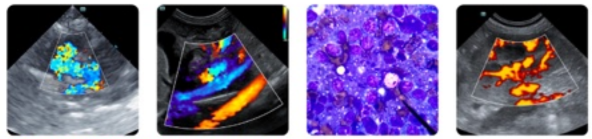


PATIENT
Missy Martinez

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Spayed female

AGE
7 years

WEIGHT
14.6 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Mary Pearce

HOSPITAL NAME
Chambersburg AH

REFERRING VET
Dr. Eckert

INVOICE
69992

DATE
1/12/26

PRESENTING CLINICAL SIGNS

History: First seen at our facility 7/2025. Seen at local ER on 7/2/25 for diarrhea, vomiting w/ blood, increased water intake. Small chem panel & PCV/TP were nsf. On abdominal rads, possible round mass noted assoc w/ liver or spleen (vs. fluid in pylorus) & spleen appeared enlarged, no obvious pyometra. Treated with cerenia, SQ fluids, metronidazole. More detailed abd US planned to further evaluate potential mass & splenic enlargement, also evaluate intestines d/t ongoing soft stool & screen uterus. Prev hx unknown prior to approx 1 year ago, belonged to a neighbor. Also has hx of chronic wheezing sound that increases with exertion, poss upper resp, have recommended thoracic/abdominal rads. Prev hx of Lyme, has received doxycycline twice d/t elevated lyme c6. Sonopath US 7/2025 performed, ulcerative gastritis was suspected, biopsies recommended. OVH & multiple GI biopsies 9/2025: No neoplasia or infection noted, bx consistent w/ gastritis & enteritis w/ mod lymphoplasmacytic component in stomach & duodenum, mild in jejunum, suggestive of chronic enteropathy or chronic GI condition. Started on probiotic, famotidine, sucralfate, Purina HA, gabapentin. Fasted GI panel 09-2025 showed elevated cobalamin & TLI (not consistent w/ EPI), normal folate. Recheck US today to monitor appearance of stomach/intestines. Doing well at home, occasional vomiting, but otherwise stable and e/d well.
Abnormal PE/Chem/CBC/UA Results: Attached GI biopsy report for reference.

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.

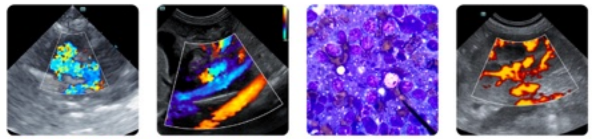
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.24 cm. The left kidney measured 4.0 cm.

Adrenal Glands

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 2.5 x 0.32 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland was slightly heterogenous and measured 0.67 cm in width x 1.6 cm in length.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. 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. 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

The **gastric** wall revealed minor thickening with no loss of mural detail. The gastric wall measured up to 0.7 cm in the gastric fundus. The pylorus in this patient revealed an echogenic mass that entered into the upper duodenum. This appeared to be deriving from the mucosal layer. This is consistent with well differentiated epithelial tumor and measured 2.4 x 2.8 cm. The position of the mass would necessitate Bill Roth procedure. Positive power Doppler flow was noted. regional lymph nodes were slightly enlarged as well. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. Soft stool was noted in the colon.

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.

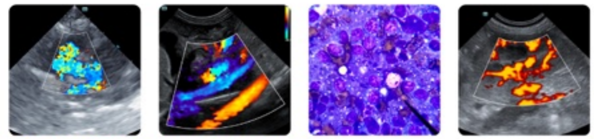
ULTRASONOGRAPHIC FINDINGS

Well differentiated epithelial mass type lesion in the pyloric outflow.

Regional lymph node enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy for biopsies or direct exploratory surgery with expectations towards pyloroduodenal resection and anastomosis and lymph node removal is warranted. This lesion is not typical of inflammatory bowel, this is a focal lesion. The majority of the gastrointestinal tract was unremarkable. The focal lesion is most consistent with epithelial tumor.



