

PATIENT

Biscuit Mielcarek

SPECIES

Canine

BREED

Mini Goldendoodle

SEX

Neutered Male

AGE

3 Years

WEIGHT

24.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western NY VS

REFERRING VET

Rebecca Nealey, DVM

INVOICE

37224

DATE

5/27/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: He received one dose of gabapentin last night and one this morning. History of being a "garbage can" and eating things he shouldn't, including mulch, wood chips, sticks, and rocks. He also eats grass when his stomach hurts. He has been known to eat human hair out of the shower drain. He has passed sticks in his stool in the past. He will pull squeakers out of toys, but does not typically eat them. The dry heaving starts right after he eats and can last up to 20 minutes. He is able to hold down water and will still eat treats but seems uncomfortable after. Owner has not seen him have a bowel movement recently. No history of vomiting or diarrhea. No blood from mouth or ears. Urinating normally. The owner notes that his abdomen feels lopsided and hard. He has been a little slow and not himself. He does a little bit of a "downward dog" pose. There have been some recent stressors; the owner's mom has been away.

CLINICAL SIGNS: dry heaving

MEDICATIONS: gabapentin

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia - unknown if blood smear checked High eos and monos.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The prostate measured 0.5 cm.

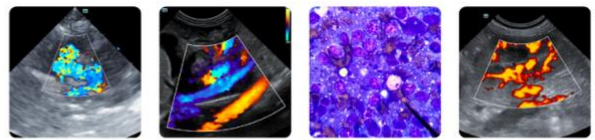
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.05 cm. The left kidney measured 4.66 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 right adrenal gland measured 1.9 cm x 0.6 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 1.7 cm x 0.37 cm at the caudal pole and 0.36 cm 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.

Liver

The **liver** revealed mild increased portal markings, suggestive for a history of cholangiohepatitis. The liver was mildly subnormal in size. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. The pylorus was patent. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. This is a mild change. No evidence of foreign bodies.

Pancreas

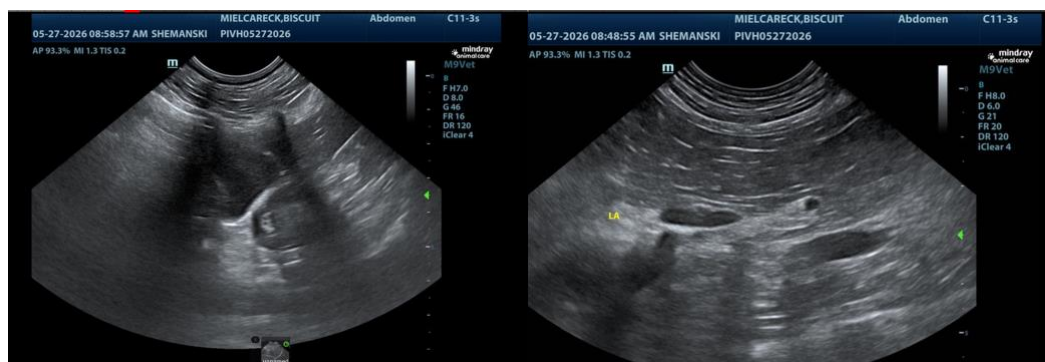
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastrointestinal upset- no evidence of foreign bodies.
- Mild hepatic remodeling – a history of cholangiohepatitis is likely, yet the changes were fairly minor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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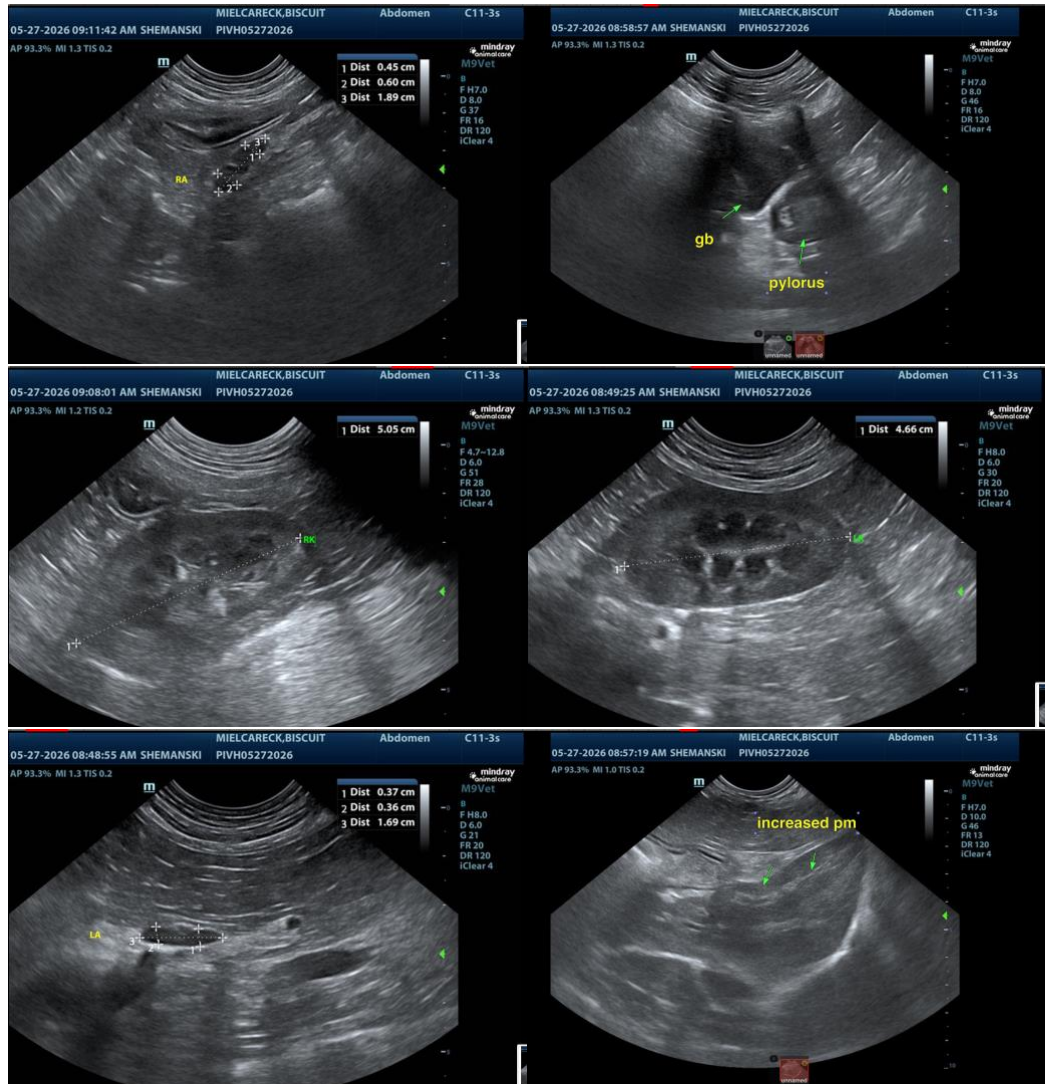
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS, CEO, Owner, Founder -- SonoPath.com
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