



PATIENT

Lobo Miller

SPECIES

Canine

BREED

Doberman

SEX

Male

AGE

7

WEIGHT

70.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Susan Lincoski, VMD

HOSPITAL NAME

University Drive VH

REFERRING VET

Susan Lincoski, VMD

INVOICE

36801

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Acute onset lethargy and vomit, seen at ER last night with suspicion of gi FB vs. ileus. Referral here for AUS stat due to finances owner unable to do ex-lap at ER. Owner noted stomach "not right" since on antibiotics for toe injury 1-2 months ago, despite probiotics having intermittent diarrhea/vomit.

Abnormal PE/Chem/CBC/UA Results: Positive murphy sign, patient is depressed but also has narcotics on board. Bloodwork revealed mild leukopenia only. Radiographs read by specialist was suspicious for small intestinal mechanical obstruction but could not definitely rule out ileus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed mucus and a slight amount of sand. Concentric wall thickening was noted. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.84 cm. The right kidney measured 5.84 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 2.19 cm x 0.42 cm.

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

Spleen

The **spleen** was mildly enlarged with subtle micronodular changes.

Liver

The **liver** was slightly swollen and hypoechoic. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** presented a minor amount of chyme, yet was structurally unremarkable otherwise, with curvilinear patterns maintained. Spastic bowel was noted. An infiltrative intestinal mass was noted, measuring approximately 3.0 cm in width x approximately 7.0 cm in length, with a concentric wall thickness of up to 1.0 cm, with reactive mesentery and free fluid. Partial obstructive pattern was noted in the distal small intestine. Other variable small intestinal thickening was noted. The colon was unremarkable.

Pancreas



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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.

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Free Abdomen

Echogenic **free fluid** was noted in the abdomen. Enhanced mesentery was noted with adhesion pattern. Mesenteric lymph nodes were enlarged and rounded, measuring up to 2.0 cm. Ultrasound guided FNA is indicated. Nodular omental changes were noted.

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ULTRASONOGRAPHIC FINDINGS

SEX

Male

- Intestinal mass with likely lymph node spread- suspect multicentric intestinal and lymph node neoplasia

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- Potential splenic involvement

- Slightly swollen and hypoechoic liver

- Urinary bladder concentric wall thickening with mucus and a slight amount of sand

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the accessible lymph nodes, intestinal mass, and cross section, as well as ultrasound guided abdominocentesis and cytospin all would be contributive to definitive diagnosis. Suspect round cell neoplasia/lymphomatosis. This is not a surgical presentation. FNA of the spleen would also be ideal.

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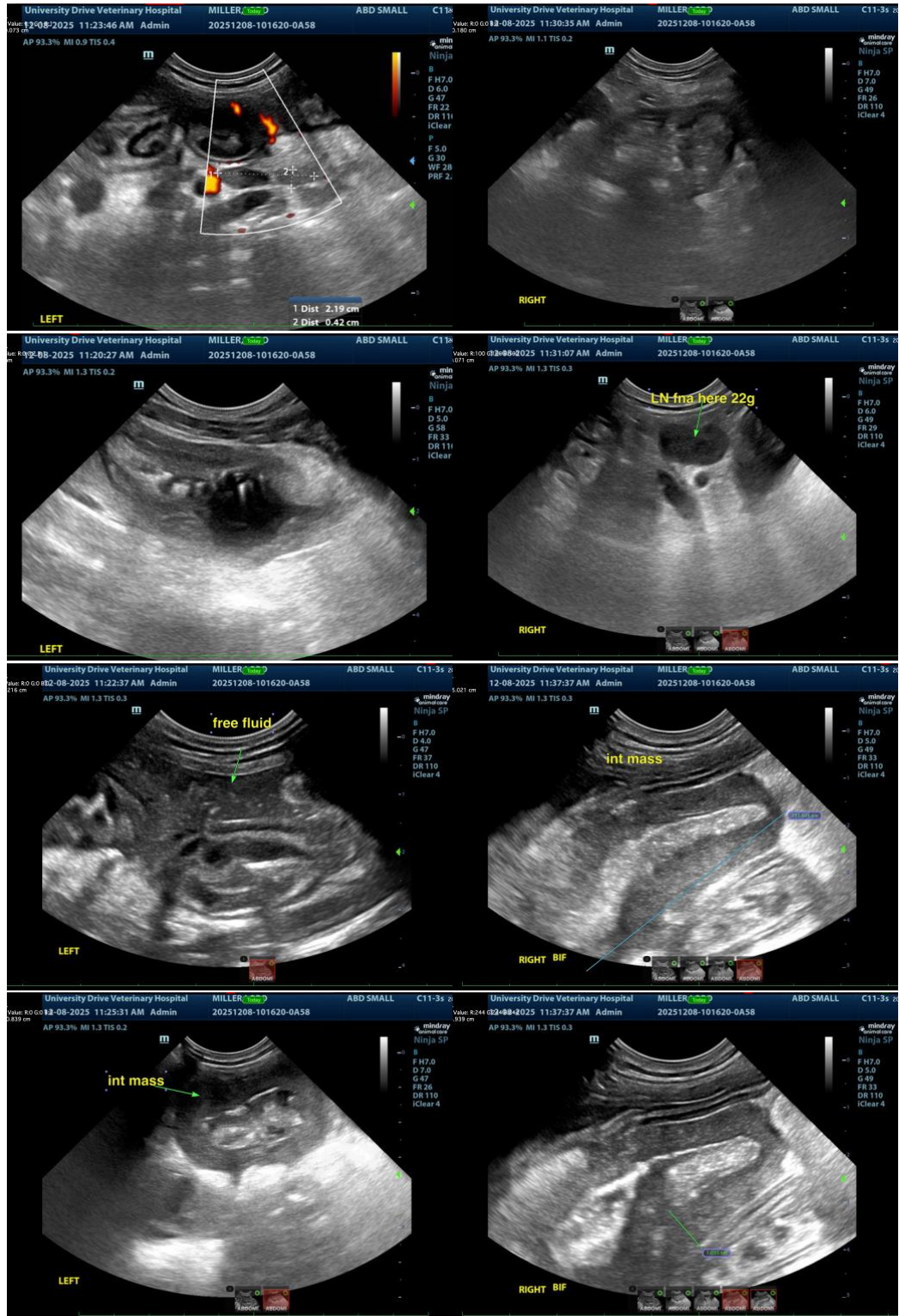
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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