



## PATIENT

Dublin Heyner

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Neutered Male

## AGE

7.9 Years

## WEIGHT

25.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Nicole Goldstein

## HOSPITAL NAME

Hudson Animal  
Hospital

## REFERRING VET

Dr. Nicole Goldstein &  
Dr. Margarita Zoccoli

## INVOICE

13770

## DATE

02/13/26

## PRESENTING CLINICAL SIGNS

- Historic bilious vomiting q 2-4 weeks (not specified for how long)
- Recent hematemesis starting 1/5/26 though owner notes has had specs of blood noted in vomitus prior. Vomited blood this am while fasted.
- Gradual 11-12 lbs weight loss over past 2 years
- Otherwise well

Abnormal PE/Chem/CBC/UA Results: Physical exam unremarkable: in lean but good body condition Lab work 1/7/26 CBC: eosinophils 1342 (0-1200), otherwise normal Chem WNL UA: USG 1.032, pH 7.5, trace protein, squamous epi present T4 not measured Fecal neg 1/23/26

## 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. Subjectively poor tone of the pelvic urethra was present with visibility to a depth of 3.0 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 6.2 cm in length. The right kidney measured 6.86 cm in length.

### Adrenal Glands

The **left adrenal gland** was 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 0.47 cm width at the cranial pole and 0.36 cm width at the caudal pole.

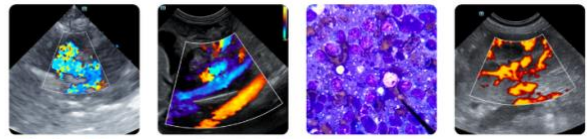
The **right adrenal gland** was partially visualized measuring approximately 8.0 mm in width. No evidence of gross abnormalities.

### Spleen

The **spleen** was largely smooth with minor heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### Liver

The **liver** revealed slight coarse architecture and mild increased portal markings. Minor swelling was present. The gallbladder and common bile duct were unremarkable. No overt hepatic masses were noted.



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## 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.

## Pancreas

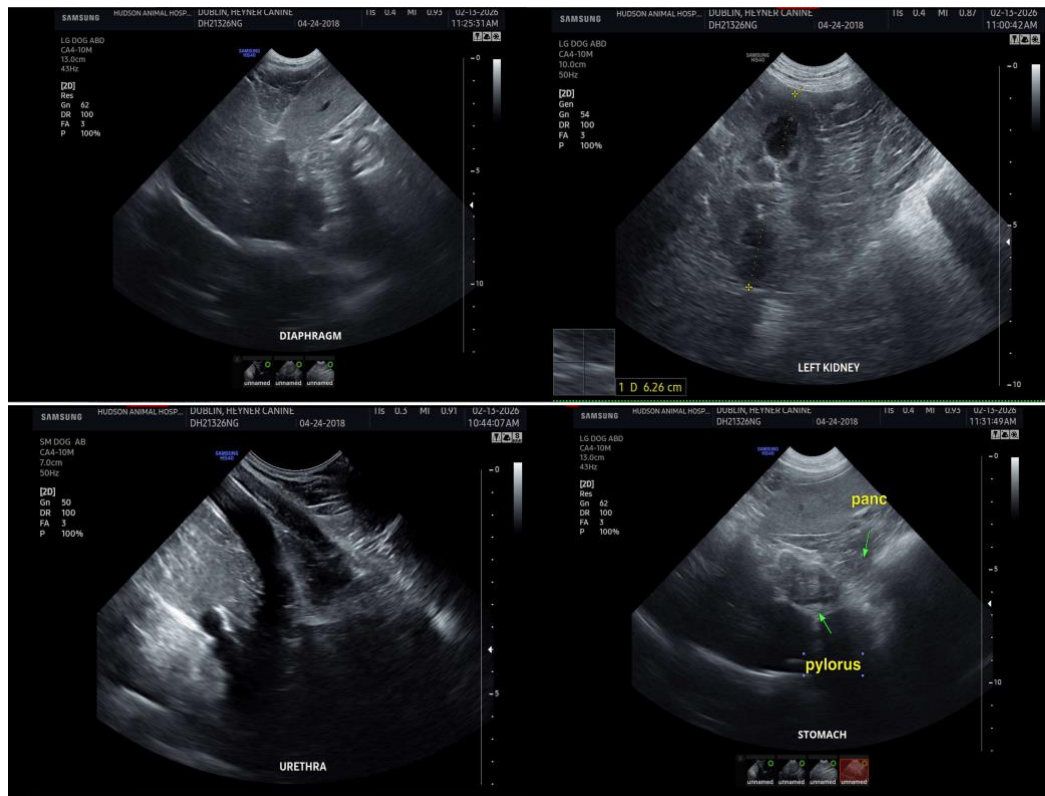
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Subjectively poor urethral tone.
- Mild hepatic remodeling.
- Age-related spleen.
- Structurally unremarkable abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for any history of recurrent UTI or signs of incontinence. No evidence of gross pathology.





