



**DATE PRESENTING CLINICAL SIGNS**

11/28/25

**Patient History:** Kobe Troutman presents for vomiting and loss of appetite. Patient History: - Owner out of town, father watching Kobe. Owner mentioned yellow sclera before leaving town. - Inappetence x 2 days. - Vomiting x 2 days. - Slow ingestion of treat today; able to ingest treat slowly. - Not eating treats for several days per client's report. - No reported diarrhea, coughing, or sneezing.

**PATIENT**

Kobe Troutman

**Current Medications:** Ondansetron, Ampicillin, Denamarin, Vitamin B, Baytril, Cerenia.

**Labwork Results:** Labwork attached.

**SPECIES**

Canine

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** STAT requested.

**BREED**

Husky x

**Imaging Performed by:** Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered Male

**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 were noted. Ureteral papillae were normal. Foley catheter was in proper position.

**AGE**

11/26/21

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 right kidney measured 7.15 cm. The left kidney measured 6.45 cm.

**WEIGHT**

55 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**Adrenal Glands**

The **left adrenal gland** was 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. Left measured 0.60 cm.

**HOSPITAL NAME**

Animal Emergency  
Hospital

The region of the **right adrenal gland** was unremarkable.

**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.

**REFERRING VET**

Dr. Ruby

**INVOICE**

72164

**Liver**

The **liver** presented largely unremarkable parenchyma, with lobar biliary duct dilation. The gallbladder was unremarkable.

**Gastrointestinal**

Undifferentiated **gastric** wall thickening noted up to 1.5 cm with loss of structural detail. The infiltrative pattern continued from the gastric fundus to the pyloric antrum and upper duodenum, strongly consistent with infiltrative disease/lymphoma or similar. The distal small intestine and colon were unremarkable.

An epigastric lymph node was hypoechoic, irregular and rounded, measuring 1.53 cm. Pericapsular inflammatory pattern noted.

### **Pancreas**

The **pancreas** revealed minor heterogeneous parenchymal changes, yet primary disease unlikely.

### **Free Abdomen**

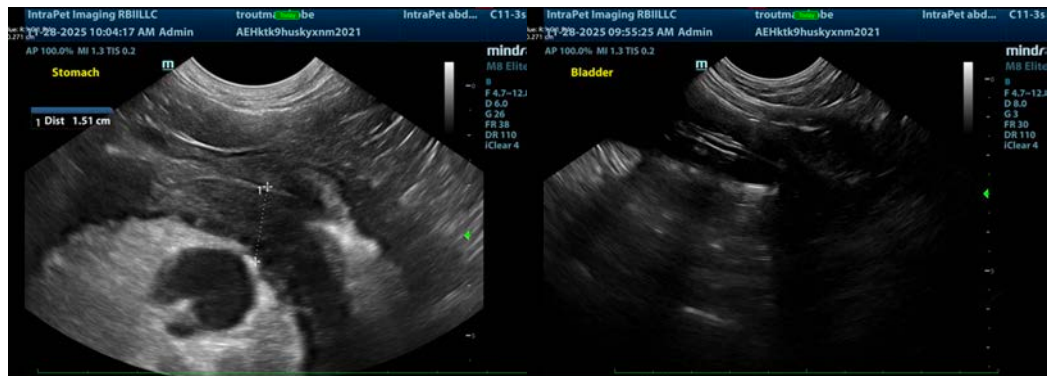
Multiple cranial abdominal **lymph nodes** presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

