



**DATE PRESENTING CLINICAL SIGNS**

2/27/26 Patient History: Vomiting Blood. Not eating, drooling.

**PATIENT**

Current Medications: VEG ER rx'd (on 2/21/26): Sucralfate 1g - #15 - Mix 1 tablet in slurry every 8 hours. Honeygo rx'd (on 2/25/26) : Cerenia 60mg - 2 tablets SID for 8 days. Prednisone 20mg - 1 tablet BID for 14 days.

Bruno Martin

Labwork Results: Labwork attached, reported as: CBC - Mild anemia. X-ray - NSF

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Rottweiler

**Urinary System**

**SEX**

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.

Neutered Male

**AGE**

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 7.52 cm. The left kidney measured 7.52 cm.

12/24/16

**WEIGHT**

109.1 Pounds

**Adrenal Glands**

**INTERPRETED BY**

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 2.9 cm x 0.88 cm at the cranial pole and 0.79 cm at the caudal pole.

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**HOSPITAL NAME**

The **left adrenal gland** was mildly enlarged with a prominent caudal pole. The left adrenal gland measured 2.66 cm x 0.99 cm at the caudal pole and 0.8 cm at the cranial pole.

Honeygo AH

**Spleen**

**REFERRING VET**

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.

Dr. Wright- Weichart

**INVOICE**

**Liver**

35999

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not

clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***Gastrointestinal***

The **gastric** wall presented concentric thickening. The gastric wall was particularly thickened with some loss of mural detail, measuring up to 1.7 cm in wall thickness, with reactive surrounding mesentery. Some enhanced mesentery was noted associated with the gastric wall. The small intestine and colon were 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.

### ***Free Abdomen***

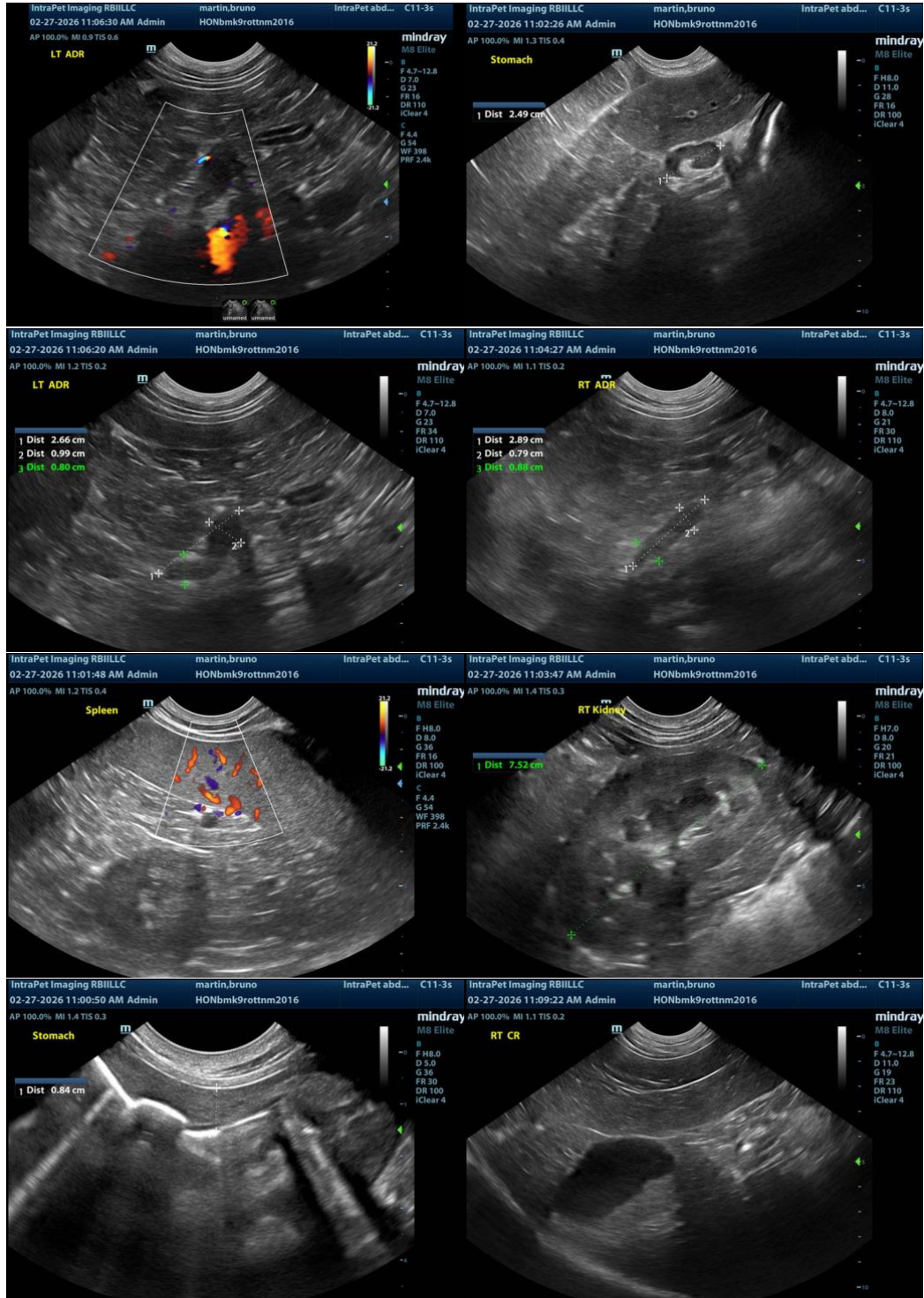
An epigastric **lymph node** was mildly enlarged, measuring 2.5 cm. The lymph node was hypoechoic with mild distorted contour with rounding.

