



PATIENT

Percy Winkler

SPECIES

Canine

BREED

Cane Corso

SEX

Neutered male

AGE

9 years

WEIGHT

46 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Harmon

INVOICE

69575

DATE

12/25/25

PRESENTING CLINICAL SIGNS

History: lethargy profuse diarrhea and nausea. Abdomen/Gastrointestinal- Slightly tense, and gasey. No organomegaly or obvious masses. Rectal- Liquid light brown diarrhea noted. No masses or swellings Integument- Clean hair, no ectoparasites or lesions. Lymphatic- No external lymphadenopathy
Abnormal PE/Chem/CBC/UA Results: CPL >1071

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted. The left kidney measured 6.0 cm. The right kidney measured 6.3 cm.

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 0.5 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** revealed a mildly irregular swollen contour and was folded upon itself.

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



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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. Some areas of loss of mural detail was noted and spastic bowel was present. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Soft stool was noted in the colon. Reactive mesentery was noted associated with the intestinal tract extending to the pancreas. Large mesenteric lymph node mass was noted comprised of multiple lymph nodes and two primary large lymph nodes measuring up to 6.0 x 4.0 cm. Ultrasound-guided FNA cytology and culture of the mesenteric lymph nodes are indicated. The lymph nodes encompass and impinge upon the mesenteric artery, which revealed some congestion.

Pancreas

Some secondary **pancreatic** inflammation is likely.

ULTRASONOGRAPHIC FINDINGS

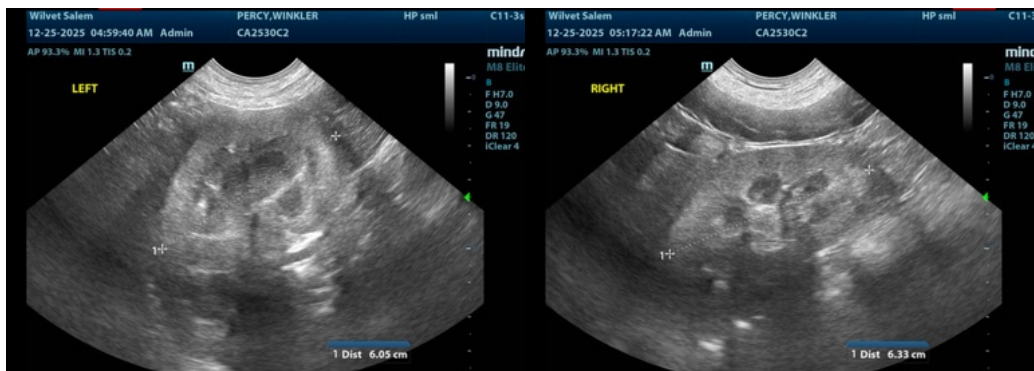
Mesenteric lymphadenopathy.

Heterogenous spleen.

Variable gastrointestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia/lymphoma. Ultrasound-guided FNA cytology and culture of the mesenteric lymph nodes +/- spleen are indicated. Immediate chemotherapeutic intervention is likely necessary. However, there is a mild potential for aggressive lymphadenitis with potential bacterial infection.





