



PATIENT

Sullivan Senn

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years 3 Months

WEIGHT

88.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shelley Lenz

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Shelley Lenz

INVOICE

73201

DATE

2/23/26

PRESENTING CLINICAL SIGNS

Presents for inappetence, adipsia, vomiting (initially bile, now dark brown with blood), and lethargy. Vomiting: onset Thursday night, initially bile, progressed to dark brown with blood Saturday through Monday. Inappetence and adipsia: since Thursday night. Lethargy: noted since onset of clinical signs. Coughing/hacking: nocturnal, non-productive, onset 4-6 weeks ago, resolves quickly. Weight: previously 93-94 lbs (2019), currently 88 lbs; recent increased activity, decreased activity last week. Halitosis: present, likely secondary to vomiting. Diarrhea: not observed at home. No known ingestion of foreign material; possible due to recent separation anxiety. No travel outside Southwestern North Dakota. Last veterinary visit: 2019; interim vaccinations at Circle C clinic. No current medications or supplements.

Abnormal PE/Chem/CBC/UA Results: **ABNORMALS:** Lethargic, uncomfortable, not active at home; Halitosis; Diarrhea: perianal region, malodor Abnormal bw: Glucose 122, Potassium 3.1, WBC 27.63, NEU 25.48, HGB 18.4, MCH 24.7 Pending chest rads

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 pelvic urethra was imaged 1.0 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. Left kidney measured 6.9 cm. Right kidney measured 6.9 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. Left adrenal gland measured 0.60 cm.

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

Spleen

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

Liver

The **liver** was slightly enlarged yet uniform parenchyma. The gallbladder and common bile duct were unremarkable. No overt masses. However, I cannot rule out an early infiltrative event.

Gastrointestinal

The **gastric wall** is significantly thickened at 1.5 cm with mild anechoic luminal fluid and enhanced surrounding mesentery. The small intestines and colon were unremarkable with normal curvilinear



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mural patterns and content.

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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.

Canine

BREED

Free Abdomen

Mixed

A pancreatic lymph node was enlarged up to 2.0 cm x 1.0 cm with reactive surrounding mesentery.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Severe gastric thickening with regional lymphadenopathy.
- Prominent spleen.
- Slightly enlarged liver.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

8 Years 3 Months

Strong concern for gastric neoplasia. Severe gastritis also possible. Sampling is essential in this patient. Ultrasound guided FNA of the spleen and lymph node indicated with cytology and culture, or surgical biopsies of the stomach, lymph node and spleen, or FNA of the spleen and lymph node with endoscopy guided biopsies. Prognosis is guarded. Round cell neoplasia versus splenitis, lymphadenitis, gastritis are primary concerns. GI protectant protocol warranted in the meantime.

