



PATIENT

Poppy Leuhusen

SPECIES

Canine

BREED

Mini Bernadoodle

SEX

Female

AGE

10 weeks

WEIGHT

3.69 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Klaassen

HOSPITAL NAME

Animal Care Group of
Lake Oswego

REFERRING VET

Dr. Higel

INVOICE

72070

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Acquired from a breeder on February 22, 2026.
- Received first DHPP vaccine on February 20, 2026.
- Treated with Credelio Quattro at 8 weeks of age by the breeder.
- Diagnosed with a lice infestation and treated with topical Revolution yesterday.
- Seen at an emergency clinic last night for diarrhea; parvo test was negative.
- PCV 36% fecal testing pending

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 and right kidney measured 4.0 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.

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** 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. The gastric wall measured up to 1.4 cm. There was no evidence of obstructive pattern. Variable small intestinal thickening was noted. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Variable areas of reactive lymph nodes were noted.

Pancreas

The **pancreas** was prominent and irregular.

Free Abdomen

A trace amount of pathological free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis presentation.

Prominent and irregular pancreas.

Reactive lymph nodes and a trace amount of free fluid. These are most consistent with normal juvenile changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Parasitic disease, dietary indiscretion and intestinal dysbiosis are all potentials. Supportive care should prove effective. Fecal test is indicated. A recheck sonogram is recommended in 5-7 days.



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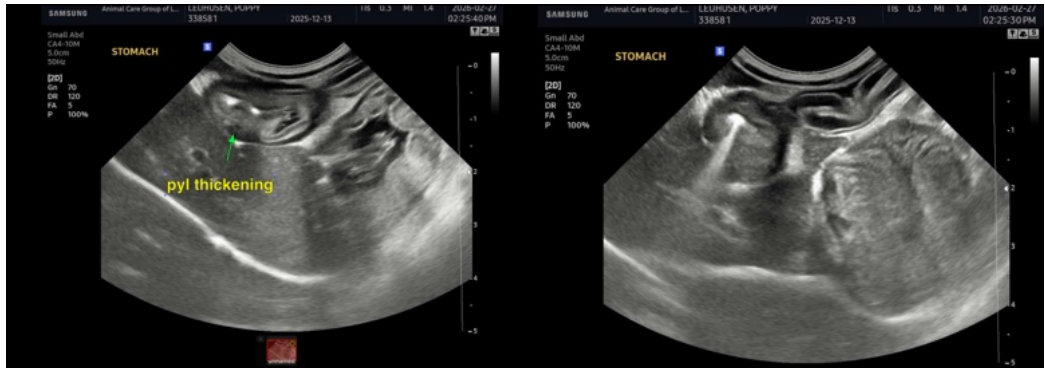
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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