



PATIENT

Ellie Johanson

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE

16318

DATE

05/18/26

PRESENTING CLINICAL SIGNS

The owner reports that Ellie stopped eating 2-3 days ago. She has been vomiting multiple times per day during that time. The owners have not observed any diarrhea but she does go outside unsupervised at times. Her breathing has appeared fast and labored since yesterday. She is becoming increasingly lethargic. She has not been coughing. There are multiple other dogs in the home and those dogs seem healthy. The owners took her to Detroit Lake 1-2 weeks ago. The report that she spent time off leash at the water. There have not been any recent dietary changes or known dietary indiscretions. She is currently being treated for a recurrent ear infection.

CBC: HCT 43%(N), Retic. 135.1(H), Retic. hemo 17.2(L), WBC 8.31(N), Mono 1.36(H), Eos 0.05(L), PLT 228(N) Chem10: WNL EPOC: Na+ 136(L), K+ 3.3(L), Lact 7.27(H)

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 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 7.5 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** presented enlarged and irregular with slight areas of free fluid and enhanced mesentery.

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

A significant amount of **gastric** stasis/ileus was present.

Pancreas



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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 overt mixed hypoechoic **mass** was noted in the left cranial abdomen with areas of cavitation and regional inflammation noted around the mass measuring 10.0+ cm. The exact origin of the mass appears to be intestinal.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass/abscess with significant inflammation and free fluid- peritonitis suspected.
- Gastric stasis.
- Splenic enlargement.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears to be jejunal in origin and cannot rule out a penetrating foreign body. There is a strong potential that the mass is a non-neoplastic mass with intestinal necrosis and abscessation, however, underlying carcinoma, leiomyosarcoma and intestinal sarcoma are all possible. Exploratory surgery is indicated in this patient with expectations of aggressive resection, anastomosis and abdominal lavage, ultrasound guided drainage of the cavitation and FNA of the parenchymal portion of the lesion could be considered, however given the presence of peritonitis and free fluid, exploratory surgery would be likely the better option. I cannot rule out a small penetrating foreign body deriving from the intestinal lumen as a large amount of artifact was present obscuring some views. Chest radiographs are warranted prior to surgical intervention to assess for metastatic disease or comorbidities.





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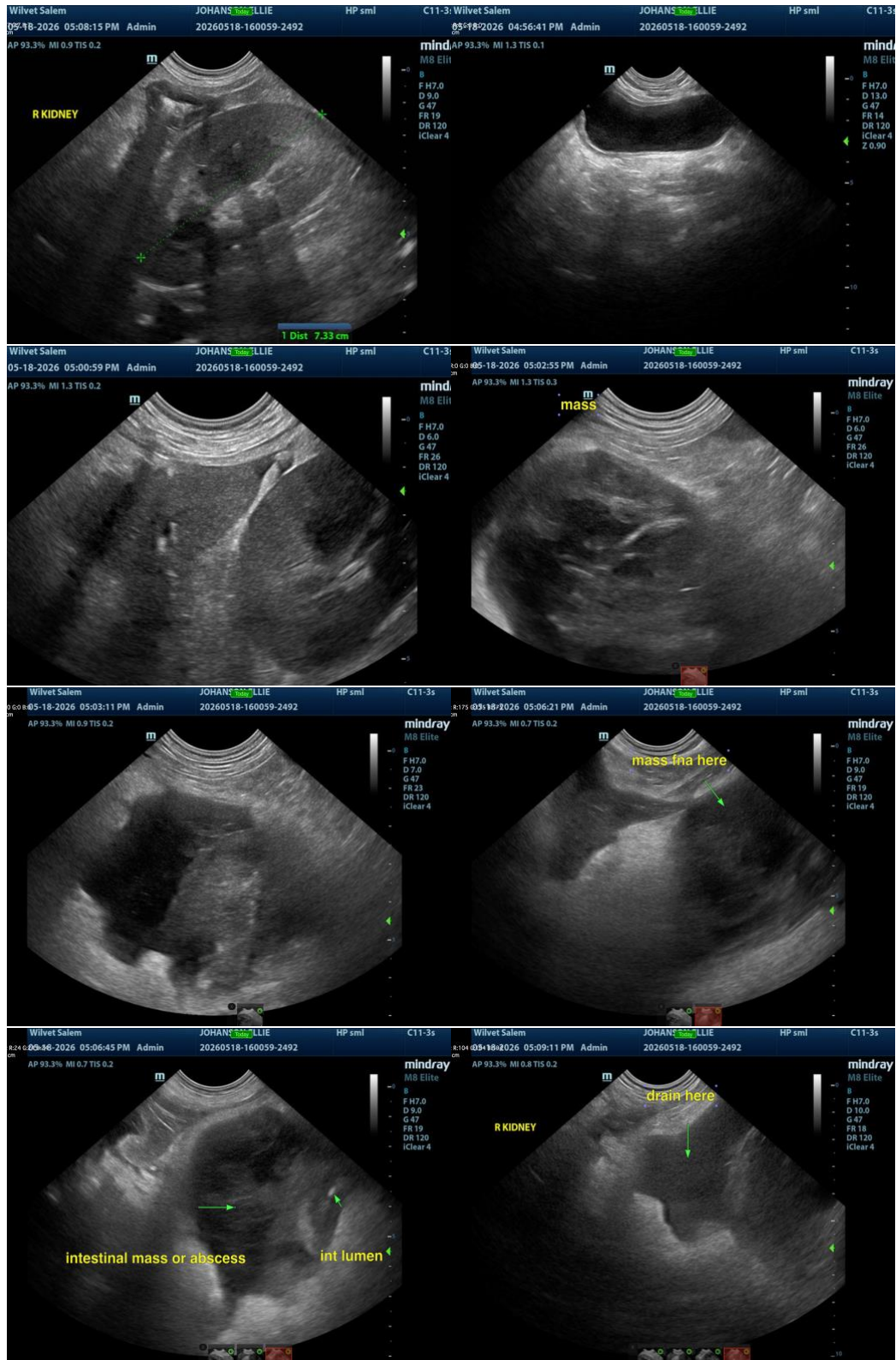
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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