



**PATIENT**

Big Boy Freddie

**SPECIES**

Canine

**BREED**

Mastiff

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

159 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

**IMAGING  
PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

**REFERRING VET**

Dr. Amr Nada

**INVOICE**

35912

**DATE**

12/15/25

**PRESENTING CLINICAL SIGNS**

History: Emesis with blood, diarrhea with blood. Clinical Findings: Entropion OU, Cachexic, Weak, BCS 2/9. Multifocal Yellow-Tan crusted lesions throughout coat. Current Meds: Cerenia, Ondansetron, Entyce, Convenia inj.

Abnormal PE/Chem/CBC/UA Results: Anemia without reticulocytosis. Likely non-regenerative anemia. Consider pre-regenerative anemia. Monocytosis - consider inflamm. BW from 12/10/25. HCT 33.7%, WBC 29.41 Neg 4dx on 12/12 Neg Ova and parasites 12/3.

**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 right kidney measured 8.7 cm. The left kidney measured 8.38 cm. An anechoic cyst was noted at the medial cortex of the left kidney. The cyst measured 1.25 cm.

**Adrenal Glands**

The **right 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 right adrenal gland measured 2.46 cm x 1.01 cm at the cranial pole and 0.59 cm at the caudal pole.

The **left adrenal gland** was slightly enlarged at the cranial pole, measuring 1.28 cm x 0.63 cm at the caudal pole and 2.65 cm in length.

**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.

**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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was 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.

**Other**

**Pleural effusion** was noted through the diaphragm.

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific gastroenteritis pattern
- Pleural effusion incidentally through the diaphragm
- Slightly enlarged left adrenal gland
- Left kidney anechoic cyst

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Thoracic work up is indicated. Chest radiographs, pleurocentesis, +/- chest CT is indicated. GI protectant protocol and treatment hemorrhagic gastroenteritis otherwise.





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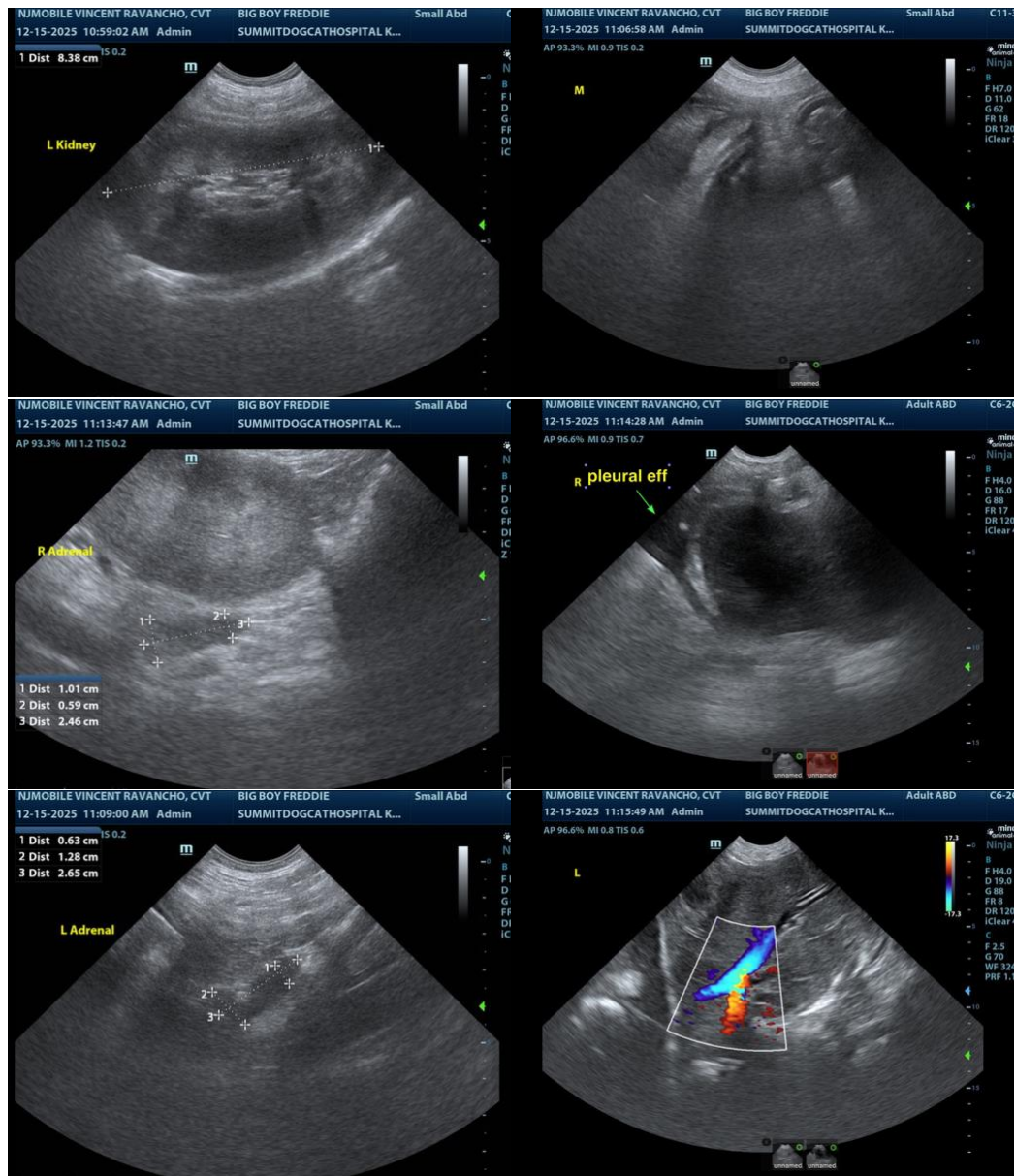
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)