



PATIENT

Hilo Rawls

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

11 Years

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond Veterinary
Hospital

REFERRING VET

Dr. Peter Rowan

INVOICE

73623

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Presenting Complaint - Chronic vomiting (years-long history, now increased to daily episodes mostly postprandially for past 6 days). Recent onset of increased water consumption. Recent panting. Difficulty rising, bilateral hindlimb lameness (left > right), occasional left hind paw dragging. Notable loss of muscle mass along thoracolumbar spine

Current Medications: Galliprant 60mg PO SID, Gabapentin 200mg PO q12h, Omeprazole 20mg PO SID (initiated for vomiting)

Physical Exam: Non-weight-bearing left pelvic limb; positive cranial drawer (left CCL rupture). Bilateral hindlimb muscle wasting. Abdomen tense on palpation, no overt pain. Weight stable at 68 lbs

Assessment/Plan - The chronic vomiting has increased in frequency and is now refractory, with no evidence of metabolic, endocrine, or infectious etiology per current bloodwork. Initiated omeprazole trial, but vomiting persists per owner. Current orthopedic issues noted, but gastrointestinal signs are primary concern for imaging.

Recommendation: Abdominal ultrasound to evaluate for GI structural disease (e.g., neoplasia, infiltrative disease, motility disorder, other chronic GI pathology).

Abnormal PE/Chem/CBC/UA Results: Recent Diagnostics CBC, Chem, UA, T4, 4Dx, Fecal: All within normal limits Creatinine, BUN, phosphorus, liver values WNL Urinalysis: SG 1.023 (slightly low but otherwise unremarkable) T4, infectious disease panel, fecal: negative

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Right kidney measured 6.81 cm. Left kidney measured 6.4 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. Right measured 0.56 cm at the caudal pole and 0.68 cm at the cranial pole. Left measured 0.68 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** maintained curvilinear mural patterns. However, areas of submucosal layering appeared thickened and slightly irregular, consistent with history of chronic inflammation. Some excessive gastric gas noted. Transit of chyme appeared to be normal.

Pancreas

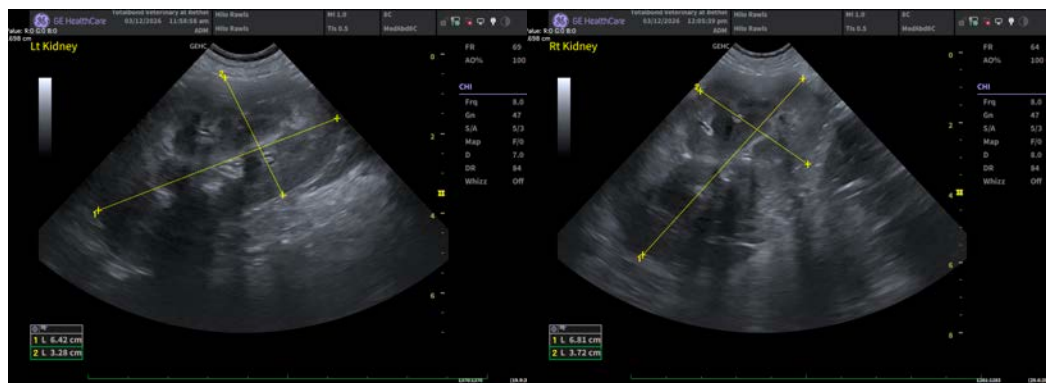
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic GI changes.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying chronic inflammatory bowel likely in this patient. Changes were fairly mild. Diet change to hydrolyzed diet recommended if not already performed, management for parasitic disease, low-dose Prednisone trial may all be appropriate.





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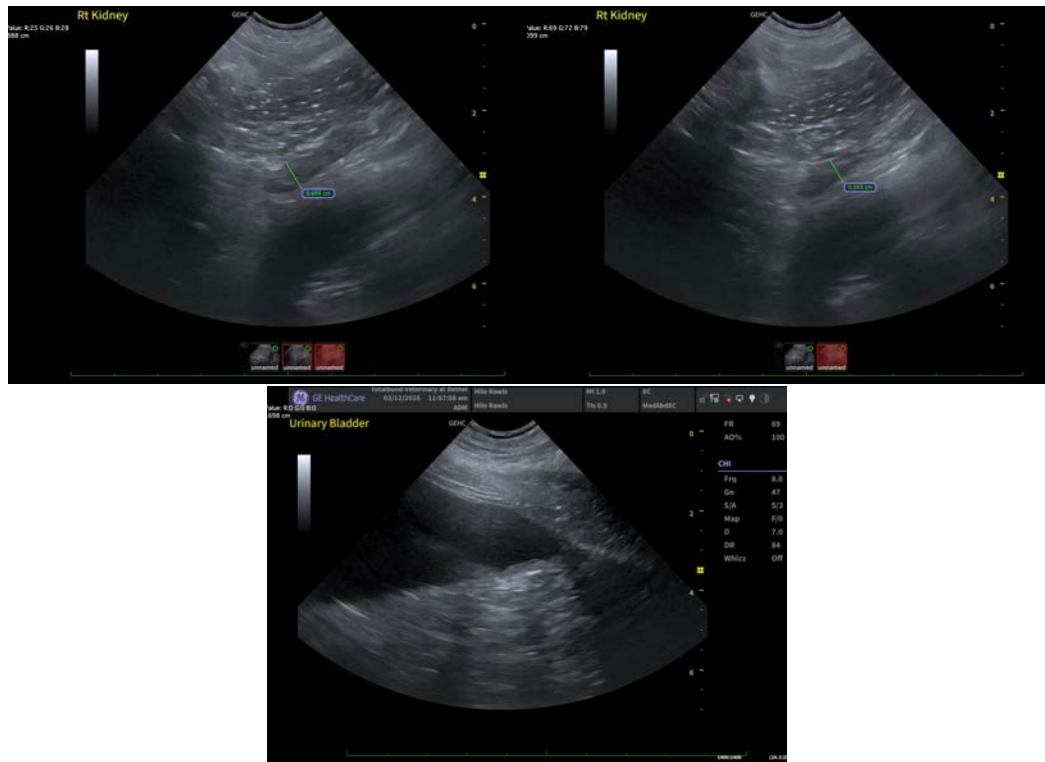
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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