



PATIENT

Abbie Roeder

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Sarah Moser

INVOICE

35194

DATE

1/4/26

PRESENTING CLINICAL SIGNS

History: Presented Sat 1/3 at 10a for vomiting. Persistent vomiting for approximately 1 week with progressive weight loss; vomitus now primarily yellow liquid with a small amount of blood noted this morning. EENT/oral: pink moist mm, crt <2s, severe dental disease and gingivitis, severe halitosis
Musc: Severe generalized cachexia

Abnormal PE/Chem/CBC/UA Results: HAEC Intake Diagnostics: EPOC: pH 7.344 L CBC: Lymphocytes 6.18K H, Monocytes 1.25K H, Eosinophils 0.05K L Chem15: Total protein 8.3 H, ALT 2162, ALP 1795 H, GGT 22 H, Chol 361 H Catalyst pancreatic lipase: 330 (equivocal) Urinalysis (pre-fluids): USG 1.018, pH 7.0, otherwise unremarkable CONCLUSIONS: 1. Thin caudal vena cava and pulmonary vasculature likely indicate dehydration. 2. Mild diffuse bronchial pulmonary pattern with osteomas but no definitive evidence of pulmonary metastatic disease. This is likely incidental/age-related although chronic bronchitis or other lower airway disease could be present. 4. Reduce abdominal serosal margin detail. 5. No definitive evidence of gastrointestinal mechanical obstruction is seen.

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 pelvic urethra was imaged 1.0 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 5.1 cm. The right kidney measured 4.3 cm. Slight cortical infarct was noted at the dorsal cortex of the right kidney.

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 0.77 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland was visualized obliquely, measuring 0.7 cm.

Spleen

The **spleen** revealed a hypoechoic nodule, measuring 1.8 cm, at the caudal pole. Micronodular parenchymal changes were noted elsewhere in the spleen. Cranial folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional hypoechoic nodule was noted in the liver, measuring up to 1.0 cm. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

Gastrointestinal

The **stomach** was overdistended with some shadowing gastric fundic material (up to 1.6 cm). The pylorus was thickened with echogenic remodeling. A 1.8 cm tissue thickened was noted at the duodenum and pyloroduodenal junction. The distal small intestine and colon were unremarkable.

Pancreas

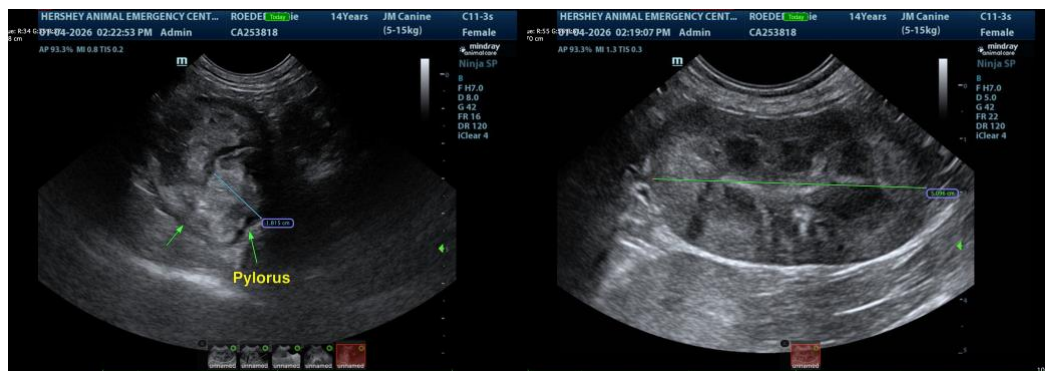
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

ULTRASONOGRAPHIC FINDINGS

- Overdistended stomach with delayed outflow pattern. Some shadowing gastric fundic material was noted. This may represent medications or foreign matter. Pyloric/duodenal thickening- There is strong concern for a neoplastic event, such as carcinoma, chronic inflammatory disease is possible.
- Nodular hyperplasia splenic and hepatic patterns- cannot rule out potential underlying splenohepatic neoplasia.
- Slight cortical infarct at the dorsal cortex of the right kidney.
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, FNA of the splenic and hepatic nodules, as well as endoscopy or exploratory pyloric surgery is indicated. Bill Roth procedure may be necessary in this patient, if no metastatic disease is found on FNA.





