



PATIENT

Bailey Clarkson

SPECIES

Canine

BREED

Fox Terrier

SEX

Neutered Male

AGE

13.4 Years

WEIGHT

10.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Gunny Dodd, DVM, D,
ABVP (CFP)

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Kylie Fackrell

INVOICE

35417

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea noted after prescription for Novox. Vet began GI protectants and ran blood work. Diarrhea has continued with more weight loss.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 3.5/9, restless, muscle atrophy CBC WNL CHEM ALT 148.

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 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 5.37 cm. The right kidney measured 5.51 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 2.23 cm x 0.62 cm at the caudal pole and 0.68 cm at the cranial pole. The left adrenal gland measured 1.85 cm x 0.63 cm at the caudal pole and 0.67 cm at the cranial pole.

Spleen

The **spleen** revealed diffuse micronodular “honeycomb” type appearance, strongly consistent with infiltrative disease.

Liver

The **liver** was swollen with mild increased portal markings and mild irregular contour. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed gastric stasis. The small intestine was unremarkable. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was



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observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

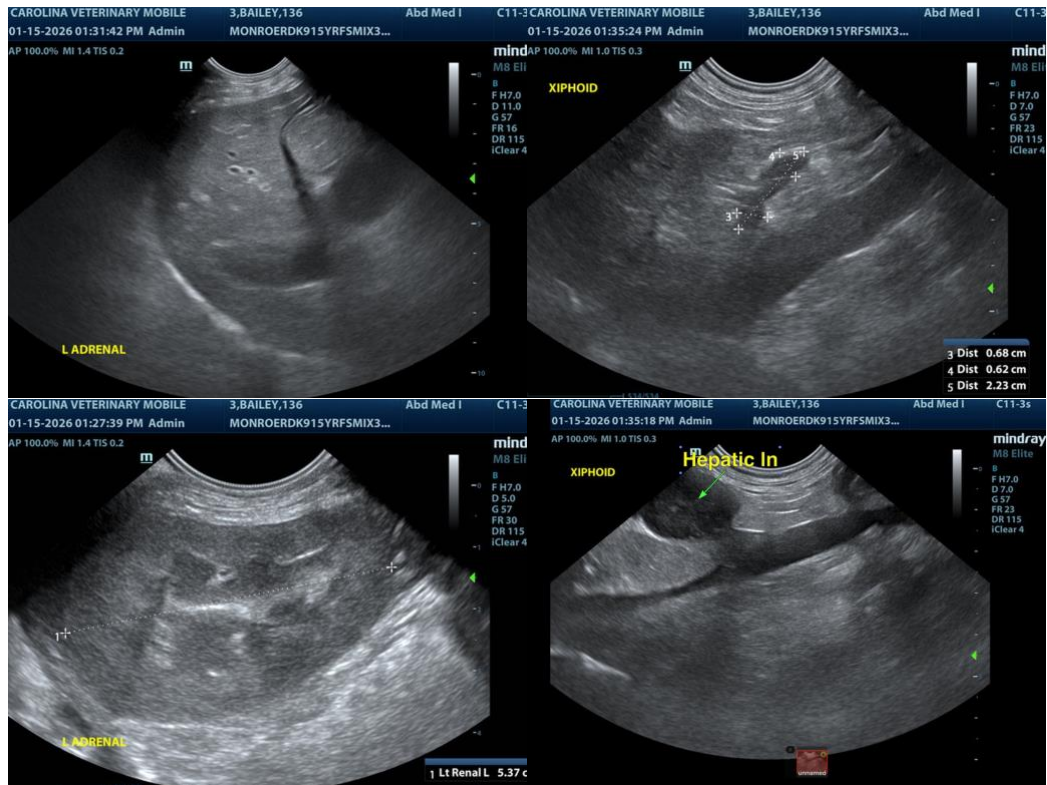
Multiple abdominal **lymph nodes** were enlarged, rounded, and hypoechoic, strongly consistent with infiltrative disease. The hepatic lymph nodes were moderately enlarged (up to 2.5 cm), rounded, and hypoechoic. Other mesenteric lymph nodes were enlarged, rounded, and hypoechoic.

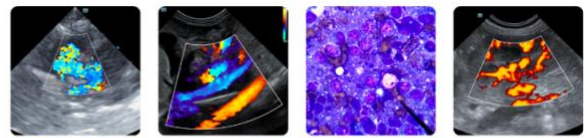
ULTRASONOGRAPHIC FINDINGS

- Multicentric lymphoma pattern or similar round cell neoplasia, involving the spleen, lymph nodes, likely liver.
- Gastric stasis
- Soft stool in the colon
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is indicated. Immediate oncological intervention is recommended.





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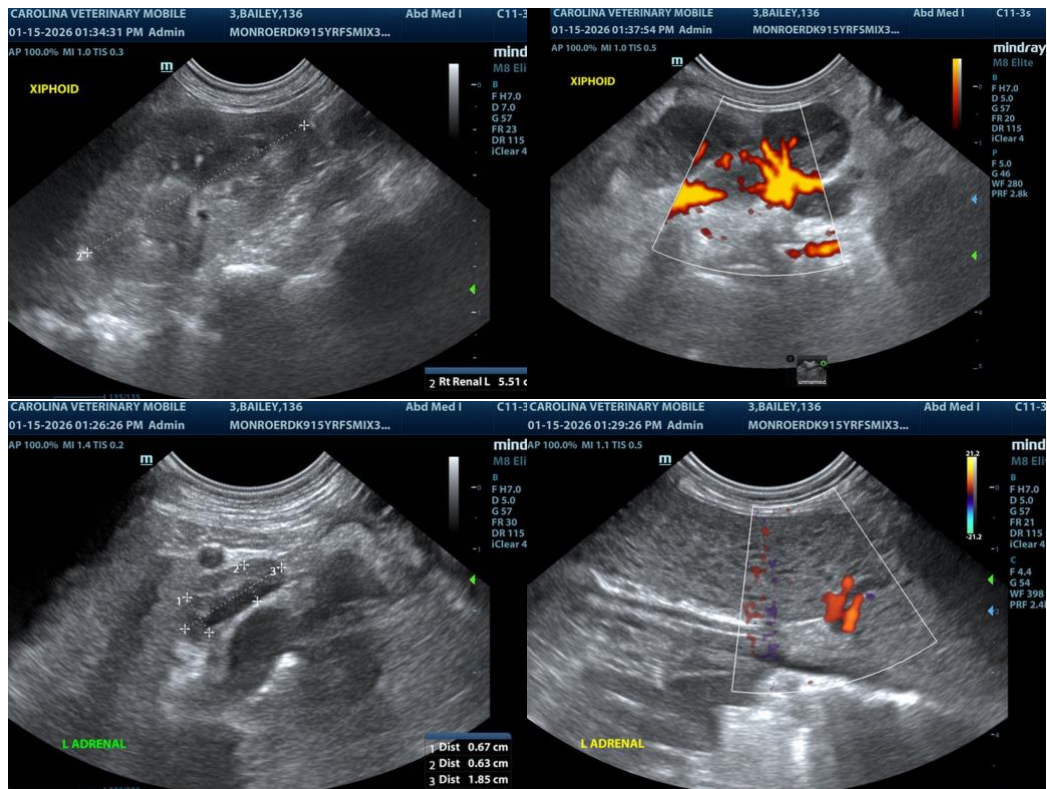
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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