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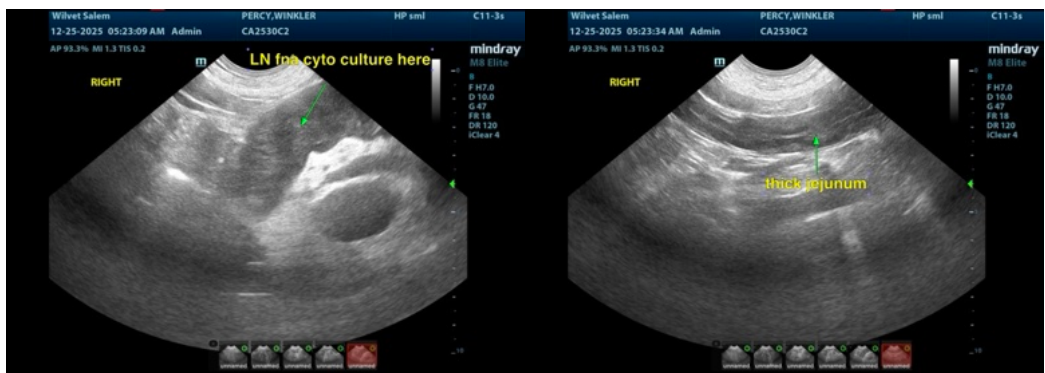
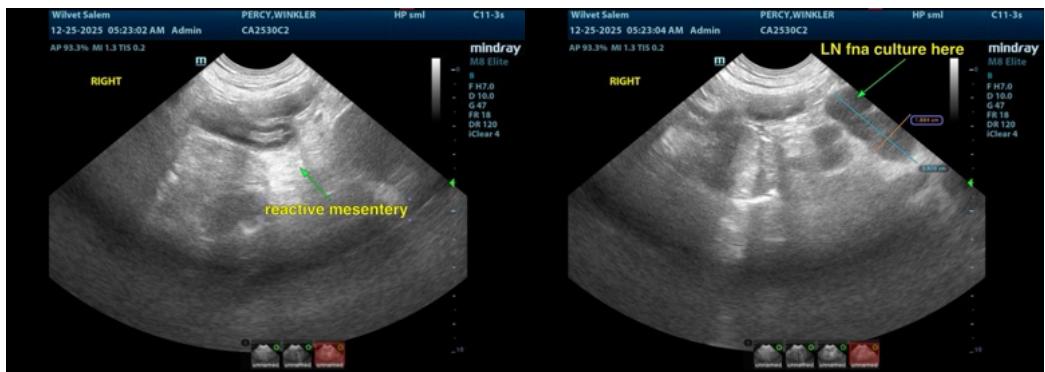
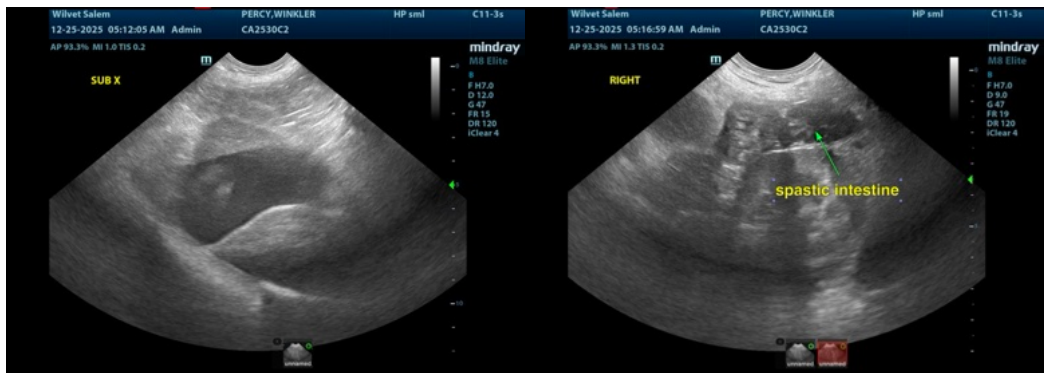
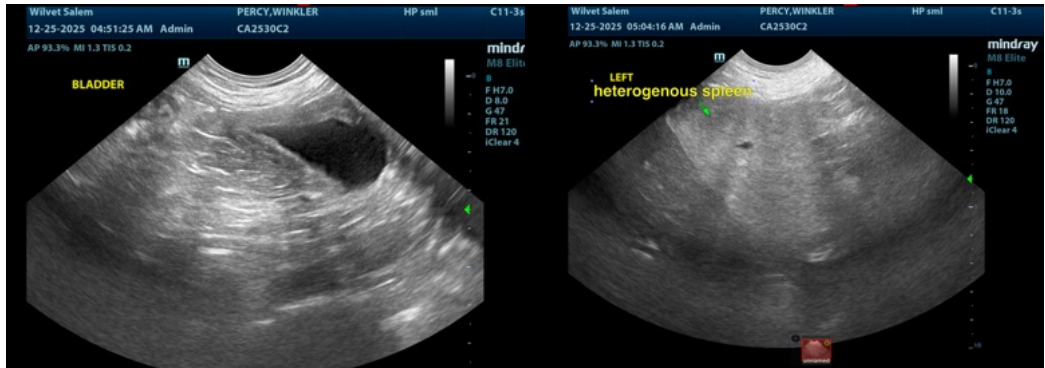
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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