



## PATIENT

Jones Gernant

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

13 years

## WEIGHT

47.3 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Michelle Roche

## HOSPITAL NAME

Fredon AH

## REFERRING VET

Dr. Roche

## INVOICE

70982

## DATE

1/27/26

## PRESENTING CLINICAL SIGNS

- Vomiting, straining to defecate, weight loss.
- Managed Cushing's
- BCS 4/9, many presumed lipomas

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and right kidney measured 6.25 cm.

### Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured 1.0 cm. The right adrenal gland was not visualized.

### Spleen

The **spleen** was mildly enlarged with multi-focal, hypoechoic and hyperechoic nodular changes with irregular contour and enhanced surrounding mesentery.

### Liver

The **liver** was swollen and irregular with multi-focal, hypoechoic disruptive nodules noted with enhanced mesentery. This is strongly suggestive for infiltrative disease. A caudate mass was also noted and measured 3.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

### Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of



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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.

## 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.

## Free Abdomen

Reactive mesentery was noted throughout the cranial abdomen associated with the spleen, liver and extended into the pancreas and GI tract.

## ULTRASONOGRAPHIC FINDINGS

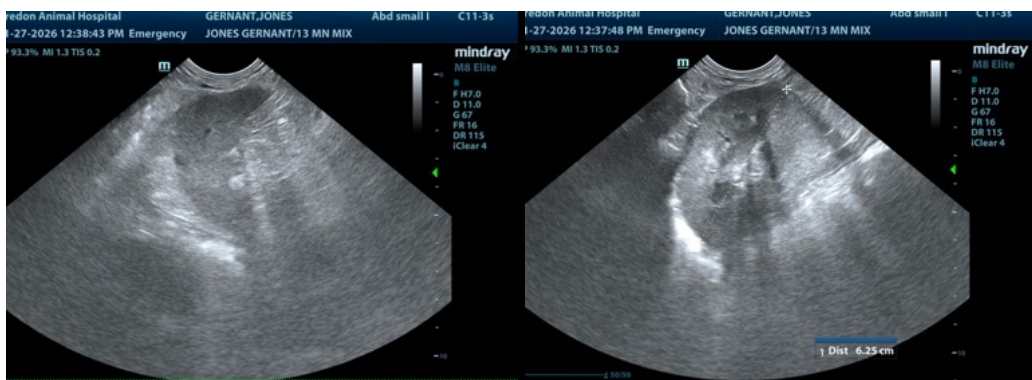
Gastroenteritis.

Mildly enlarged spleen with multi-focal, hypoechoic and hyperechoic nodular changes

Swollen and irregular liver with multi-focal, hypoechoic disruptive nodules noted with enhanced mesentery. Caudate liver mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for infiltrative splenohepatic disease. FNA of both organs is recommended. Reactive spleen and liver, possible, yet less likely.





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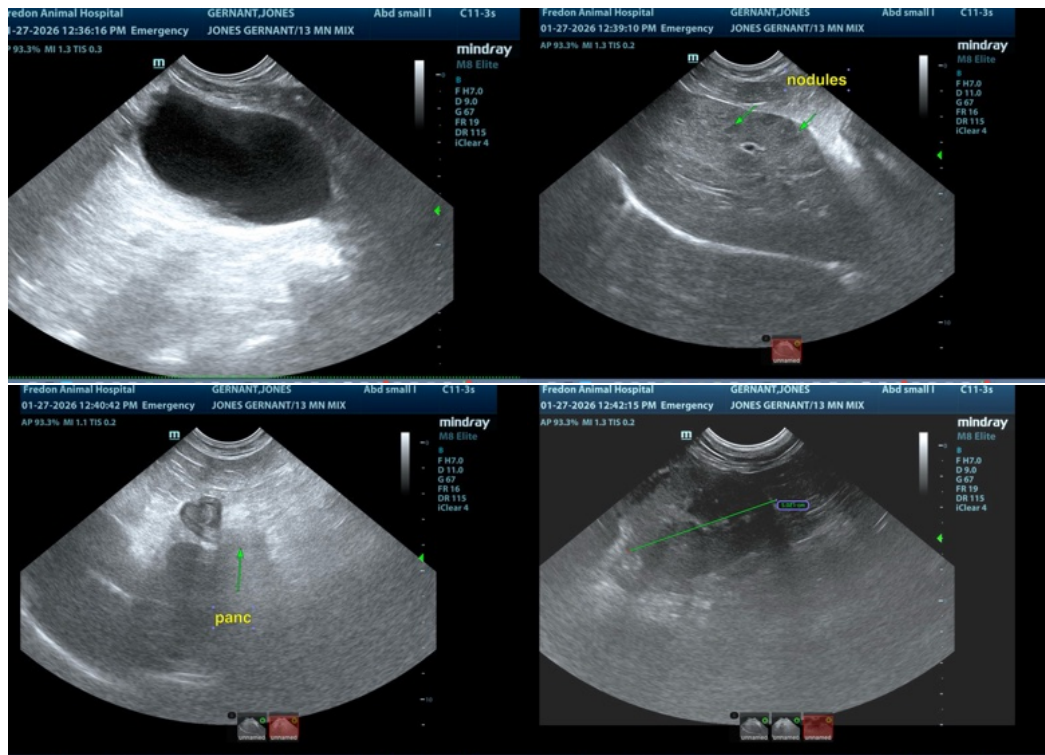
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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