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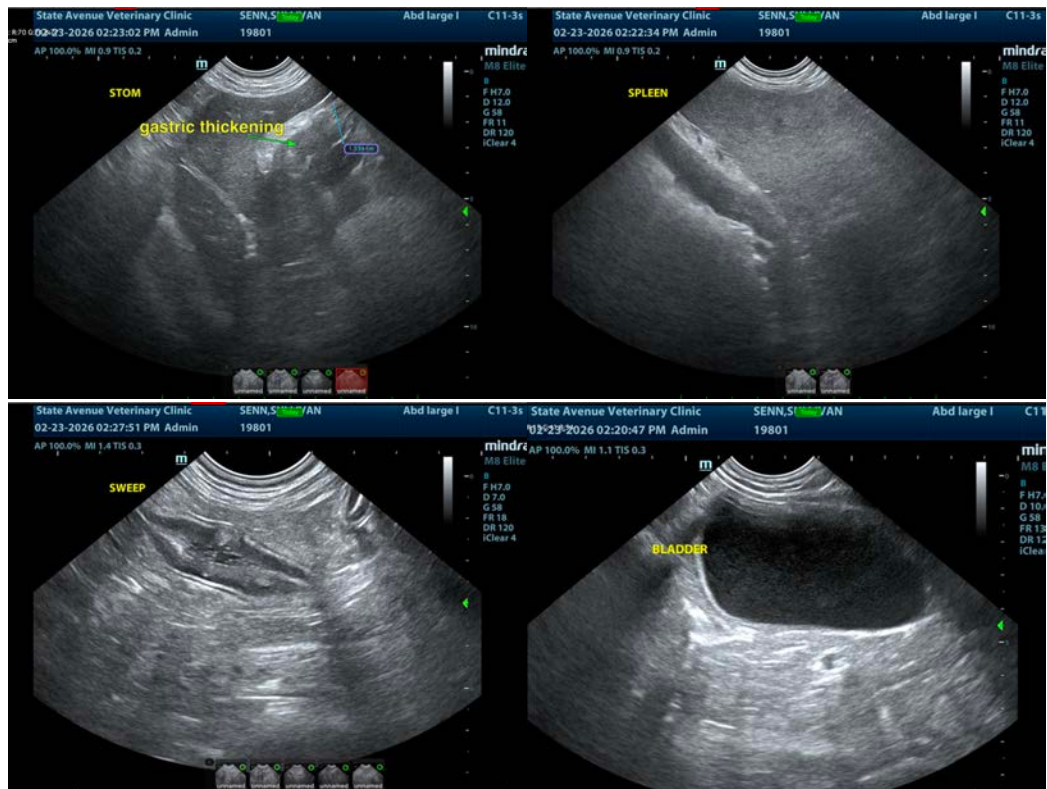
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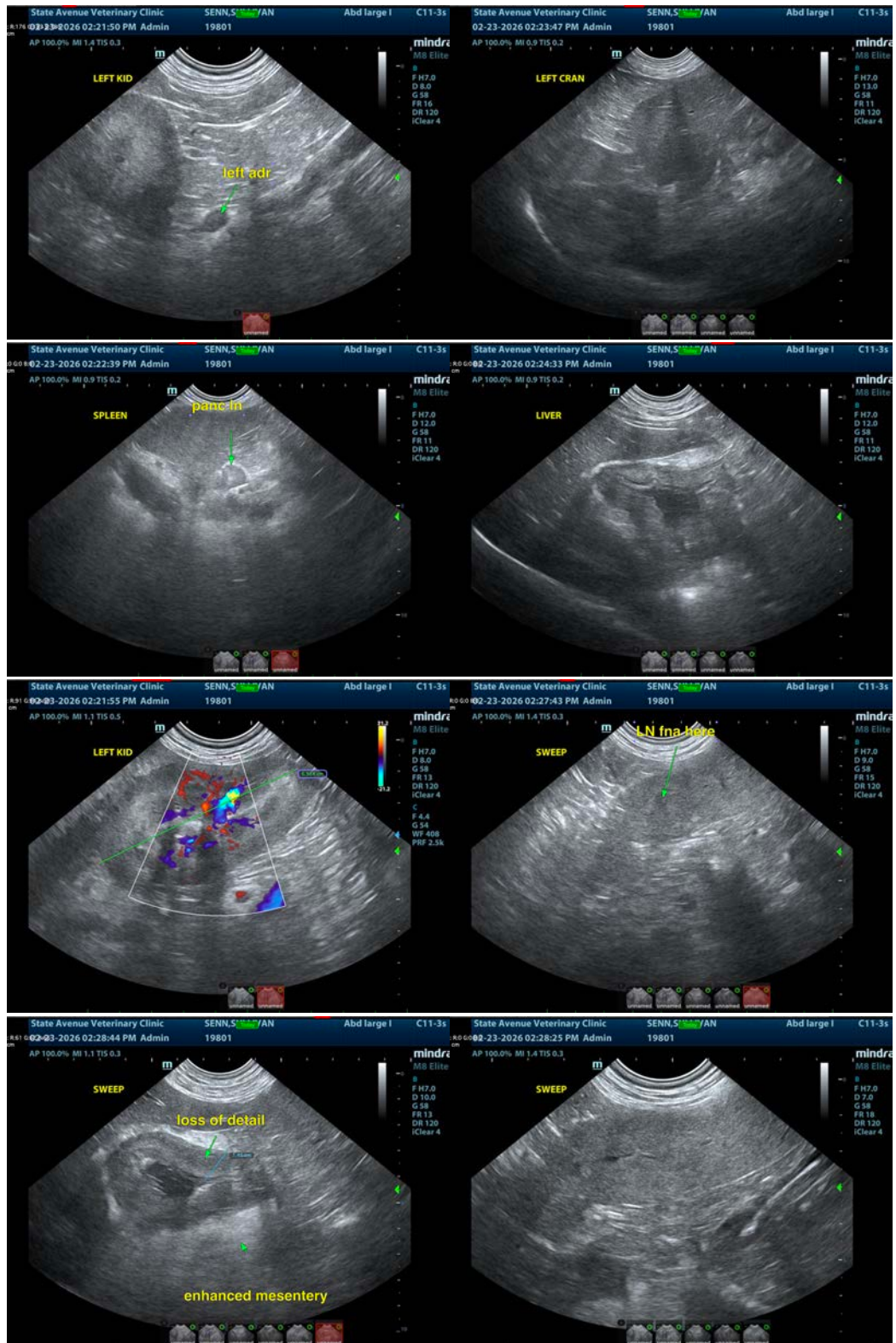
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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