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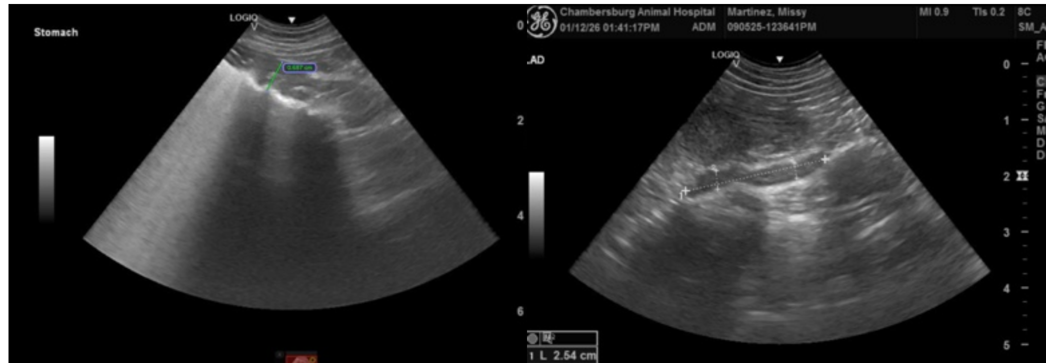

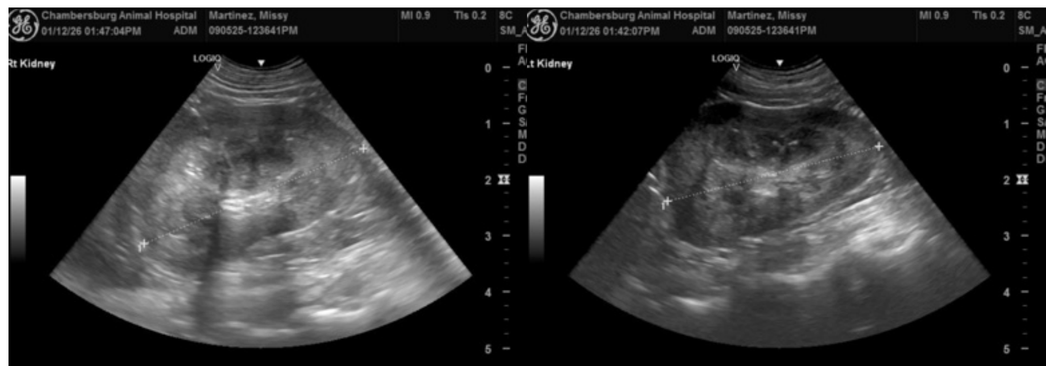

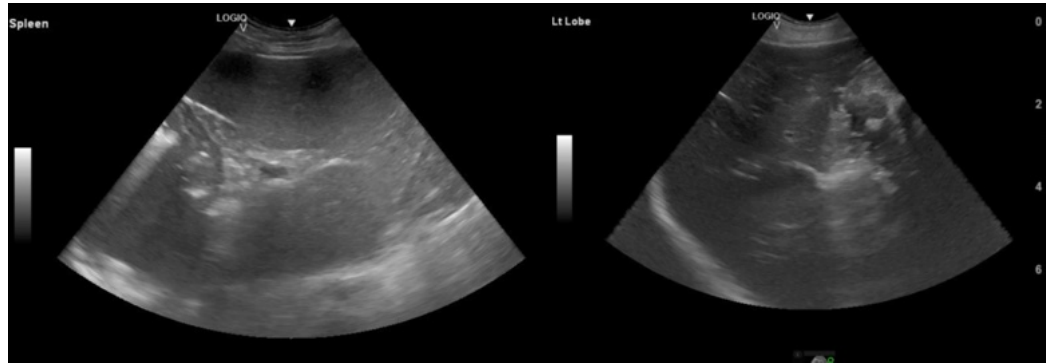

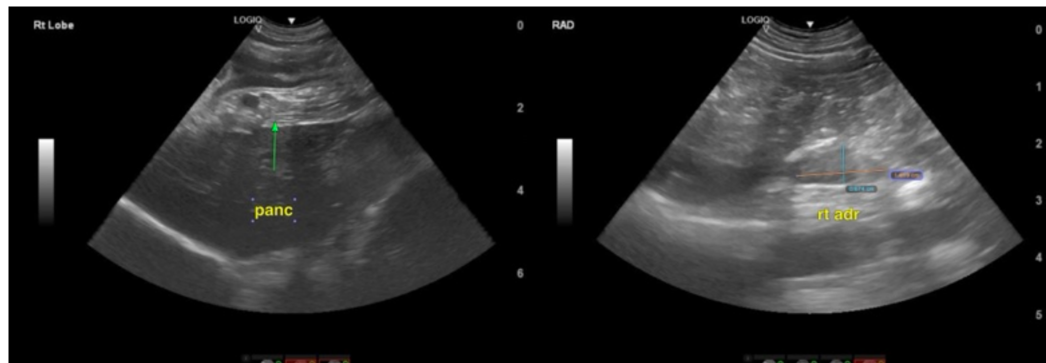

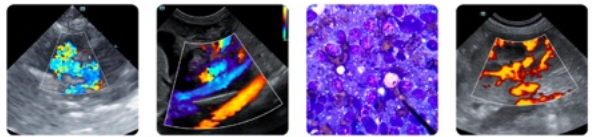

