

## PATIENT

Mocha Cooper

## SPECIES

Canine

## BREED

Cavalier

## SEX

Neutered Male

## AGE

7 Years 2 Months

## WEIGHT

16.5 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brittney Beigel, DVM

## HOSPITAL NAME

Bayside AMC

## REFERRING VET

Kathryn Buchanan,  
VMD

## INVOICE

35679

## DATE

2/3/26

## PRESENTING CLINICAL SIGNS

Hx of pancreatitis confirmed with specCPL, intermittent episodes of V/D +/- blood in stool. Most recent episode involved exposure to insulation - o took out of patient's mouth. Unclear how much may have been ingested. X-rays did not show any significant concerns and BW had NSF. Treated supportively with carafate, cerenia, and flagyl. Improved, but then when meds d/c'd started having additional episodes of blood diarrhea, gas discomfort, and vomiting. R/o IBD vs neoplasia vs other.; P was fasted for US, no sedation needed.

## 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 4.36 cm. The right kidney measured 4.3 cm.

### *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 0.41 cm at the caudal pole and 0.4 cm at the cranial pole. The right adrenal gland measured 0.5 cm at the cranial pole and 0.44 cm at the caudal pole.

### *Spleen*

The **spleen** revealed a focal hypoechoic nodule at the mid body, measuring 0.45 cm. A separate nodule, measuring 0.5 cm. A 3<sup>rd</sup> nodule measured 0.61 cm.

### *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.

### *Gastrointestinal*

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was



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present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. Soft stool was noted in the colon.

### *Pancreas*

The **pancreas** itself appears unremarkable. Some cross reactivity with GI inflammation may be responsible for the amylase/lipase elevations.

### *Free Abdomen*

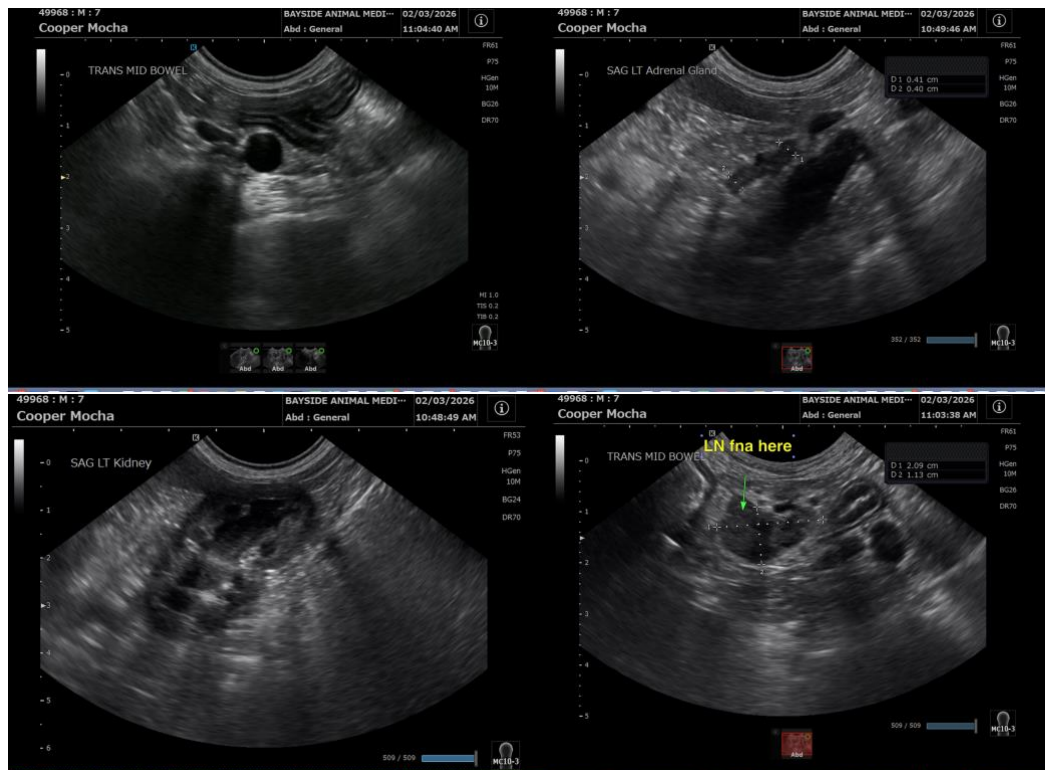
A cranial abdominal **lymph node** was enlarged and hypoechoic, measuring 2.0 cm x 1.13 cm.