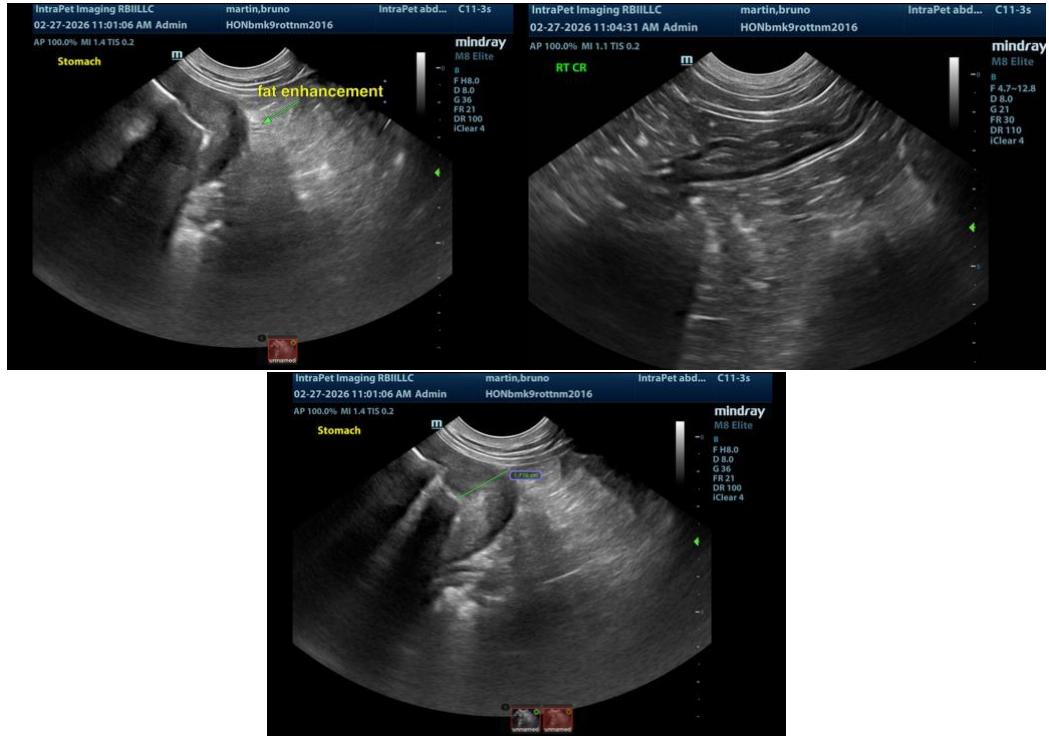
### **ULTRASONOGRAPHIC FINDINGS**

- Concentric gastric wall thickening and epigastric lymphadenopathy- strongly concerned for partially suppressed gastric neoplasia, such as lymphoma given the prednisone history.
- Mildly enlarged left adrenal gland- likely hyperplasia or normal variant. Emerging carcinoma or pheochromocytoma cannot be completely ruled out.
- Age-related hepatic changes

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical biopsies of the gastric wall and epigastric lymph nodes is indicated. Prognosis is guarded depending upon histopathology results. Endoscopy could be utilized; however, I'm concerned that that would not reflect the mural pathology adequately in this particular case, as well as the ability to obtain full thickness biopsies and epigastric lymph node biopsies on surgical approach.





**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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