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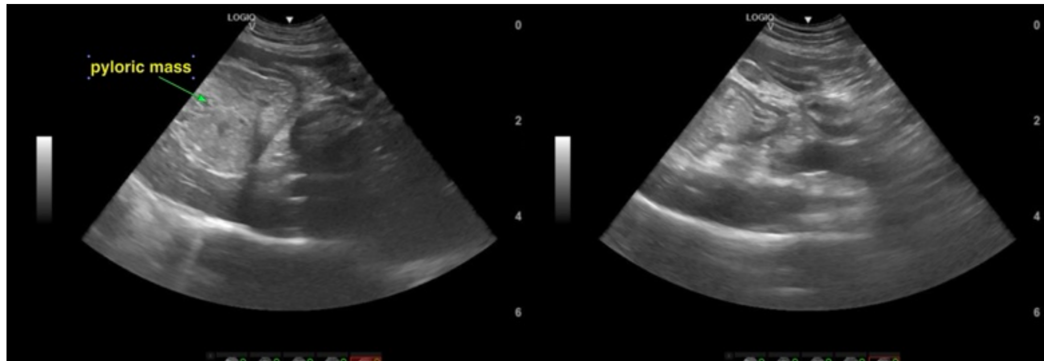

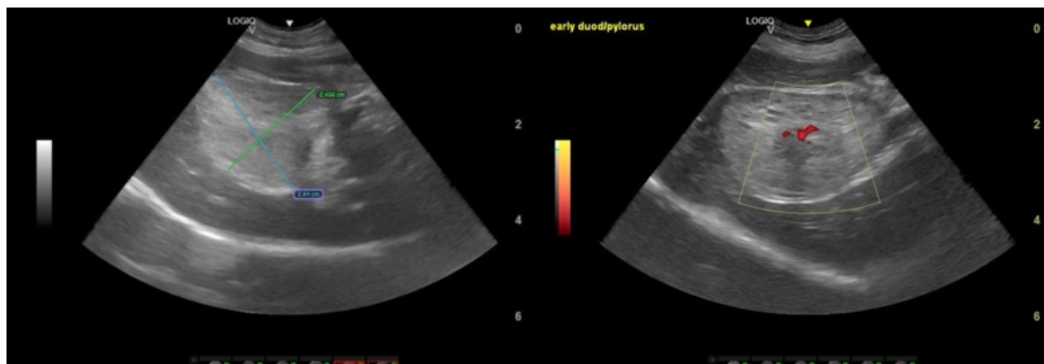

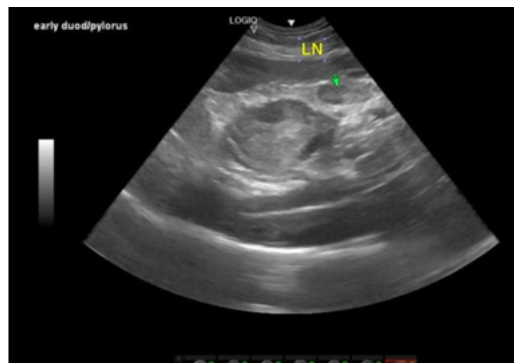

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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