



## PATIENT

Mila Schecter

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

50.4 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Varujan  
Belekdanian

## HOSPITAL NAME

Overpeck Creek  
Animal Hospital

## REFERRING VET

Dr. Varujan  
Belekdanian

## INVOICE

12734

## DATE

12/17/25

## PRESENTING CLINICAL SIGNS

Mila is a 9 year old Australian Cattle dog who presents for chronic intermittent colitis, non-intentional weight loss, and diarrhea since July 2025. A CBC/Chem from August 2025 came back within normal limits. PLI and resting cortisol came back within normal limits also. Patient responds well to a low-fat/digestible diet and Visbiome, but then without insult will begin having diarrhea. Patient does not get human food. A B12/B9/TLI and Diarrhea PCR panel are currently being run. Patient went from being 57 pounds in July 2025 to 50 pounds today (edited)

## 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 **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 5.0 cm in length. The right kidney measured 5.0 cm in length.

### 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 0.40 cm width.

The region of the **left 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.

### Liver

A hypoechoic nodular change was noted in the **liver**. This cannot be differentiated from ingesta versus mass formation. The gallbladder and common bile duct were unremarkable.

### Gastrointestinal

The **stomach** in this patient presented with concentric wall thickening. Hyperechoic fat was noted around the stomach and base of the pancreas consistent with gastritis/pancreatitis. The small intestine and colon were unremarkable.

### Pancreas



**PATIENT**

See 'Gastrointestinal'.

Mila Schecter

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Hepatic nodular changes.
- Gastroenteritis/pancreatitis pattern with potential emerging gastric neoplasia.

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Recommend medical management for gastroenteritis/pancreatitis. Recheck sonogram in 24-48 hours and complete NPO status after fluid therapy and GI protectants to assess for potential neoplastic event. Endoscopy is warranted. Power doppler assessment of the gastric wall thickening is indicated.

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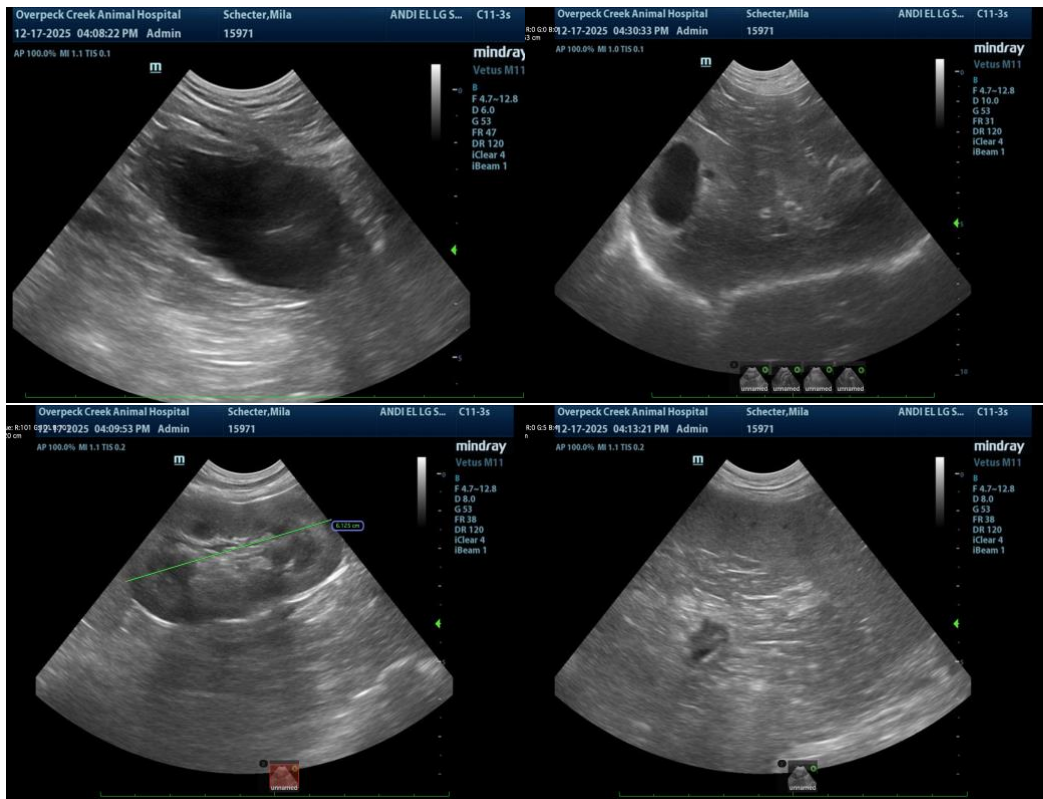
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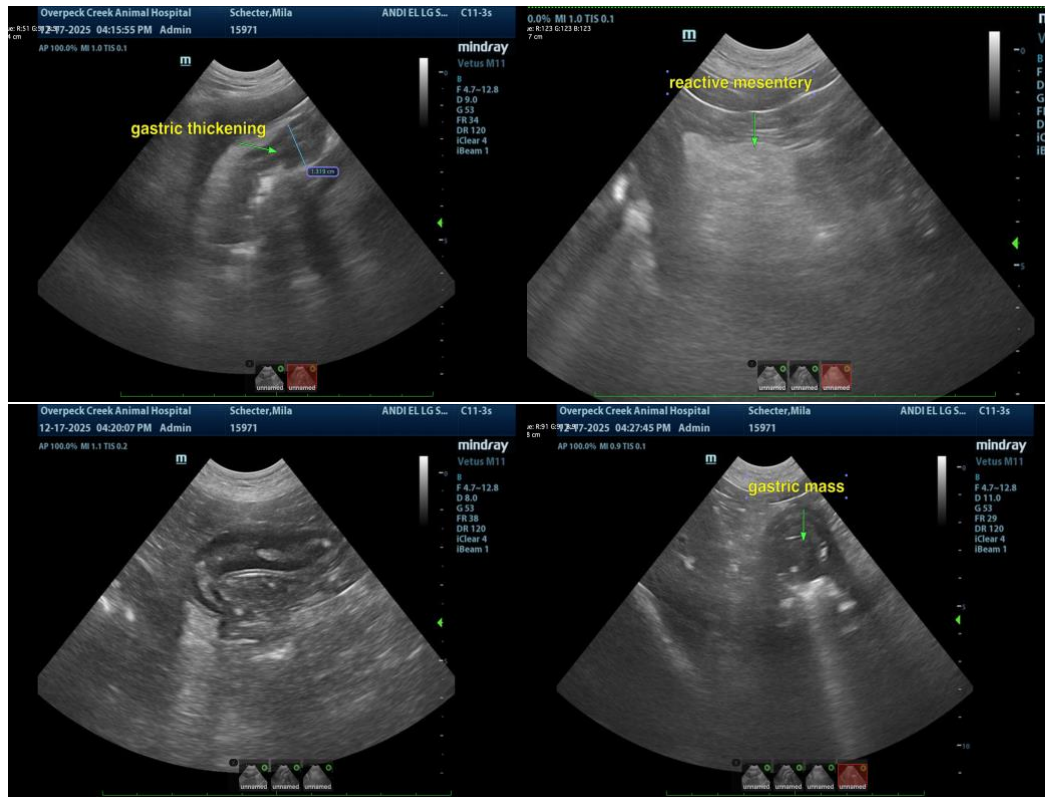
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)