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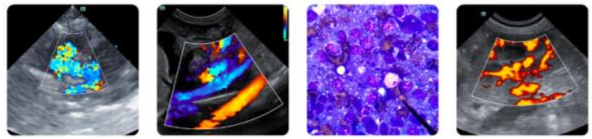


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Kojo Achey

SPECIES

Canine

BREED

Huskie Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

42 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Victoria Orlando

INVOICE

35699

DATE

11/29/25

PRESENTING CLINICAL SIGNS

History: 8/2025 treated for IMHA suspected secondary to anaplasmosis. Then diagnosed with gastric ulcer. Medications weaned in September- rechecked bloodwork in Oct show improvement. Patient is now trying to eat but collapsing. Marked weakness. Previous diagnosis: Resolved anemia (presumed immune-mediated) Steroid-induced hepatopathy (elevated ALP-improving, 18x upper reference, previously 20x)) Polyuria/polydipsia (secondary to prednisone) Muscle wasting (secondary to prednisone) History of Anaplasma exposure-follow up PCR test negative persistent mild elevation in BUN Thin body condition (BCS 3/9) with muscle atrophy-improved, suspect muscle atrophy PE: Pale mm, single spot of petechiation on tongue 2/6 HM Abdominal: Tense and uncomfortable upon palpation, suspect cranial organomegaly Weak to stand, MCS 2/3

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 3.03 (L), HCT 18.4 (L), Hgb 6.8 (L), WBC 226.23 (H) epoc: potassium low (3.2), Lactate HIGH: 13.41, chem: Glucose 251, BUN 32, alp 394, chol 81

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 iliac trifurcation was unremarkable.

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 7.3 cm. The right kidney measured 7.3 cm.

Adrenal Glands

The **left adrenal gland** was flattened, measuring 0.32 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was slightly hypoechoic with mild scalloping contour.

Liver

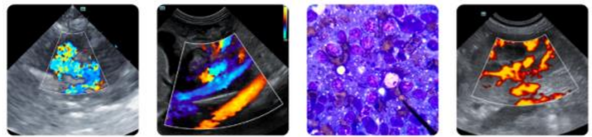
The **liver** was uniform, hypoechoic with subtle heterogenous parenchymal changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

An 8.0+ cm hypoechoic mass was noted in the cranial abdomen deriving from the **gastric** wall. Ultrasound guided FNA is indicated. The small intestine and colon were unremarkable.

Pancreas

**See Interpretation section.



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Free Abdomen

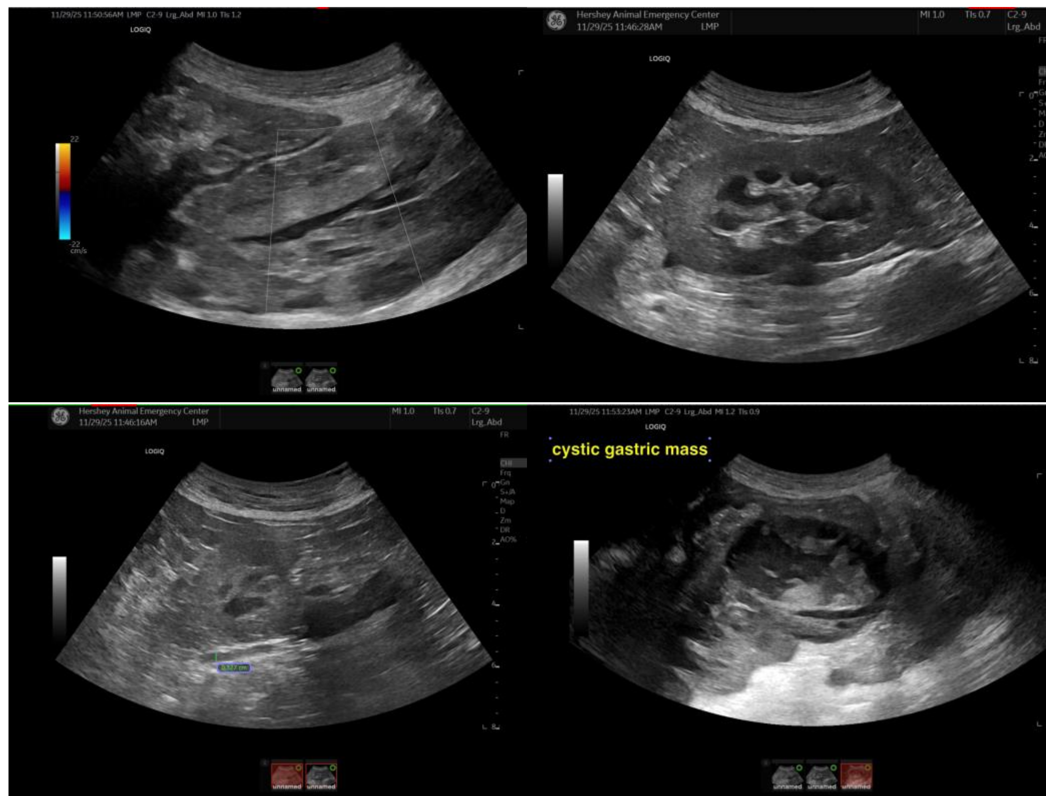
Free fluid was noted in the abdomen.

