



PATIENT

Corvo Gerritzen

SPECIES

Canine

BREED

Frenchie

SEX

Neuterd Male

AGE

7 Years

WEIGHT

15.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

12110

DATE

11/05/25

PRESENTING CLINICAL SIGNS

5-day history vomiting, inappetence, lethargy, diarrhea. Initially had a dry cough but has since resolved. icteric sclera icteric pinnae stenotic nares, referred upper airway sounds dramatic sinus arrhythmia, no murmur painful on mid to caudal abdominal palpation

Abnormal PE/Chem/CBC/UA Results: CBC -- WBC 3.84K (L), Neut 2.87K (L), Lymph 0.72K (L), Eos 0.03K (L), Platelets 50-100K/uL mod decreased Chem -- BUN 6 (L), ALT unreadable, ALP 2,236, GGT 21, Tbil 4.9 Pancreatic lipase -- 30 WNL EPOC -- Lac 3.85, BUN 3 (L), Gluc 130 UA (free catch) -- USG 1.028, pH 9, Prot 30 mg/dL, Bili 6 mg/dL PT/aPTT -- 20.2 (H)/110.3 (n) Radiographs -- Cardiac silhouette is not super clear on laterals, but appears WNL V/D. Intestines moderately gas/fluid distended and inflamed. Otherwise, unremarkable. Lepto Witness -- negative BP intake -- 169/140 (144)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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.

The **residual prostate** measured 6.0 mm.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.70 cm width at the cranial pole. The right adrenal gland measured 0.90 cm width at the caudal pole and 1.0 cm width at the cranial pole.

Spleen

The **spleen** was mildly enlarged with subtle micronodular changes. The spleen was folded upon itself caudally and cranially.

Liver

The **liver** revealed hepatic remodeling and increased portal markings with nodular changes. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction.



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Gastrointestinal

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The **stomach** revealed a thickened gastric wall. Variable small intestinal changes were present with wall thickening.

SPECIES

Pancreas

Canine

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.

BREED

Frenchie

Free Abdomen

SEX

The mid abdomen **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. The lymph nodes measured up to 2.0 cm. Reactive mesentery was present extending into the pancreas.

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ULTRASONOGRAPHIC FINDINGS

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- Age-related renal changes.
- Folded spleen.
- Hepatic remodeling.
- Thickened gastric wall.
- Hypertrophic adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for multicentric round cell neoplasia and spleen/liver lymph nodes. Ultrasound guided FNA of the accessible lymph nodes, spleen and liver is indicated to confirm suspicion. Cholangiohepatitis with splenitis and reactive lymph nodes are possible. Ultrasound guided sampling is essential in this case. Prognosis is extremely guarded pending upon cytology results.

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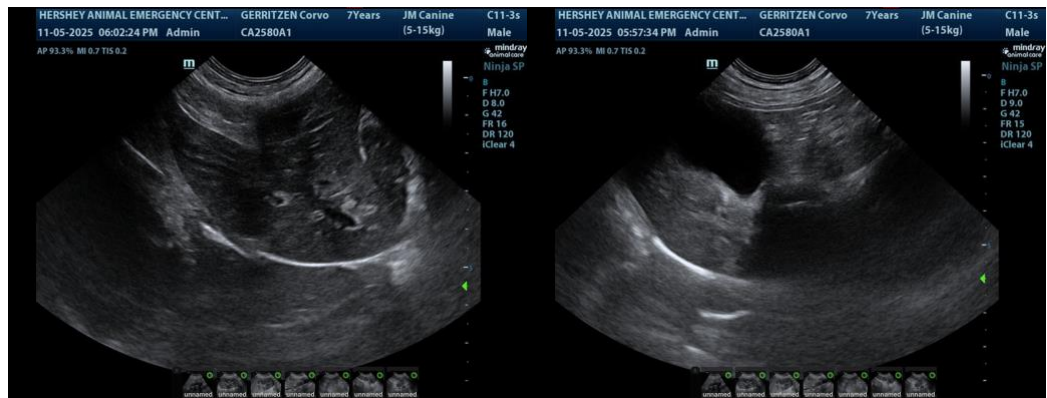
Dr. Cara Sinopoli

