



## PATIENT

Echo Leguizamon

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

96

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ray Caughman

## HOSPITAL NAME

Dogwood Animal  
Hospital

## REFERRING VET

Dr. Tiffanie Britt

## INVOICE

12105

## DATE

11/05/25

## PRESENTING CLINICAL SIGNS

P has hx of gastrotomy on Sept 8, 2025, carpet removed from stomach at time of surgery. p restless and appears painful for last 36 hours, p will drink water, no vomiting, no interest in food, but will take treats at times n last 24 hours. p painful on palpation at time of PE Rads - gas entrapment in cranial portion of abdomen dorsal to stomach, also gas distention of GI tract mid-abdomen.

## 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 were noted. Ureteral papillae were normal.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 7.02 cm in length.

The **right kidney** was visualized obliquely. The right kidney measured approximately 6.0 cm in length.

### 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. The left adrenal gland measured 0.89 cm width.

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

### Spleen

The **spleen** presented mildly enlarged, slightly heterogenous and uniform which is typical for the breed.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### Gastrointestinal



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The **stomach** was empty and appeared to be in proper position without over distention. The pyloric antrum in this patient revealed transmural mucosal and submucosal hyperechoic remodeling appear to enter into the muscularis. This is excessive for a potential surgical recovery. Region measured approximately 4.0 cm x 2.0 cm, most consistent with granulomatous gastritis or potential emerging neoplasia. No evidence of foreign matter.

The distal small intestine and colon were unremarkable.

**Pancreas**

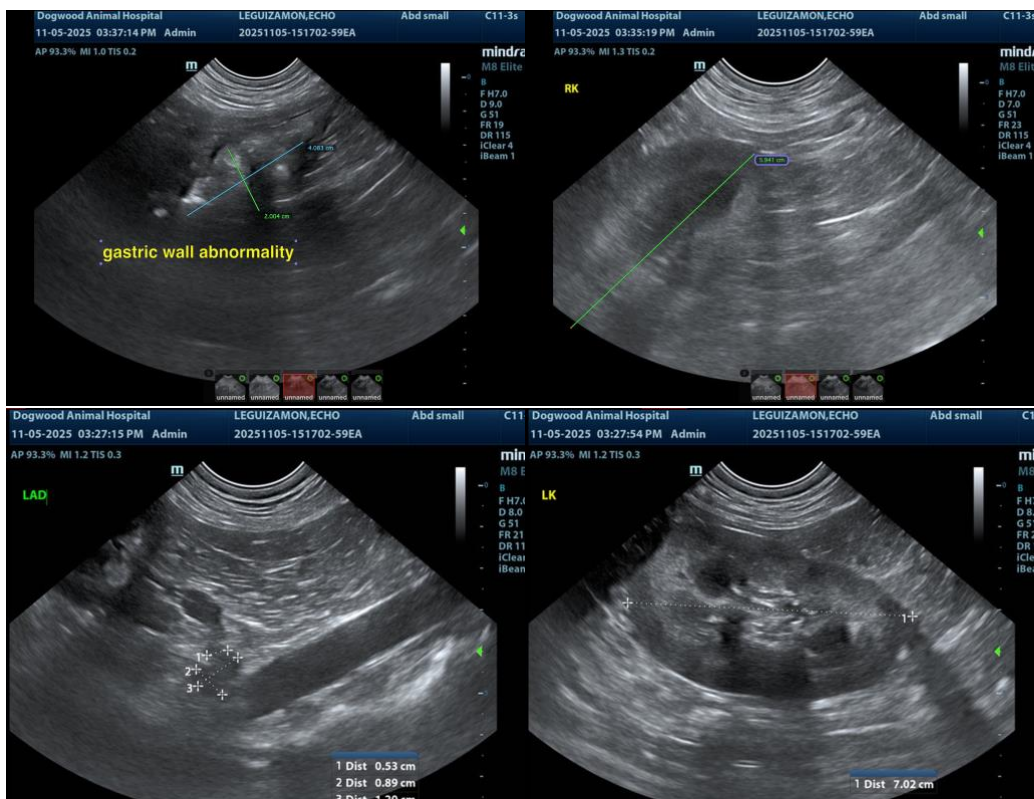
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Age-related abdominal changes.
- Enlarged spleen.
- Gastric wall abnormality- emerging carcinoma, granulomatous disease, ulcerative gastritis are all possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy or better yet, surgical exploratory with gastric wall resection is likely in this patient's best interest.