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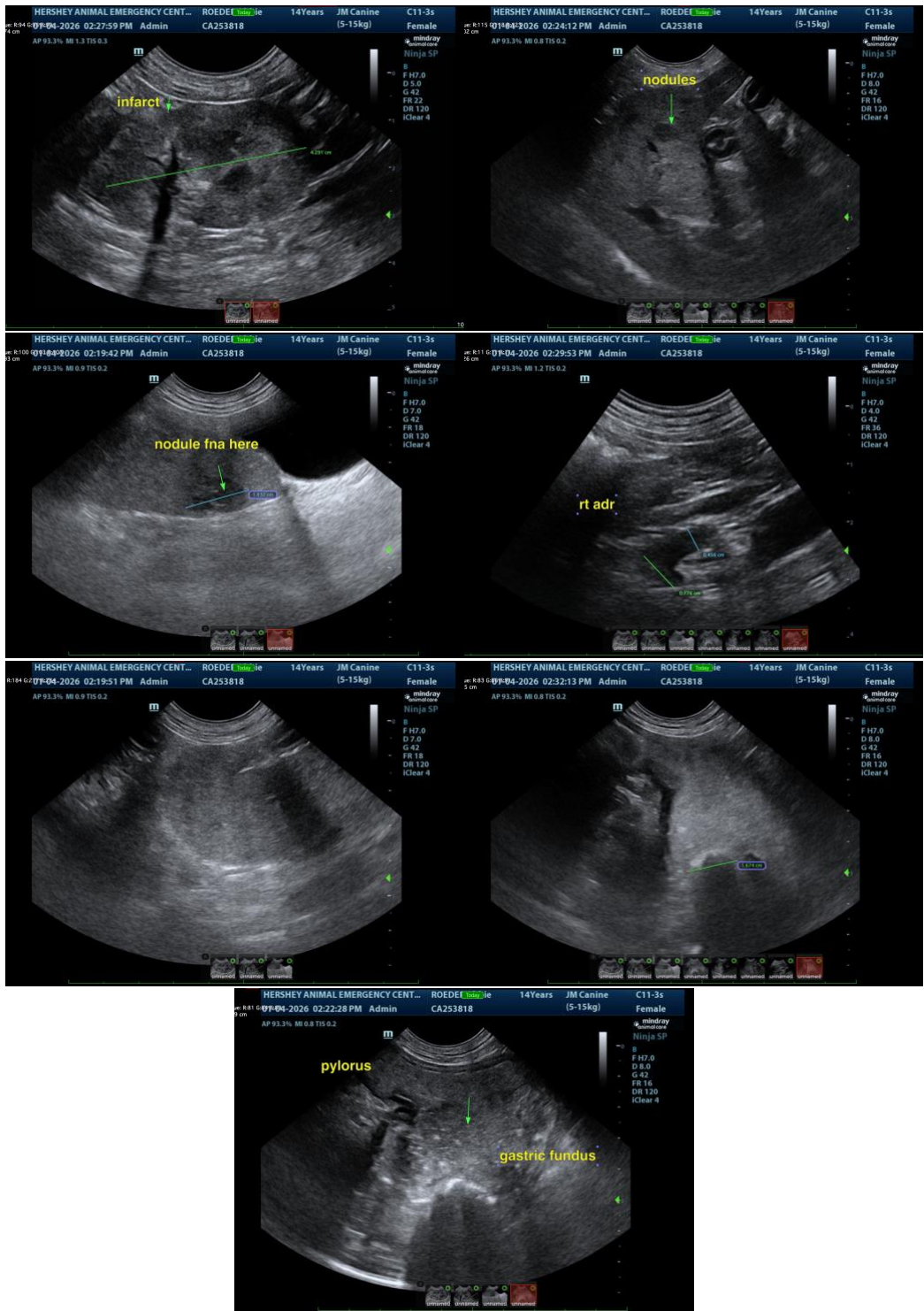
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The information and recommendations provided are based on the images presented by the referring



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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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