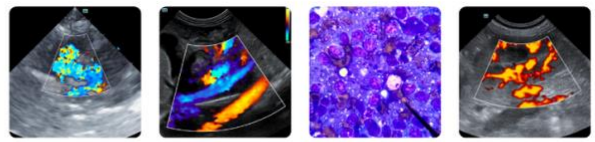
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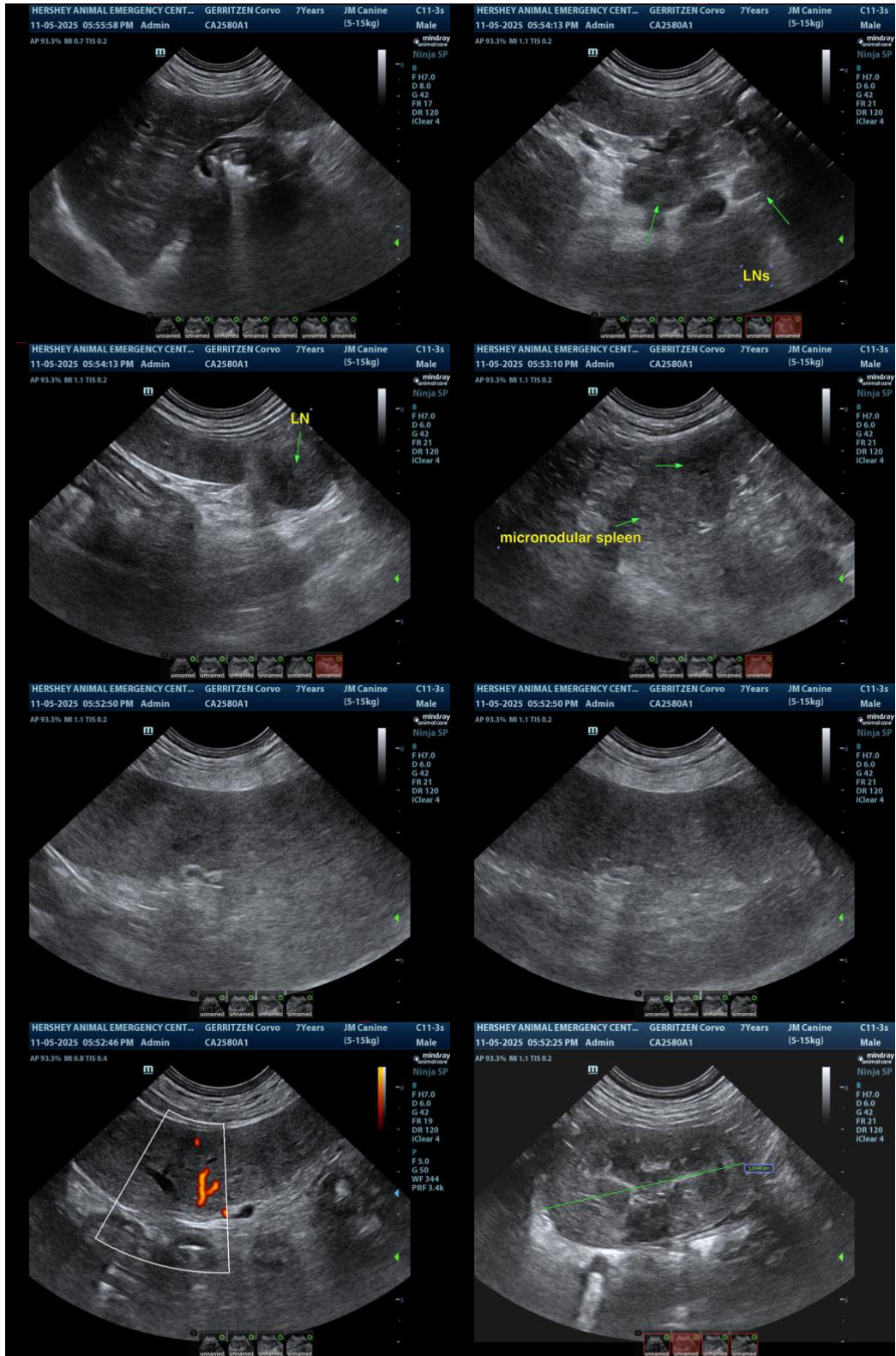
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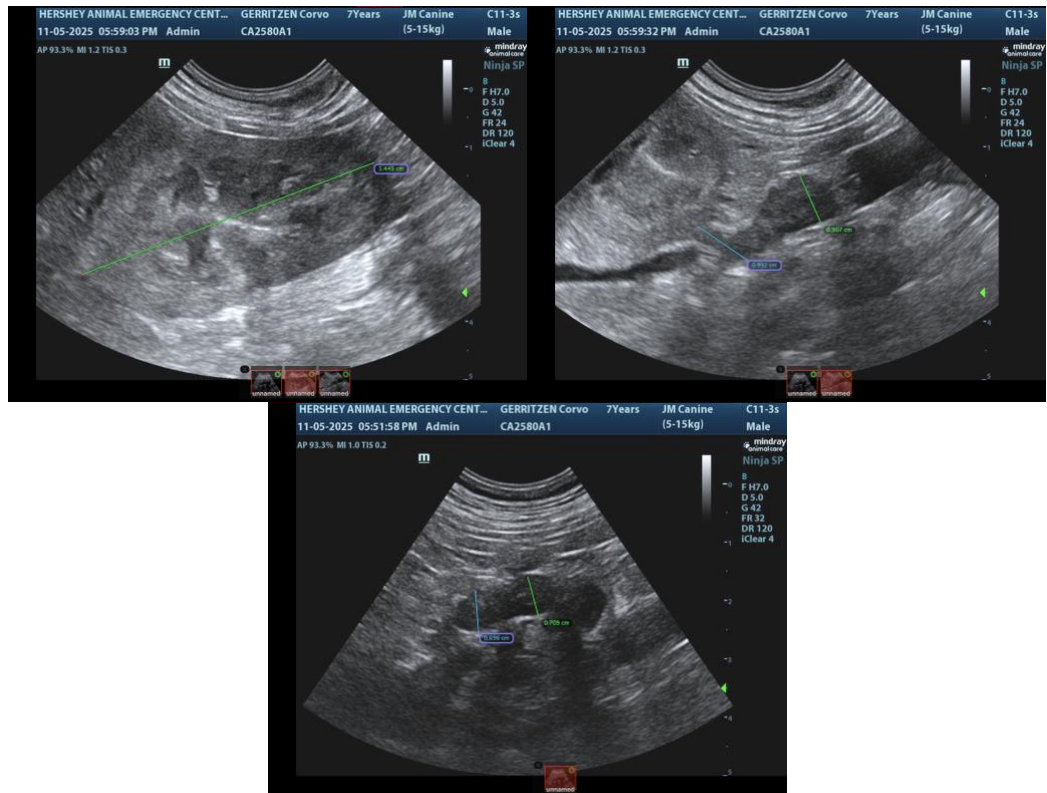
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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