



**PATIENT**

Bayley Conner

**SPECIES**

Canine

**BREED**

Retriever Cross

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

22 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Dr. Markland

**INVOICE**

42287

**DATE**

11/2/22

**PRESENTING CLINICAL SIGNS**

History: Bayley has lost 7 kg in the past two months in spite of a ravenous appetite. Her activity and water intake are normal. She is not vomiting or having diarrhea per the client. No melena or frank black blood are seen in her stools. Physical exam is unremarkable with the exception of being very thin (BCS of 3/9). Chemistry is normal.

Abnormal PE/Chem/CBC/UA Results: Microcytic regenerative anemia (values not provided).

**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 **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 6.8 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 2.54 x 0.68 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland measured 2.23 x 0.53 cm at the cranial pole and 0.56 cm at the caudal pole.

**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 was noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



**PATIENT**

**Gastrointestinal**

Bayley Conner

The **stomach** in this patient presented concentric, disruptive, mixed hypoechoic mass. The mass is concentric occupying the pyloric antrum to the fundus. The duodenum and small intestine is unremarkable.

**SPECIES**

Canine

**Pancreas**

**BREED**

Retriever Cross

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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Gastric mass with retention of ingesta.

**AGE**

8 years

Otherwise, unremarkable abdomen.

**WEIGHT**

22 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy or FNA is recommended. There is a minor potential for granulomatous, non-neoplastic disease. There is no overt evidence of metastatic disease.

**INTERPRETED BY**

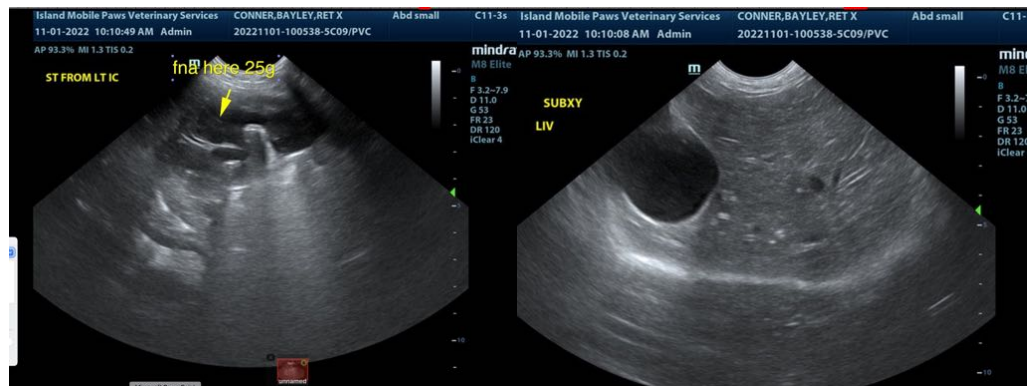
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS



**REFERRING VET**

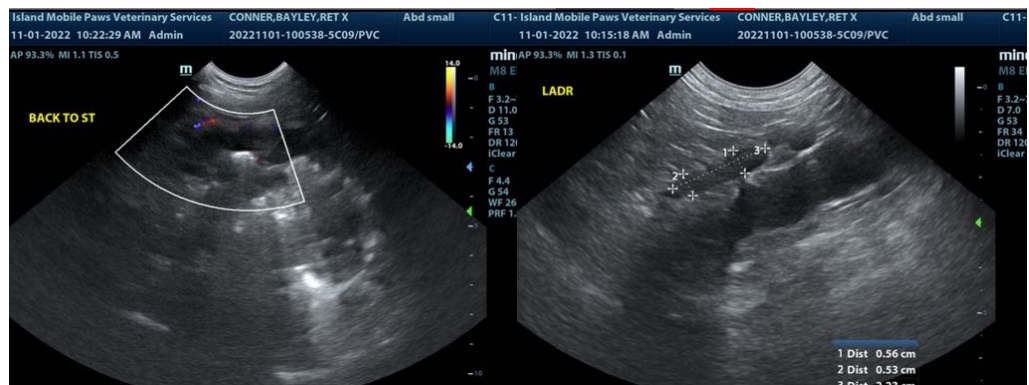
Dr. Markland

**INVOICE**

42287

**DATE**

11/2/22





**PATIENT**

Bayley Conner

**SPECIES**

Canine

**BREED**

Retriever Cross

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

22 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

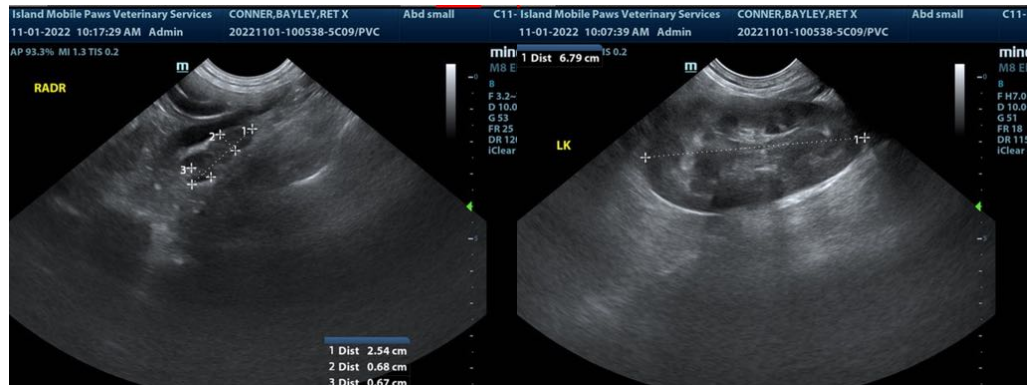
Dr. Markland

**INVOICE**

42287

**DATE**

11/2/22



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  
info@SonoPath.com