



PATIENT

Pippa Hopkins

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

75.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jaime Uren

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Uren

INVOICE

74905

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Pt presented on 4/27/26 for anorexia since Friday. Did vomit 1x on Sunday and on Monday. QAR on exam, afebrile, and nonpainful abdomen.

Rad report from 4/28 concluded: There is concern for a gastric foreign body. The small intestinal soft tissue may represent residual food or foreign material.

There is no current evidence of a GI obstruction. This does not rule out a partial obstruction.

Gastroenteritis or pancreatitis associated with dietary indiscretion or inflammatory bowel disease could account for the vomiting and inappetence.

Limited thoracic study documenting age-related pulmonary changes.

Pt did eat treats this morning. FNA samples taken of enlarged mesenteric lymph nodes today.

Abnormal PE/Chem/CBC/UA Results: 4/27/26: mild lymphopenia (1.02 K/ μ L), mild thrombocytopenia (141 K/ μ L). Chem & lytes unremarkable 4/28/26: cPLI 81.6 wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 kidney measured 7.0 cm. The right kidney measured 6.24 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. The left adrenal gland measured 2.0 x 0.6 cm. The right adrenal gland measured 2.04 x 0.6 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.



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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. A minor amount of excessive gallbladder sludge was noted.

Gastrointestinal

The upper **duodenum** revealed stasis and spasming with hyperechoic mucosal inclusion. This is suggestive for ulcers. Other areas of fluid filled bowel was noted and non-obstructive with regional spasming. The remainder of the small intestines and colon were unremarkable. The mesenteric lymph node was reactive and measured 2.15 x 0.8 cm.

Pancreas

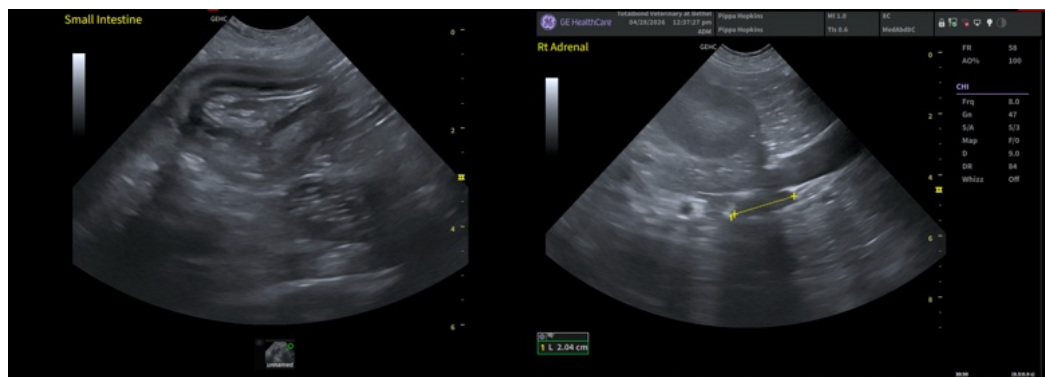
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Ulcerative enteritis, duodenitis pattern with reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol, assessment for parasites and ultrasound-guided FNA, cytology and culture would be appropriate. There was no evidence of foreign bodies or neoplasia. Recheck sonogram is recommended in 10 days to ensure adequate resolution.