## ULTRASONOGRAPHIC FINDINGS

- Concerning splenic nodules
- Mild diffuse intestinal thickening- IBD type pattern
- Mesenteric lymphadenopathy – reactive lymph nodes versus emerging round cell neoplasia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and accessible mesenteric lymph nodes is recommended. Prognosis is guarded depending upon FNA results. Otherwise, full thickness GI biopsies would be indicated +/- proactive splenectomy could be justified. The nodules themselves do not appear particularly aggressive, however, the multitude is a concern, and sampling or direct removal is recommended with GI and lymph node biopsies.





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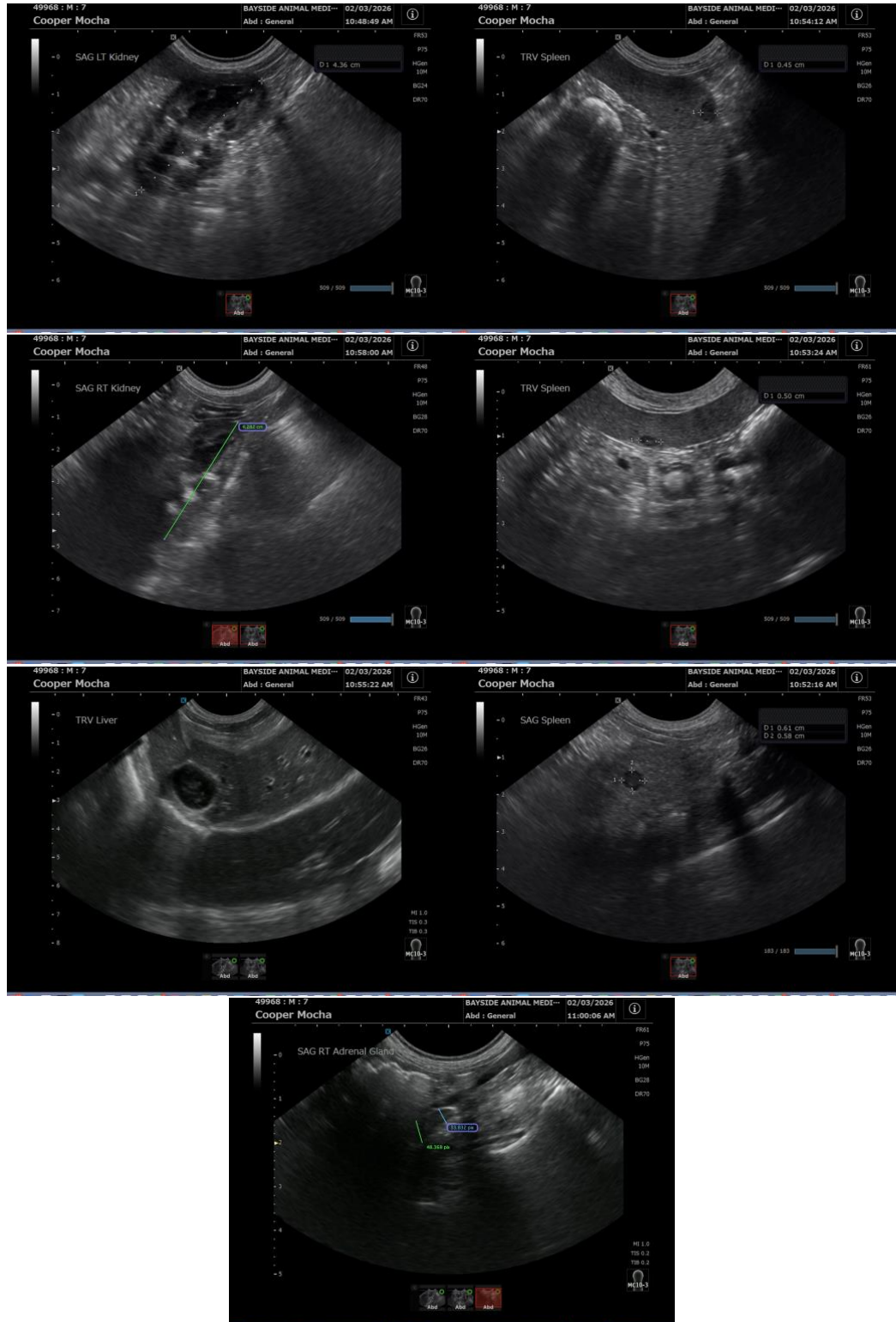
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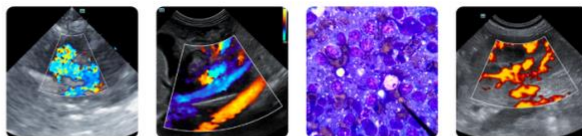
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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