



PATIENT

Ollie Bednair

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7 Years

WEIGHT

51 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Apline 24/7 ER Doctor

INVOICE

14407

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- Acute 3-day history of vomiting, watery diarrhea, lethargy, and hyporexia
- Possible ingestion of rawhide / foreign material

Abnormal PE/Chem/CBC/UA Results: Clinical Findings Mild lethargy, ~6% dehydrated Abdomen soft, non-painful Hemodynamically stable CBC/Chem: WNL overall Mild monocytosis Chem WNL AXR Mild-moderate gas distension of small intestinal loops No obstructive pattern identified (no plication, no two-population effect) No radiopaque foreign body detected Stomach contains a small amount of ingesta despite reported decreased appetite.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 6.7 cm in length. The right kidney measured 7.0 cm in length.

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 0.74 cm width at the caudal pole and 0.67 cm width at the cranial pole. The right adrenal gland measured 0.78 cm width at the caudal pole and 0.59 cm width at the cranial pole.

Spleen

The **spleen** revealed a mixed echogenic 1.3 cm nodule in the mid body. The spleen was folded upon itself caudally.

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** revealed echogenic chyme with a 1.2 cm shadowing structure. Some retention of soft shadowing ingesta was noted in the stomach. The small intestine presented hyperperistaltic and



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edematous. Variable areas of small intestinal thickening were noted with muscularis hypertrophy. The colon and cecum were fluid filled. No evidence of foreign bodies were evident.

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.

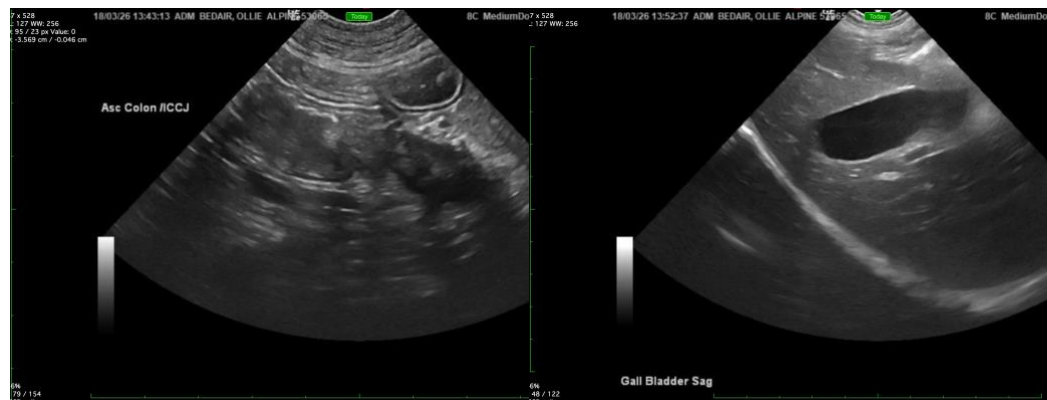
ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic splenic nodule- monitor. Hyperplasia versus emerging round cell neoplasia, hemangiosarcoma are all possible.
- Acute on chronic gastroenteritis- nonspecific, with some retention of ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA is indicated. Fecal test, 24-hour NPO, GI protectants and antiparasitic protocol are all recommended. If splenectomy is to occur in this patient, then full thickness GI biopsies are warranted which would be one option in order to take the opportunity to obtain GI biopsies given the chronic disease.

The material in the stomach does not appear overtly obstructive, however, given the rawhide ingestion, this may represent retained rawhide, yet the primary issue is the enterocolitis pattern. Chest radiographs and echocardiogram are warranted to assess for metastatic disease. I am concerned about the splenic nodule. Proactive splenectomy should be considered given the breed predisposition of pathology.