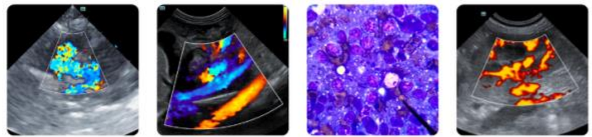
ULTRASONOGRAPHIC FINDINGS

- Cystic gastric mass - possible abscessation versus neoplastic event with cavitation
- Regional peritonitis or paraneoplastic effusion
- Pancreas is also involved in the mass type process
- Flat left adrenal gland
- Slightly hypoechoic spleen with mild scalloping contour
- Hypoechoic liver with subtle heterogenous parenchymal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is recommended. Prognosis is guarded to poor. Both pancreas and stomach are involved in the mass type process, however, this may be inflammatory and septic related, as opposed to neoplastic.





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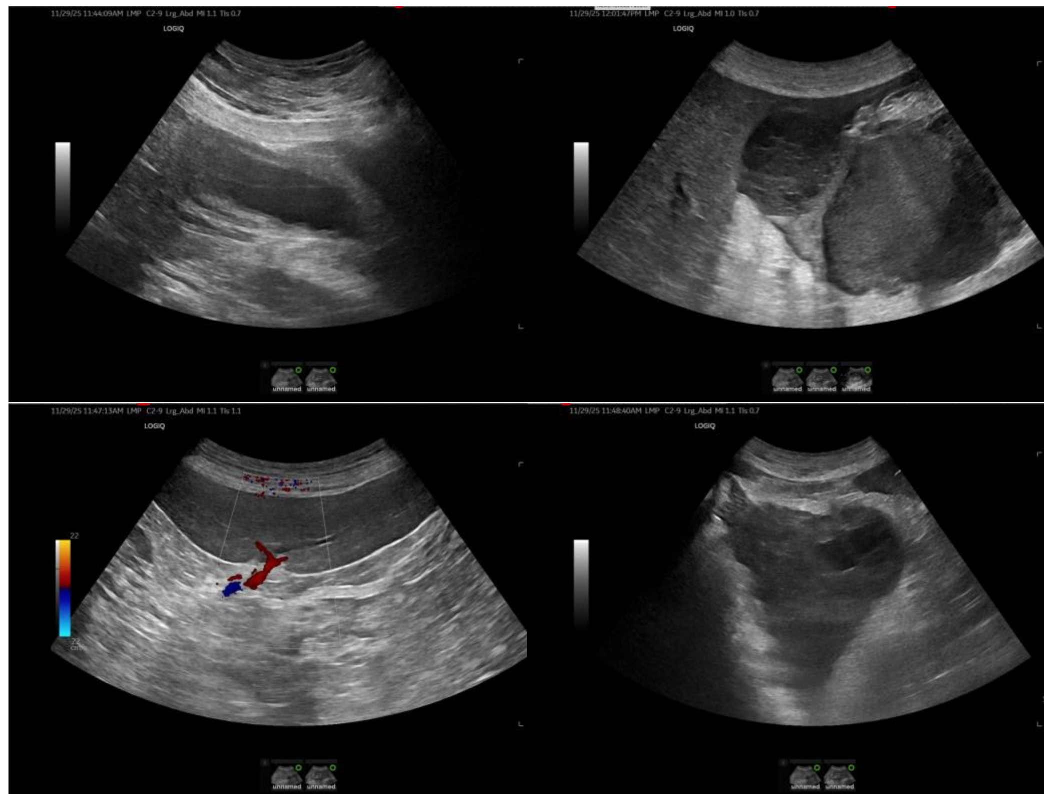

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com