



PATIENT

Callie Ferguson

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Spayed Female

AGE

13

WEIGHT

28.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Christensen

INVOICE

13535

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- Acutely vomiting after eating a balloon and shirt sleeve the other day. Previous scan showed,
 - - Splenohepatic infiltrative disease, such as lymphoma, is suspected.
 - - Hepatomegaly and occasional hyperechoic nodule in the liver
 - -Minor splenomegaly
 - - Slight free fluid
 - - Intestinal thickening with regional hyperechoic fat consistent with inflammation, round cell neoplasia is likely. Intestinal necrosis is possible.
 - -Heterogenous hypoechoic nodular omental changes
 - - Hypoechoic and irregular right limb of the pancreas
 - - Partially full stomach
 - - Age-related renal changes
- FNA of liver spleen and intestines where mostly inconclusive except for suppurative inflammation. Put on the following as per IM consult,
 - Amoxicillin - recommended as part of antibiotic therapy; 250 mg TID
 - Doxycycline - recommended as part of antibiotic therapy; 100 mg BID
 - Enrofloxacin (Baytril) - recommended as part of antibiotic therapy; 204 mg SID
 - Originally did ok but owner failed to follow up till broke with diarrhea 7 days ago. Substantial weight loss of ~9 lbs noted then so put back on metronidazole and owner was going to decide if she wanted to pursue further diagnostics and treatment. While owner was deciding, dog ate foreign object.

Abnormal PE/Chem/CBC/UA Results: Prep/cbc showed stable anemia(non-regenerative), mild increase in alk-phos and globulins. All VERY stable from last week. PCV= 29% Alk-phos= 259 Globulins= 4.7

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 5.3 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

Both **adrenal glands** were 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 1.67 cm x 0.45 cm width at the cranial pole and 0.43 cm width at the caudal pole. The right adrenal gland measured 1.38 cm x 0.37 cm width at the cranial pole and 0.41 cm width at the caudal pole.



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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

The **liver** revealed increased portal markings, coarse architecture and multifocal nodular changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was over-distended with fluid. The stomach revealed shadowing material in the pyloric outflow continuing into the small intestine. The distal small intestine revealed dilated small intestine followed by empty small intestine, creating an obstructive pattern. Unhealthy portion of bowel was noted measuring approximately 4.7 cm with loss of mural detail and creating a mass effect that measured 4.7 cm x 2.5 cm. Regional hyperechoic fat was present consistent with emerging peritonitis.

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.

ULTRASONOGRAPHIC FINDINGS

- Obstructive intestinal pattern with mass effect- cannot rule out granulomatous disease, however, unhealthy bowel intestinal resection and anastomosis will be necessary as well as gastrostomy.
- Abnormal hepatic remodeling- potential underlying infiltrative disease versus history of cholangiohepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery in this patient with resection/anastomosis and liver biopsy, however, micro metastasis to organs, round cell neoplasia or other neoplastic event is a strong potential. Chest radiographs are warranted to assess for any metastatic disease or comorbidities.