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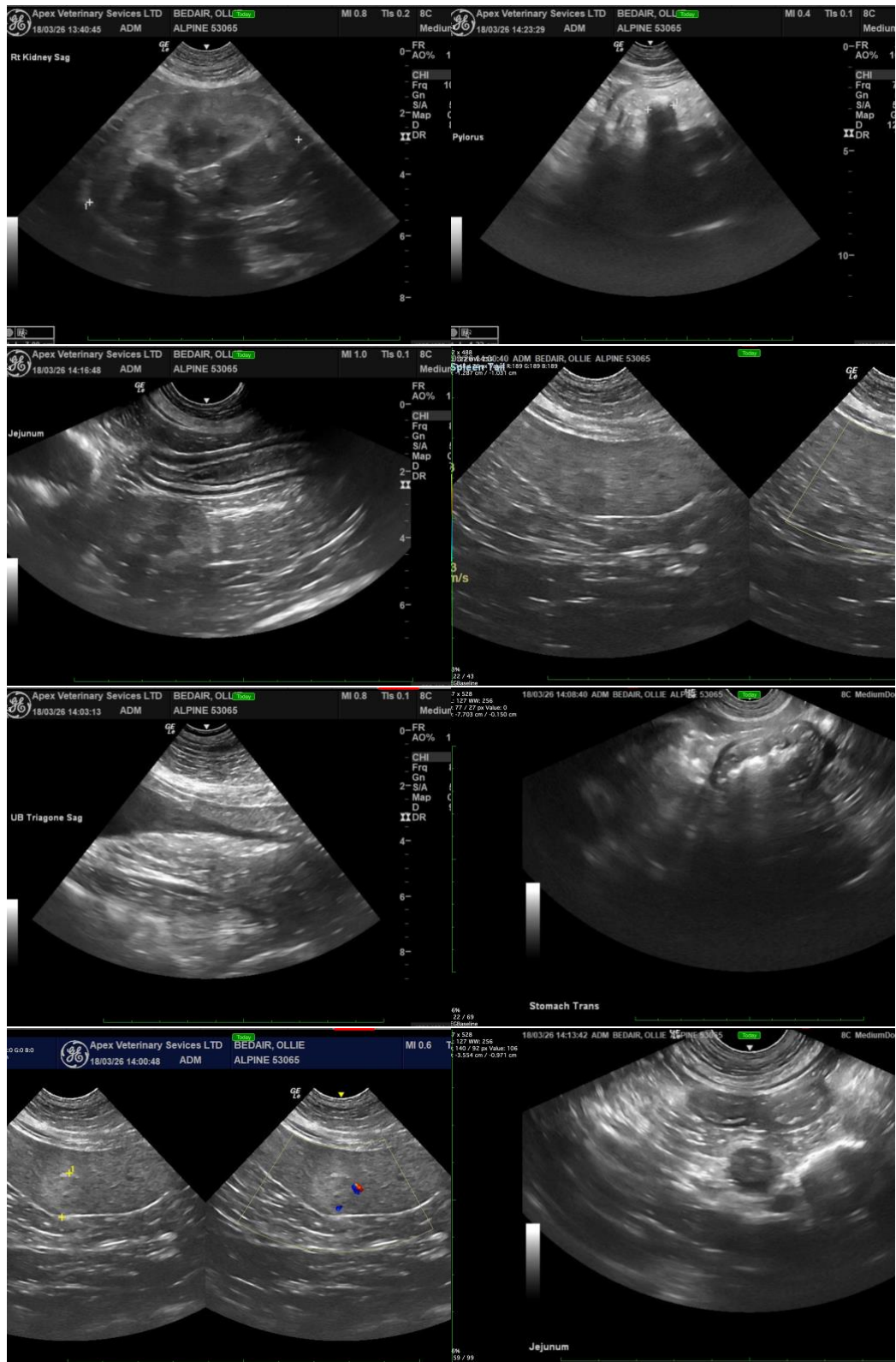
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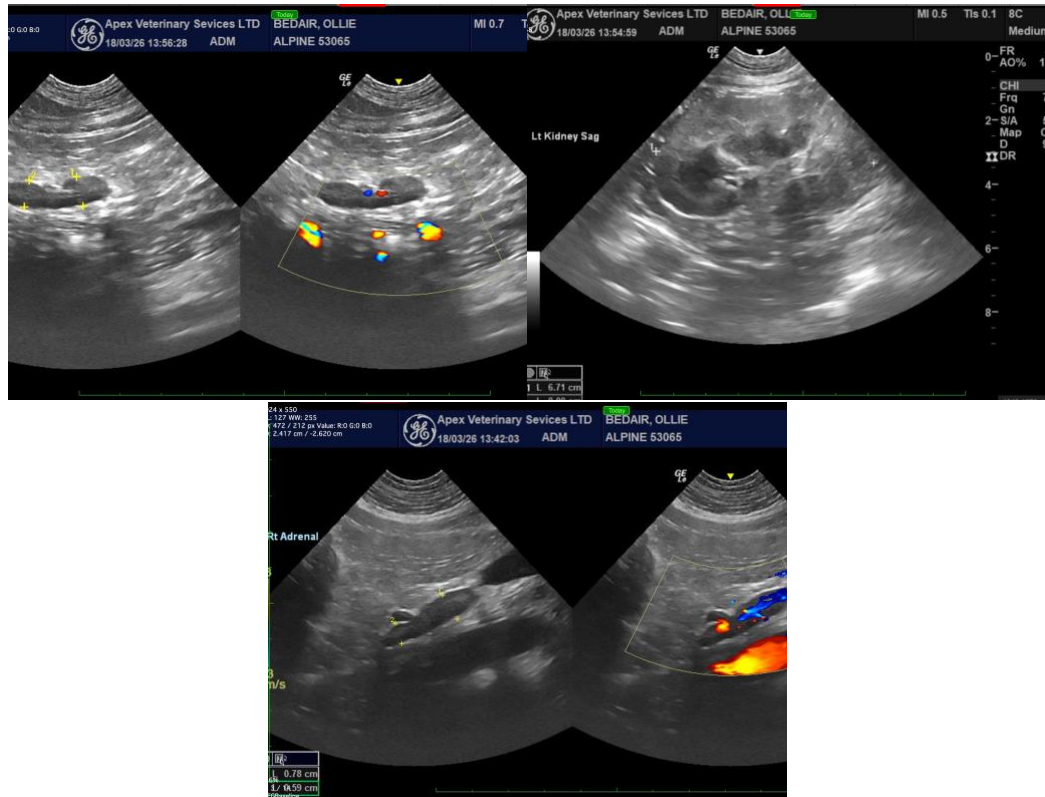
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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