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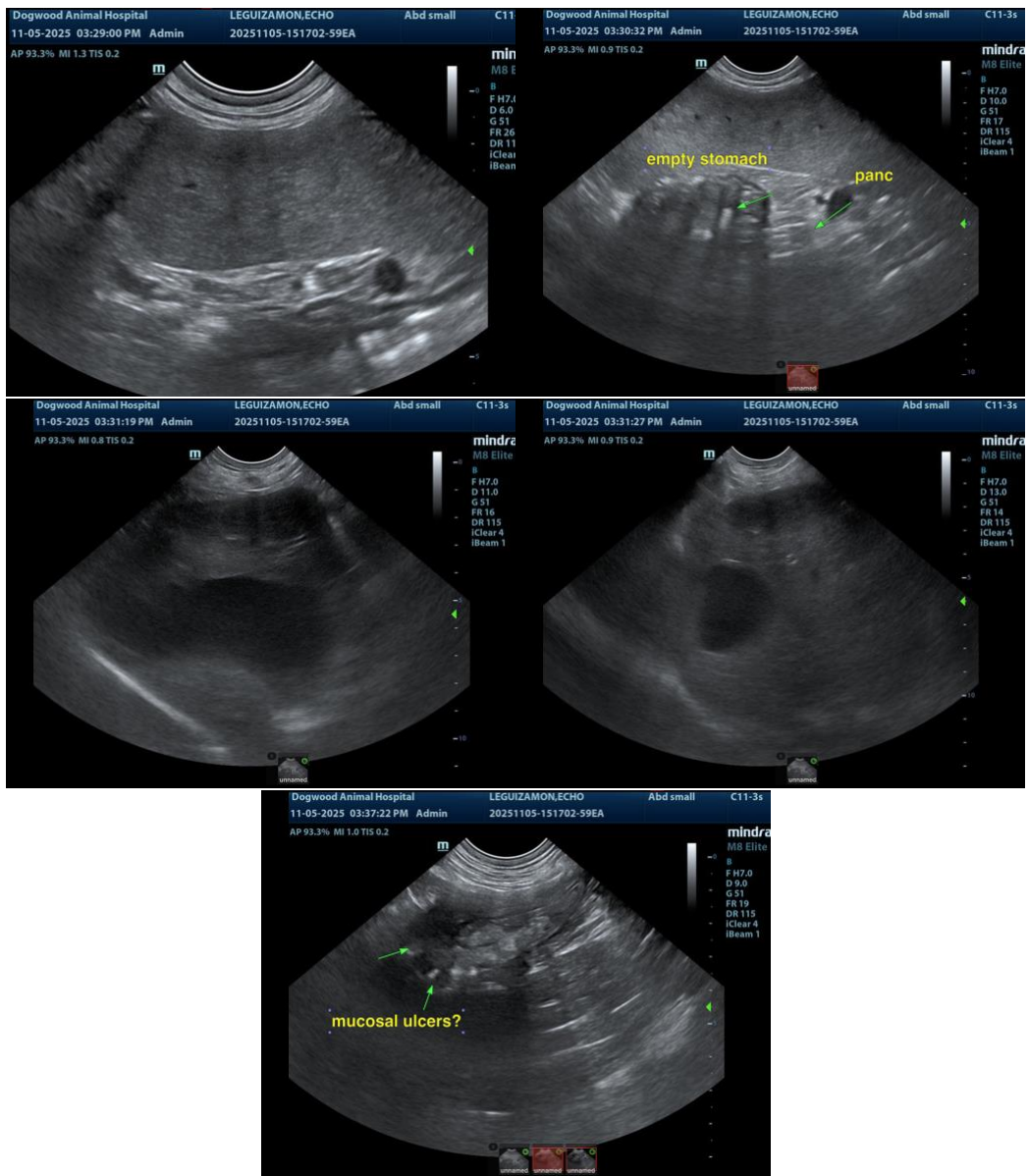
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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