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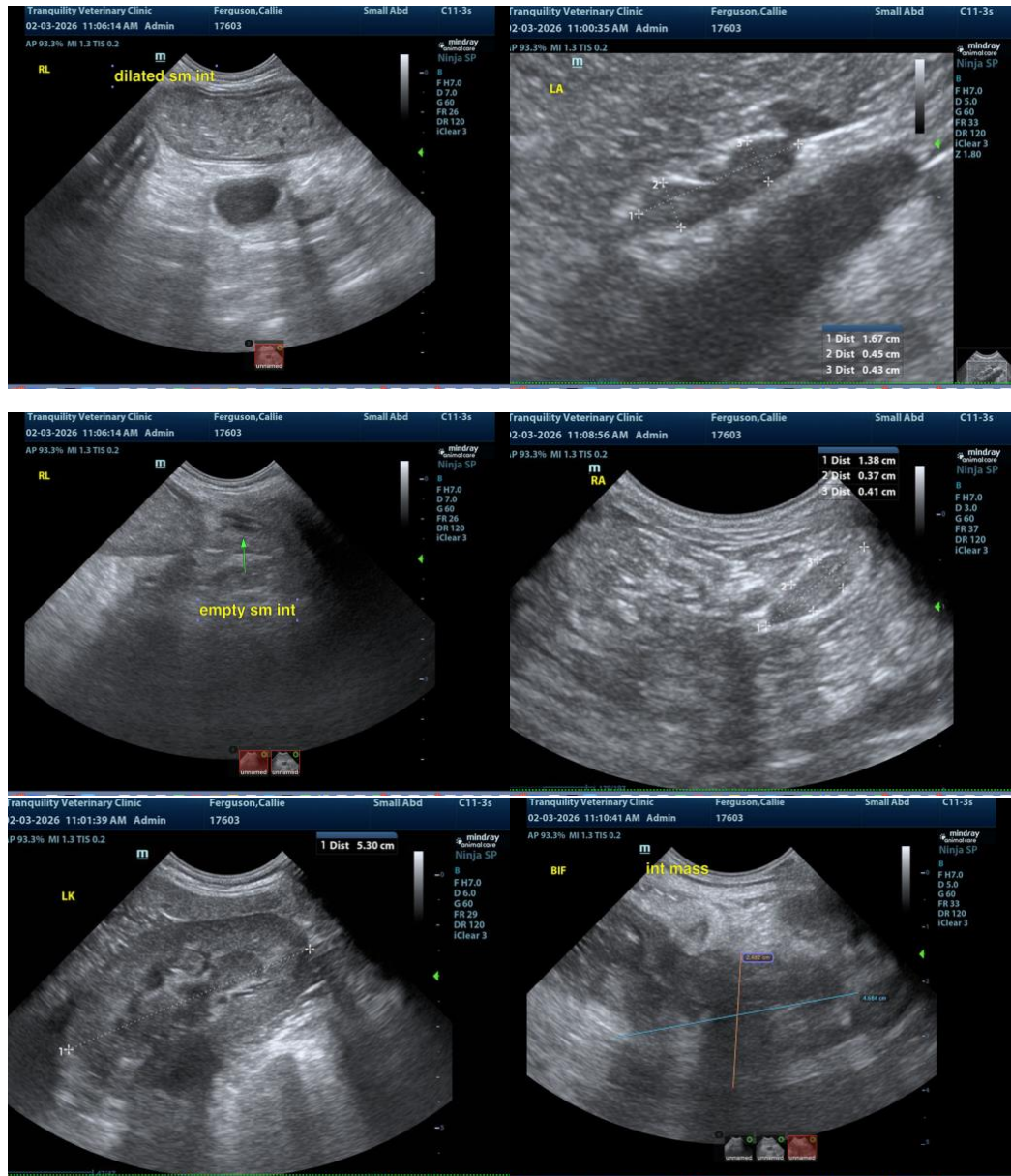
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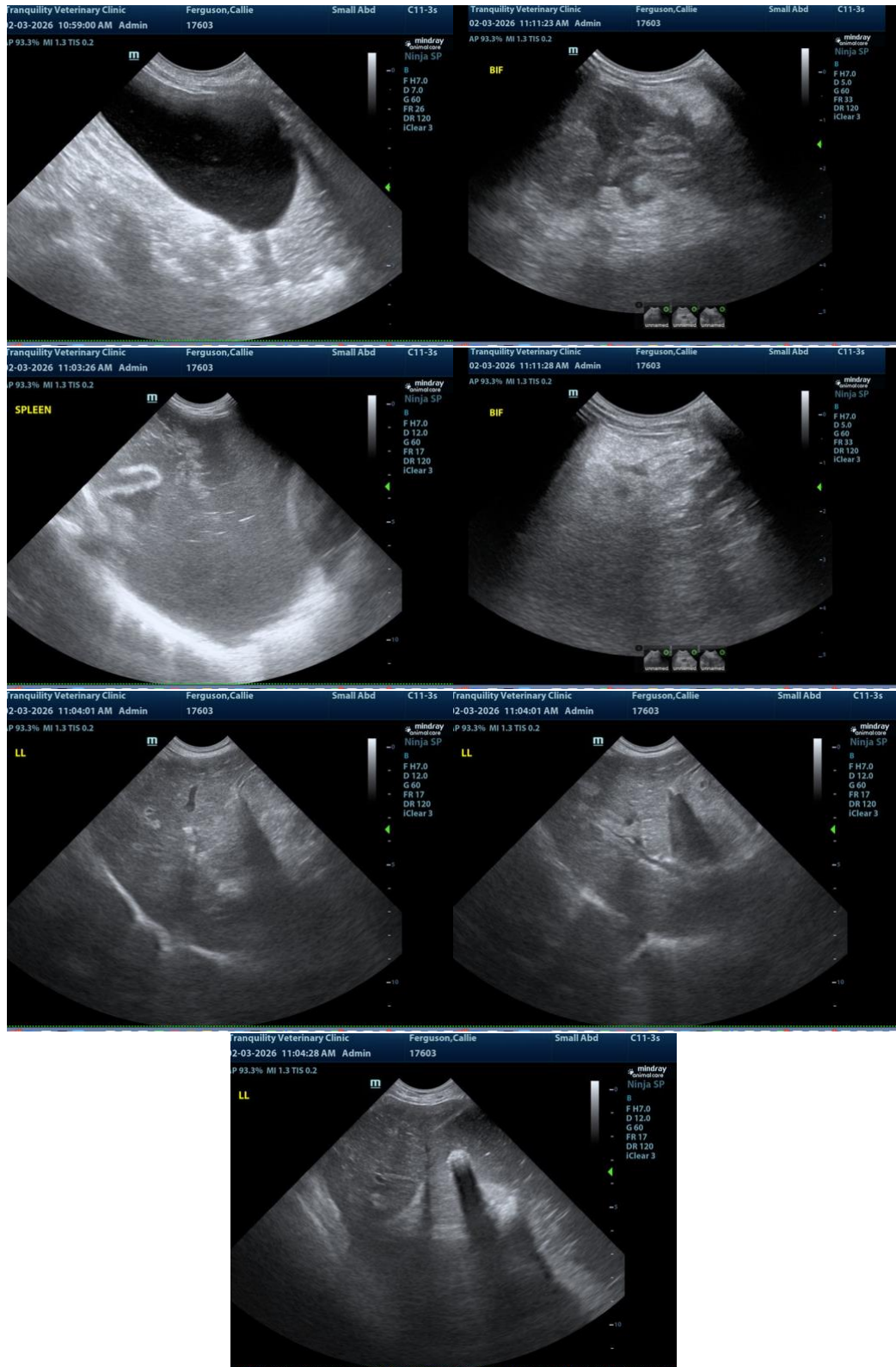
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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