



PATIENT

Mr. Milo Bantugan

SPECIES

Canine

BREED

Australian Miniature
Shepherd

SEX

Neutered Male

AGE

8 Years 9 Months

WEIGHT

13.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmieklinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

PetZoic/ ER Vet

INVOICE

16045

DATE

05/10/26

PRESENTING CLINICAL SIGNS

Presented on emergency for hematochezia/hemorrhagic diarrhea and vomiting. History of recent surgery earlier in the week and administration of Metacam post-operatively. Owner reported progression from yellow diarrhea to bright red bloody diarrhea with increased frequency. Vomiting developed later. Appetite decreased. Mild weight loss noted (approximately 14.9 kg last week to 13.9 kg currently). Previously received Metacam; missed dose Friday morning

Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):100, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 28, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, Blind in left eye Laboratory Findings: CBC: Mild erythrocytosis/hemoconcentration (RBC 9.14, HCT 57.2%) Mild neutrophilia (9.45 x10⁹/L) Platelet estimate adequate (>150 x10⁹/L) No significant anemia identified Chemistry: Globulins within reference range Pancreatic lipase in equivocal range (201–399 U/L); Urinalysis: USG 1.052 Mild proteinuria (30 mg/dL) Mild ketonuria Mild bilirubinuria Hyaline casts (>1/LPF) No glucosuria or hematuria

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 sublumbar **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.25 cm width.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The **right adrenal gland** was at the upper limits of normal measuring 0.77 cm width at the cranial pole and 0.70 cm width at the caudal pole.

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 0.54 cm width at the caudal pole and 0.45 cm width at the cranial pole.

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. The spleen was folded upon itself caudally.

Liver

The **liver** revealed a hypoechoic oblong nodule in the left cranial pole measuring 1.75 cm x 0.76 cm. The gallbladder and common bile duct were unremarkable. The vena cava did not appear invaded by either adrenal gland. The remainder of the liver was unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Hyperperistalsis was noted. Fluid filled colon 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.

Free Abdomen

An enlarged mesenteric lymph node was present.

ULTRASONOGRAPHIC FINDINGS

- Undefined hepatic nodule.
- Sublumbar/mesenteric lymphadenopathy.
- Age-related renal changes.
- Mild irritable bowel pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA drainage and culture of the lymph nodes and left liver nodule is indicated. Management for hemorrhagic gastroenteritis and parasite management is indicated. The cause of the weight loss is unclear unless neoplasia is found on aspirates.



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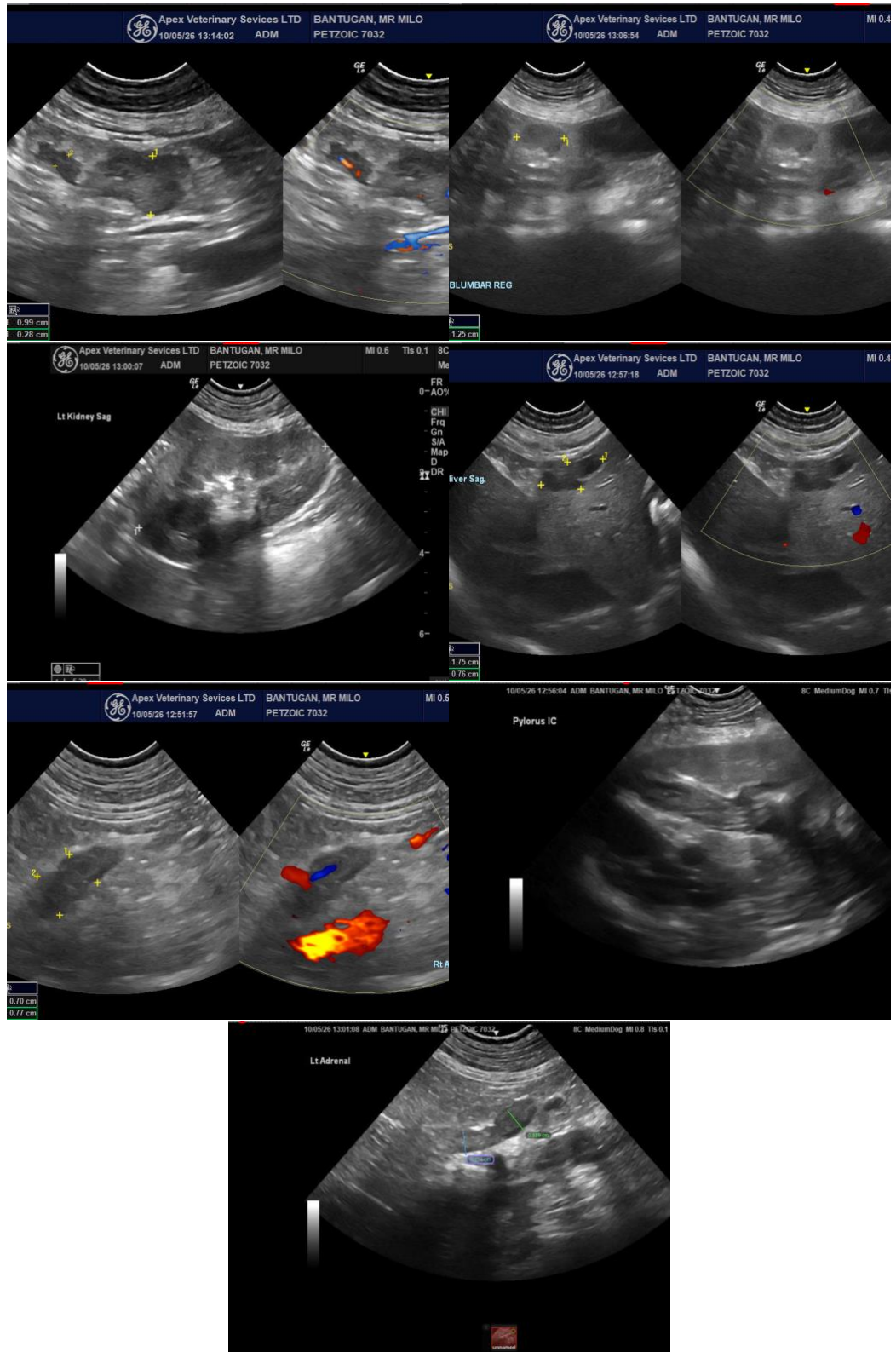
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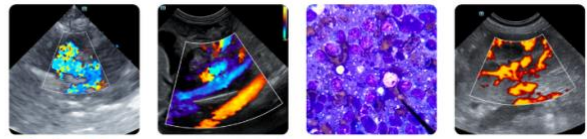
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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