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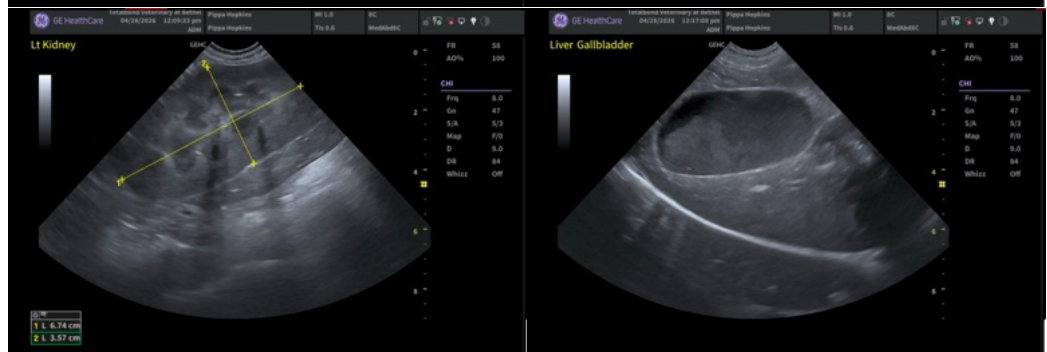
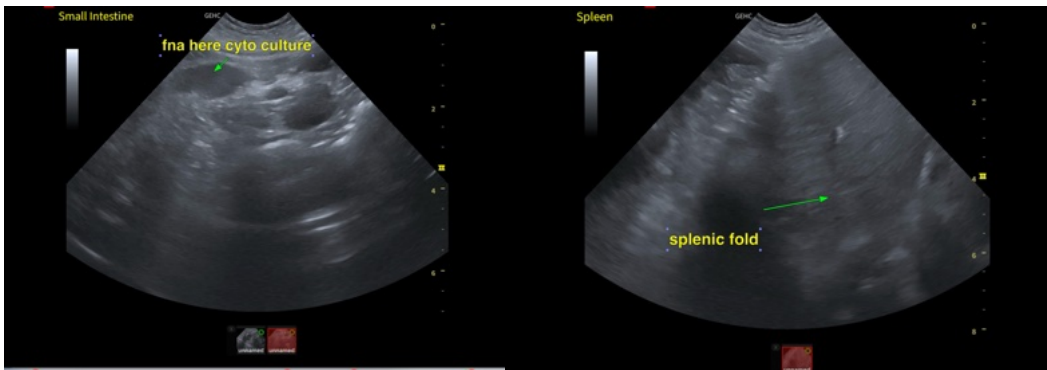
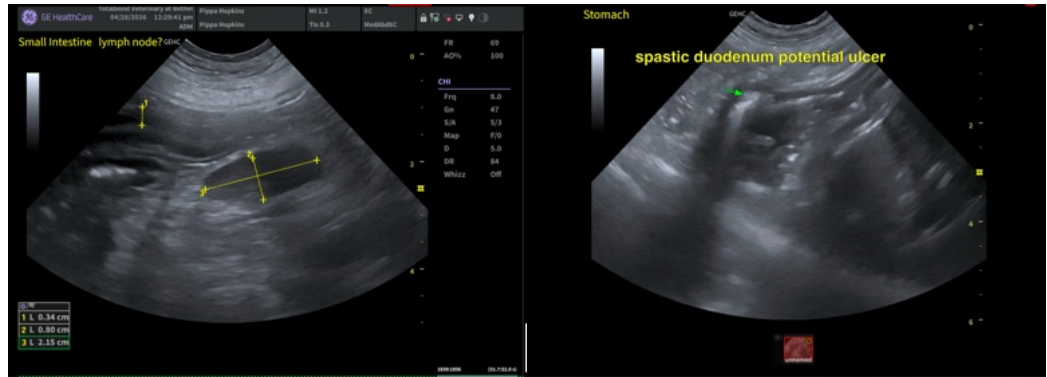
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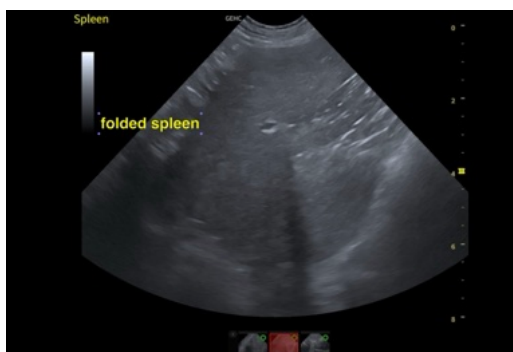
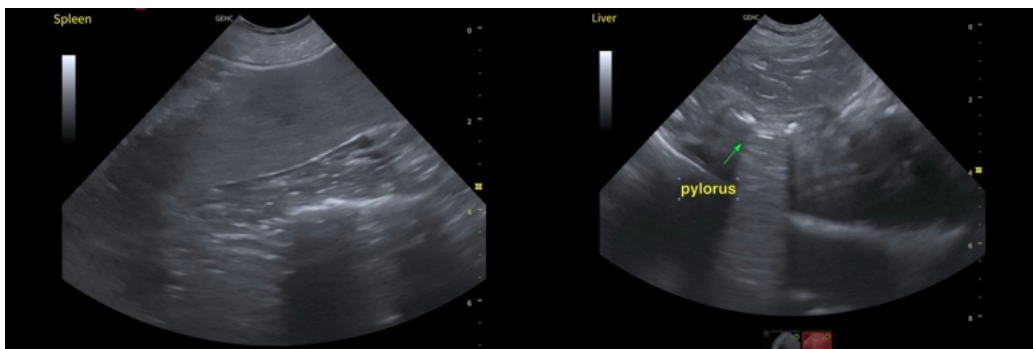
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com

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