



PATIENT

Scooby Sumner

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

68 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

Dr. Scott

INVOICE

34046

DATE

1/7/22

PRESENTING CLINICAL SIGNS

For at least the last 4 days has been vomiting, will keep some meals down and vomit others, vomits different times of the days- some bile some food, not super interested in dog food but will eat human food, may have been vomiting longer than the last 4 days owner not positive if he has vomited outside
Abnormal PE/Chem/CBC/UA Results: weight loss -- 14lbs since september drooling when he came in today CBC/Chem pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. A minimal amount of urine was present. 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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.0 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented multifocal coalescing hypoechoic micronodular changes.

Liver

The **liver** presented multifocal nodular changes and remodeling. The gallbladder was double layered and edematous with micropolypoid changes and minor debris. Hepatic lymphadenopathy noted.

Gastrointestinal

The **stomach** presented a concentric infiltrative pattern. Wall thickness measured up to 2.5 cm. Complete loss of mural detail noted. Regional lymphadenopathy and reactive mesentery noted. This is strongly suggestive for infiltrative disease. The small intestine and colon presented excessive thickening with increased submucosal layer.

Pancreas

The **pancreas** presented heterogeneous hypoechoic parenchymal changes with regional inflammation.

ULTRASONOGRAPHIC FINDINGS

- Suspect gastric neoplasia, carcinoma or lymphoma. Mild potential for severe gastritis.
- Undefined nodular splenic and hepatic changes
- Regional lymphadenopathy – suggestive for infiltrative disease.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the gastric wall, spleen and liver all indicated. Prognosis is very guarded to poor.

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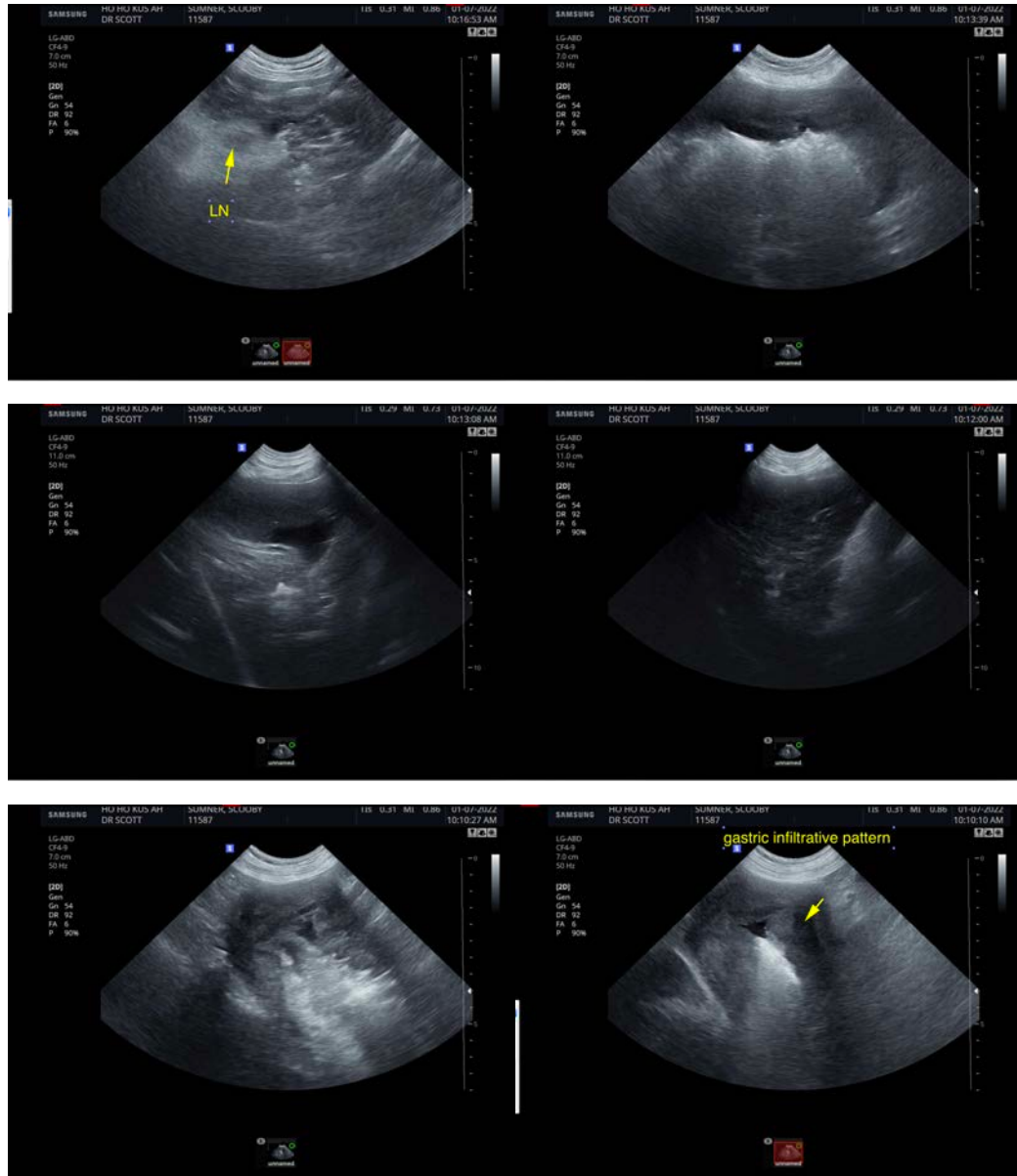
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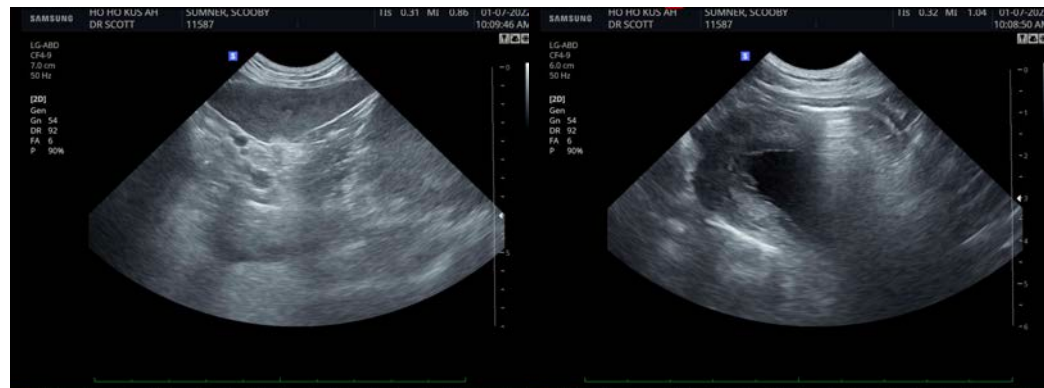
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com