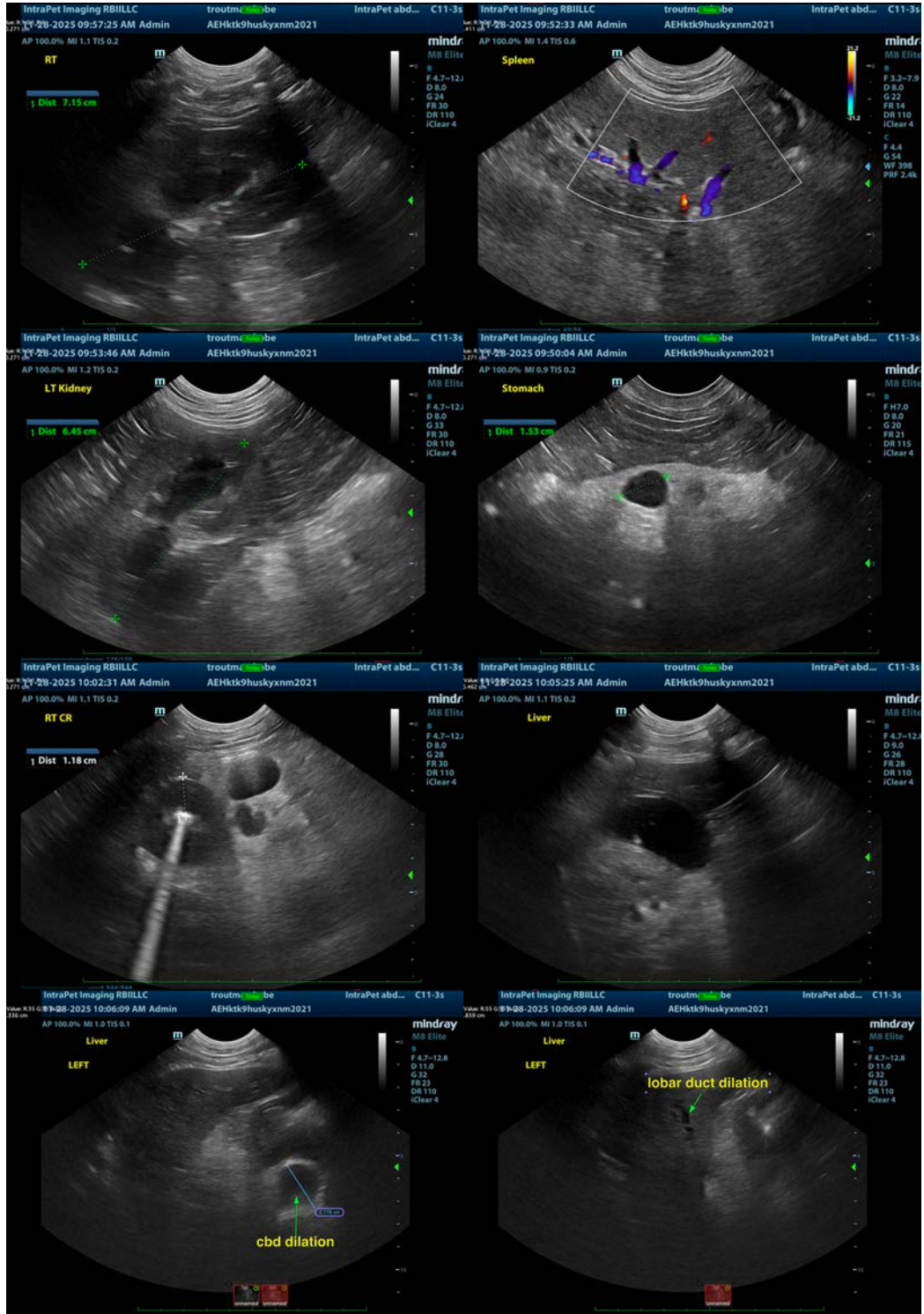
### **ULTRASONOGRAPHIC FINDINGS**

- Multicentric round cell neoplastic pattern likely involving upper GI and liver. Even though only subtle changes are noted in the liver, given the clinical profile, infiltrative disease is suspected in the liver.
- Cranial abdominal lymphadenopathy.
- Minor heterogeneous pancreas.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the stomach, accessible lymph nodes and liver indicated.





**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.

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