



PATIENT

Moose Wighard

SPECIES

Canine

BREED

Doberman Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

72 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Travis Cerf

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

Dr. Travis Cerf

INVOICE

12941

DATE

01/02/2026

PRESENTING CLINICAL SIGNS

Vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with mild micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 left kidney measured 6.4 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The region of the **right adrenal gland** was imaged with no evident pathology. The right adrenal gland measured 1.3 cm width at the cranial pole and 0.90 cm width at the caudal pole.

The **left adrenal gland** was not visualized.

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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen was folded upon itself cranially.

Liver

The **liver** revealed coarse architecture with multifocal isoechoic nodular changes along with normal size and contour. The gallbladder and common bile duct were unremarkable. Mild increased portal markings were noted.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. The distal small intestine revealed a minor stasis pattern with slight intestinal thickening. The patient may be passing foreign matter, yet the pattern is only partially obstructive. Reactive mesentery was noted in the region of the intestinal thickening. The wall thickness of the intestine measured 0.80 cm.

Pancreas



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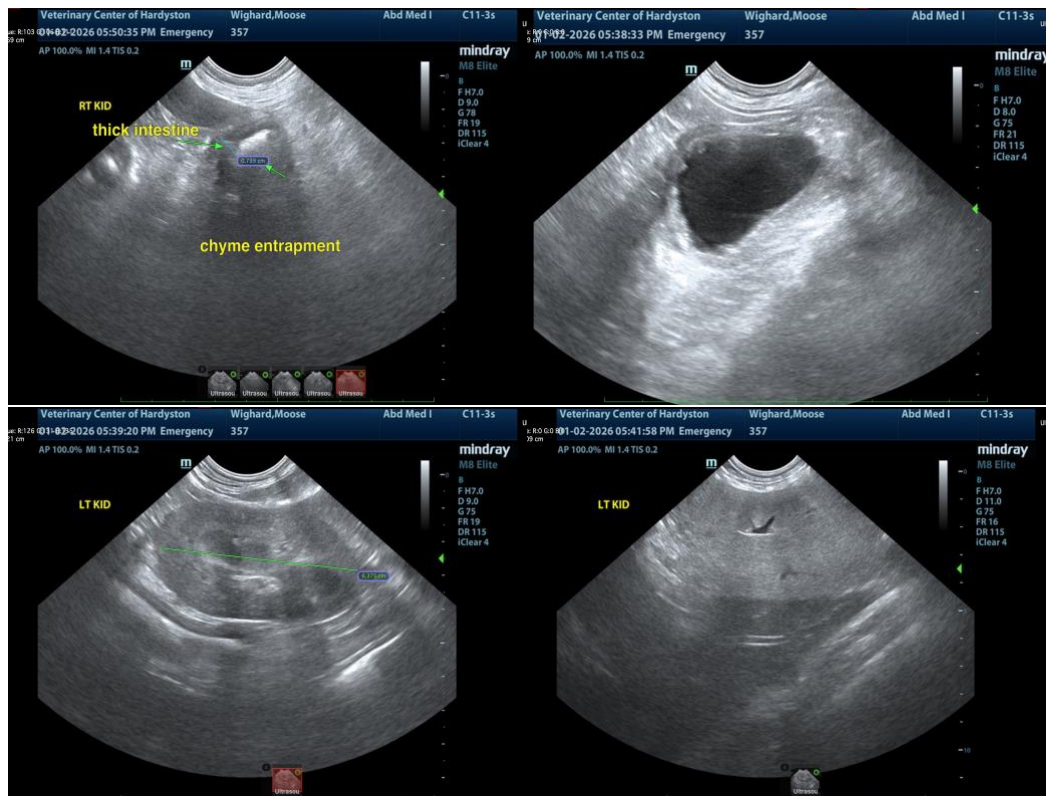
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Cystitis bladder pattern.
- Folded spleen.
- Diffuse hepatic remodeling with nodular hyperplasia pattern- mild potential for underlying neoplasia.
- Regional intestinal thickening with entrapped chyme partial obstructive pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver is recommended in this patient as well as bile acid profile. Core liver biopsy may be necessary for a definitive diagnosis. Supportive care, broad spectrum antibiotics and GI protective protocol are all indicated with IV fluid support. 24-hour NPO. Recheck sonogram of the intestinal thickening to assess whether resection anastomosis may be necessary along with surgical biopsies of the liver. Prognosis is good to guarded.





