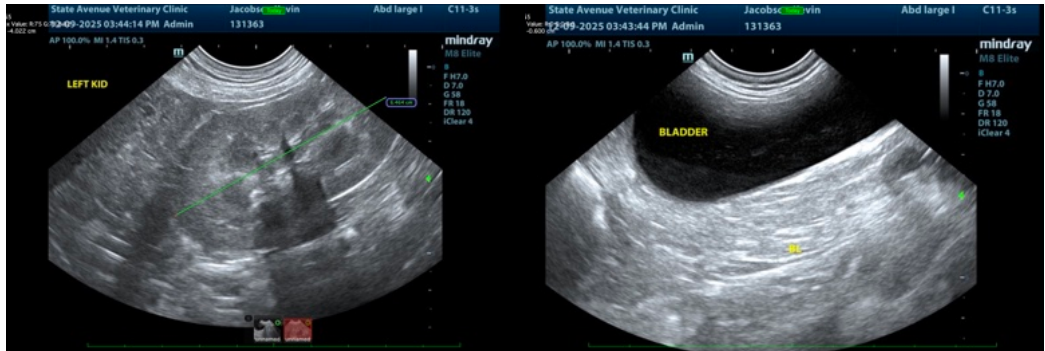
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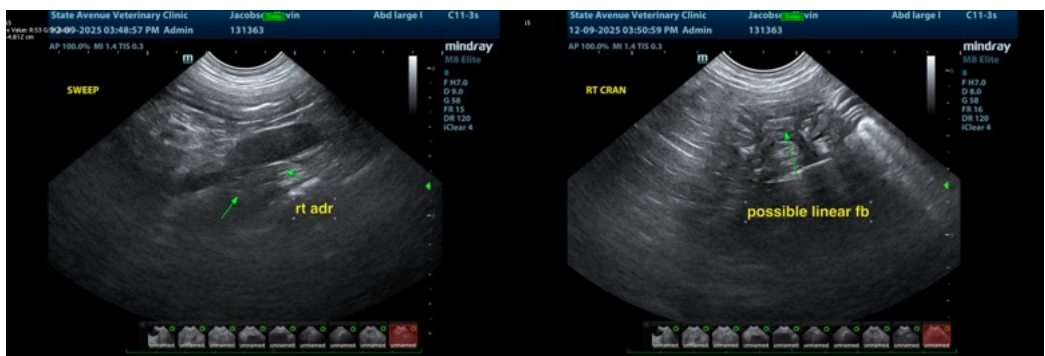
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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