



PATIENT

Wylie Irving

SPECIES

Canine

BREED

Bernedoodle

SEX

Neutered male

AGE

7 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Katharine Nowland

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Nowland

INVOICE

75034

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Patient presented yesterday for a second opinion and to discuss further workup for some chronic weight loss and GI issues. Patient has lost 10 lbs since November. Has had intermittent vomiting and diarrhea issues. Had transitioned to a homecooked diet and that improved the vomiting, as well as omeprazole daily. rDVM started patient on prednisone about a week and a half ago without much change in symptoms. Some muscle atrophy along topline and both hindlimbs. Bloodwork previously showed increased SDMA, but repeat kidney panel showed normal values. Fecal with giardia screen negative. Texas AM GI panel pending. Presented this morning for fasted ultrasound and vomited 4-5 times this morning that also contained a large amount of bloody like material. Weight in today at 51 lbs and was 68 lbs in November.

Abnormal PE/Chem/CBC/UA Results: SDMA 15.3 in January, 14 at recheck yesterday.

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 right kidney measured 5.9 cm. The left kidney measured 6.4 cm.

Adrenal Glands

The **adrenal glands** were 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 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 a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity with regional inflammation/steatitis. The intestinal wall measured 1.8 cm and extended for a length of 6.5 cm. A portion of the small intestine was thickened with regional inflammation. This appears to be jejunal. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

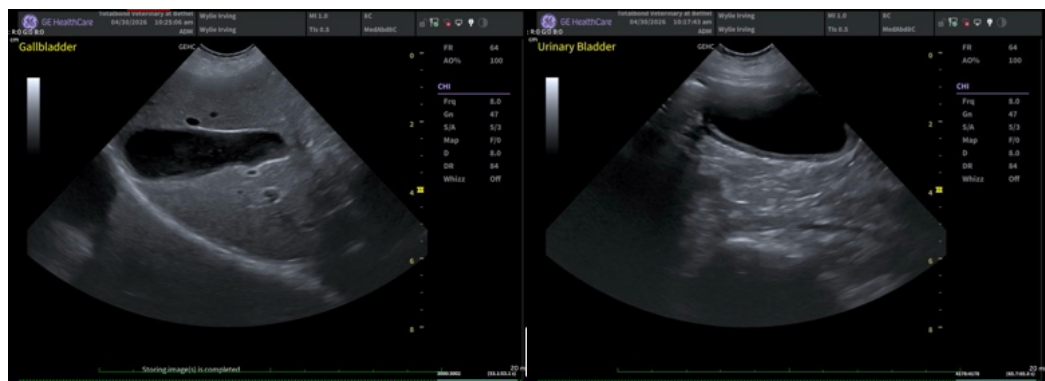
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Focal, enteritis pattern, potential emerging round cell neoplasia or carcinoma. Intestinal necrosis is a potential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management could be considered in this patient with fluid support and broad spectrum antibiotics. A recheck sonogram is recommended every 48-72 hours and if worsening, then surgical resection is indicated. Intraoperative ultrasound is recommended to delineate and resect the entire affected portion of intestine would be ideal.





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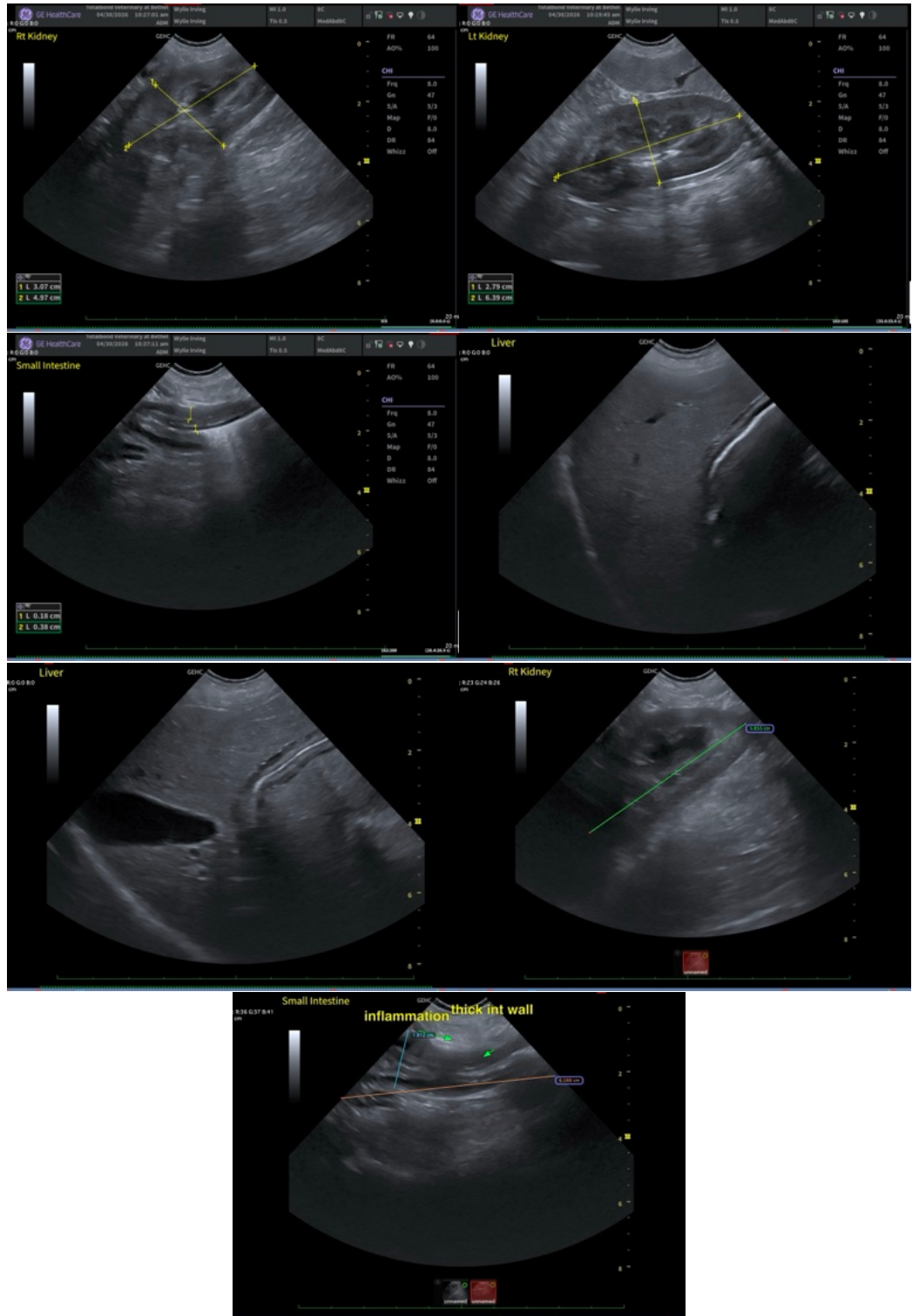
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The information and recommendations provided are based on the images presented by the



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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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