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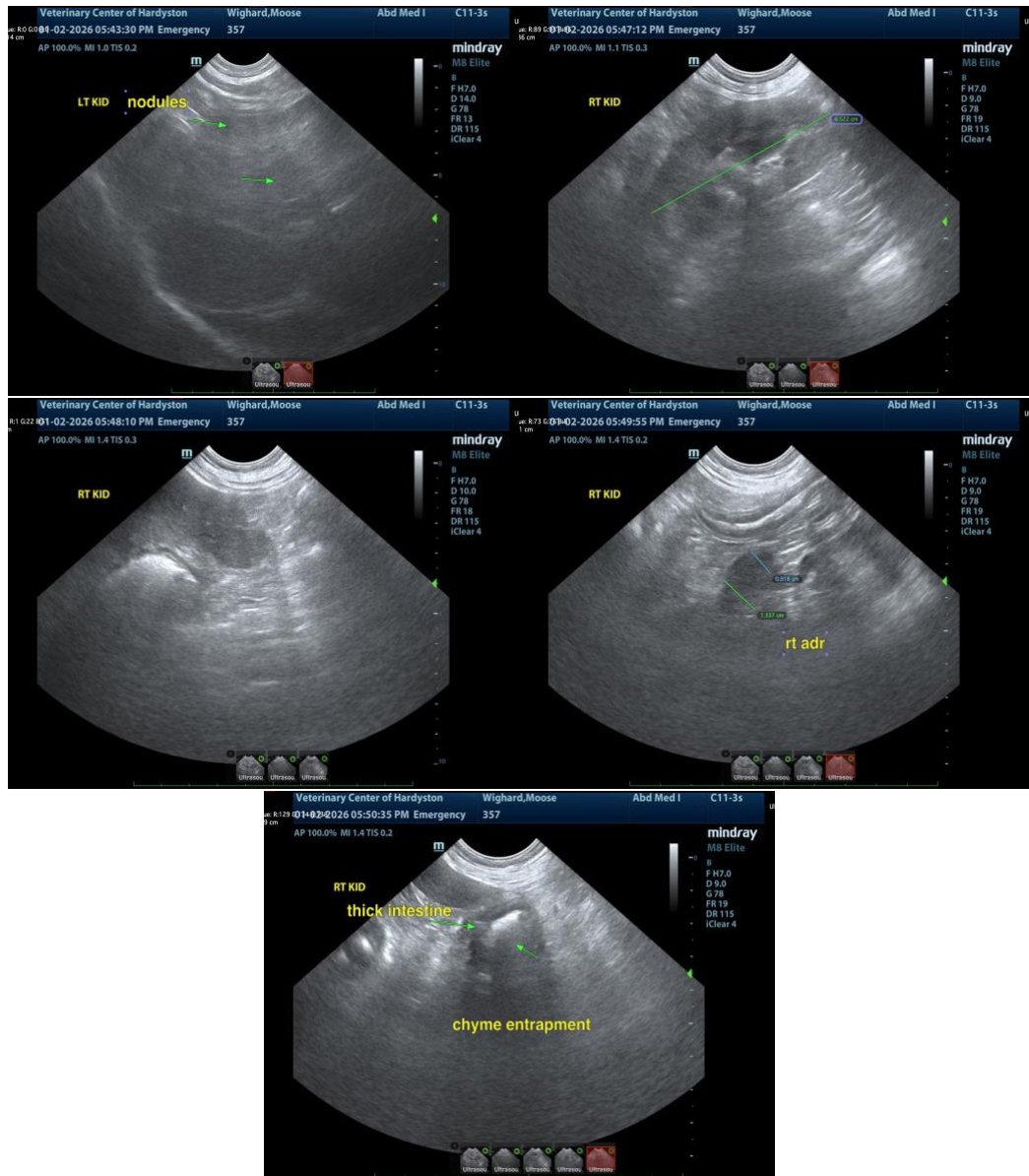
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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