



PATIENT

Gurholt Ezra

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

8 Years

WEIGHT

32.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Hazem Othman

INVOICE

14402

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- Patient intermittently vomiting bile for 2 weeks, greenish yellow diarrhea.
- Still eating on HP diet for allergies. No C/S/PU/PD
- UTD on vx and on seasonal Hw.T.F preventative
- No current medication no toxicity exposure
- Ddx pancreatitis, reactive liver, cholangitis, cholangiohepatitis, neoplasia, open
- other ddx include gastroenteritis or parasitic infection

Abnormal PE/Chem/CBC/UA Results: MCV 59.9 fL 61.6 - 73.5 LOW MCH 20.8 pg 21.2 - 25.9 LOW PHOS 0.70 mmol/L 0.81 - 2.20 LOW ALT 670 U/L 10 - 125 HIGH ALKP 934 U/L 23 - 212 HIGH GGT 20 U/L 0 - 11 HIGH TBIL 2 µmol/L 0 - 15 CHOL 8.64 mmol/L 2.84 - 8.26 HIGH

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 **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 7.2 cm in length. The right kidney measured 7.2 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 0.46 cm width.

The **right adrenal gland** was not visualized.

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 were noted.

Liver

The **liver** presented largely uniform with minor heterogenous parenchymal changes. The gallbladder and common bile duct were unremarkable. An occasional hypoechoic nodule was noted.

Gastrointestinal



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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

- Undefined hepatic nodule with nonspecific changes- acute insult suspected given the liver enzyme elevations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the hepatic nodule with 22-gauge FNA of the general hepatic parenchyma is warranted. Leptospirosis titers are indicated. No overt evidence of masses yet cannot rule out occult neoplasia such as round cell neoplasia/lymphoma. Structurally, the GI tract appears unremarkable. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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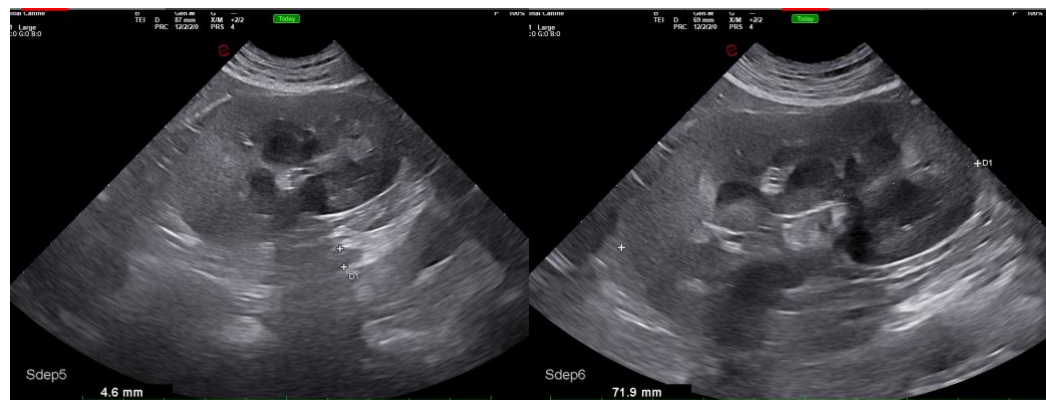
Dr. Hazem Othman

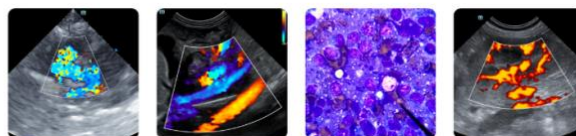
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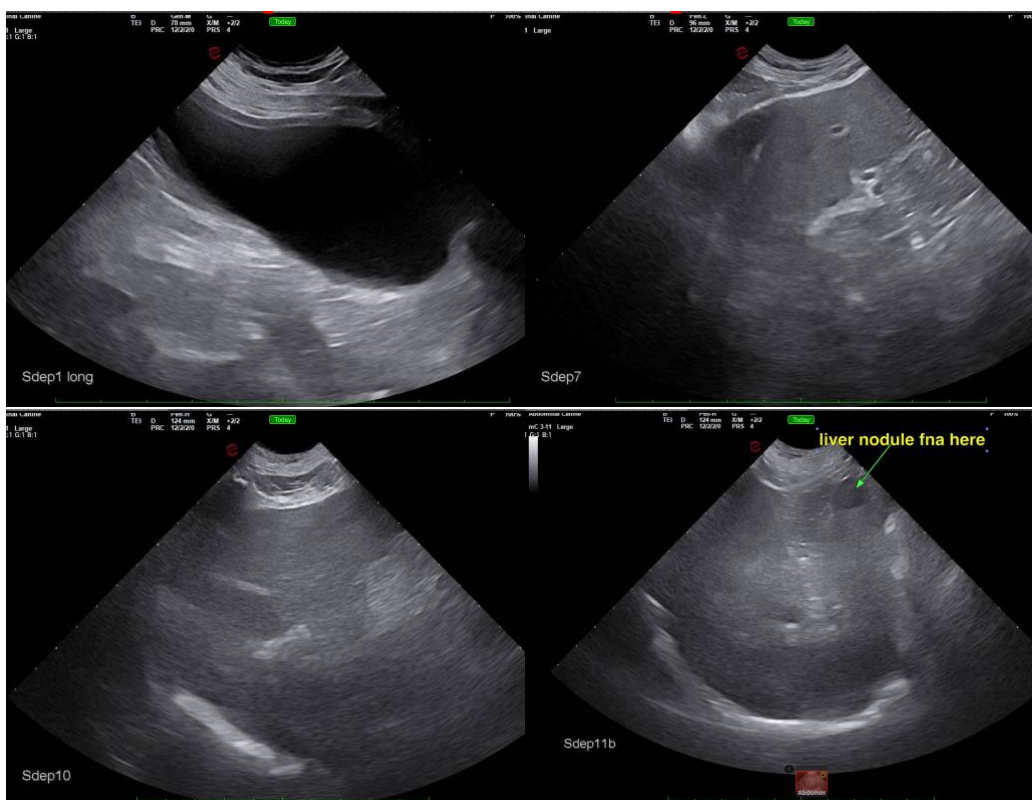
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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