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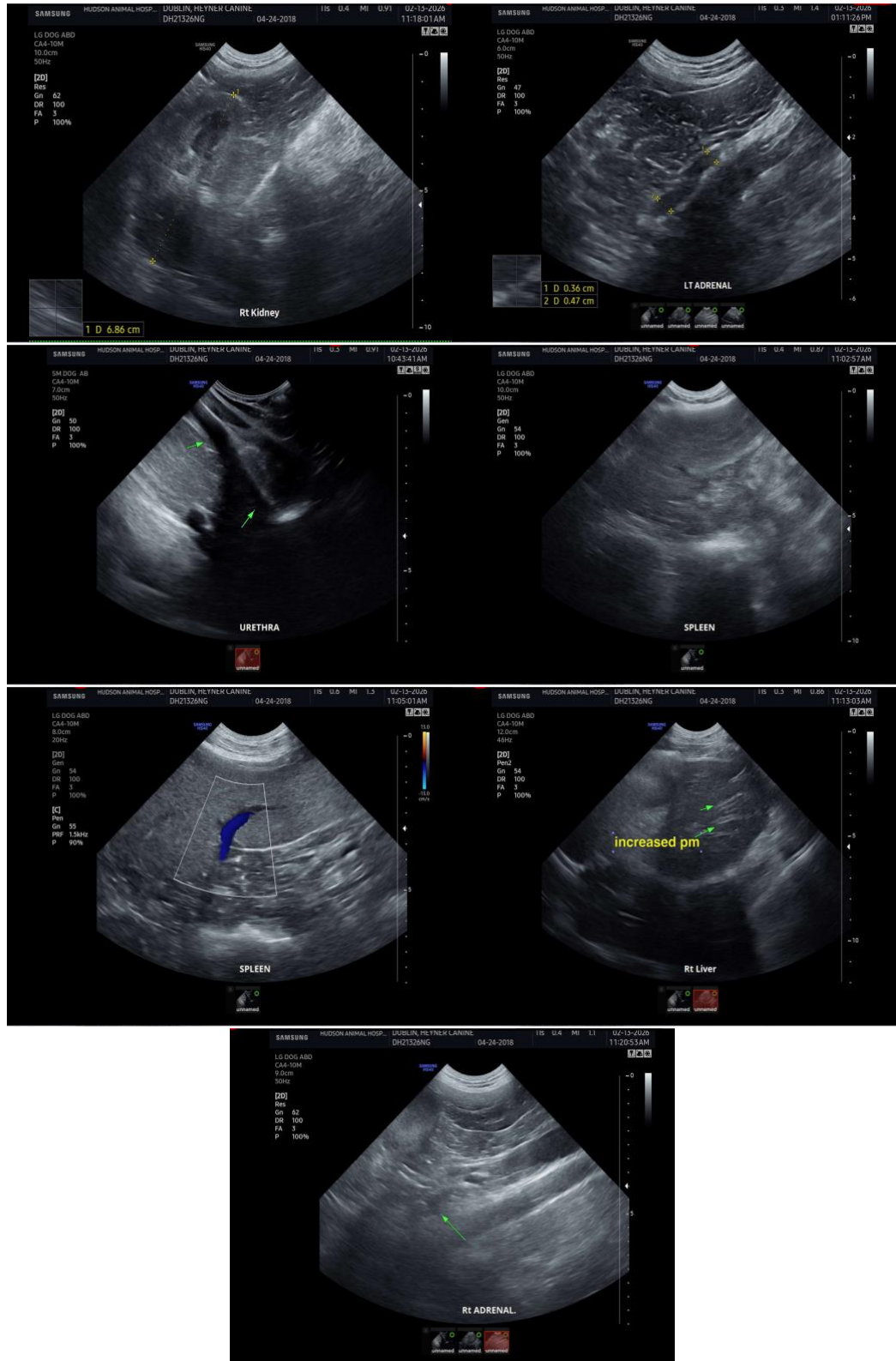
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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