PATIENT

Amiga Fritts

SPECIES

Canine

BREED

Labrador

SEX

Intact Female

AGE

8 Months

WEIGHT

40 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

All Creatures Great and Small, Denville

REFERRING VET

Dr. Silas

INVOICE

36246

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Hematemesis many times
- Cranial abdominal pain
- Xrays thickening of stomach walls

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 2.0 cm beyond the cystourethral junction.

The **right ovary** was uniform, measuring 0.55 cm.

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 6.02 cm. The right kidney measured 6.84 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 1.46 cm x 0.33 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measured 1.6 cm x 0.42 cm at the cranial pole and 0.42 cm at the caudal pole.

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** 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

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The **gastric** wall was severely thickened in a concentric fashion with loss of mural detail. The gastric wall measured up to 2.24 cm with Periserosal inflammatory pattern. The small intestine was unremarkable. Soft stool was noted in the colon.

Pancreas

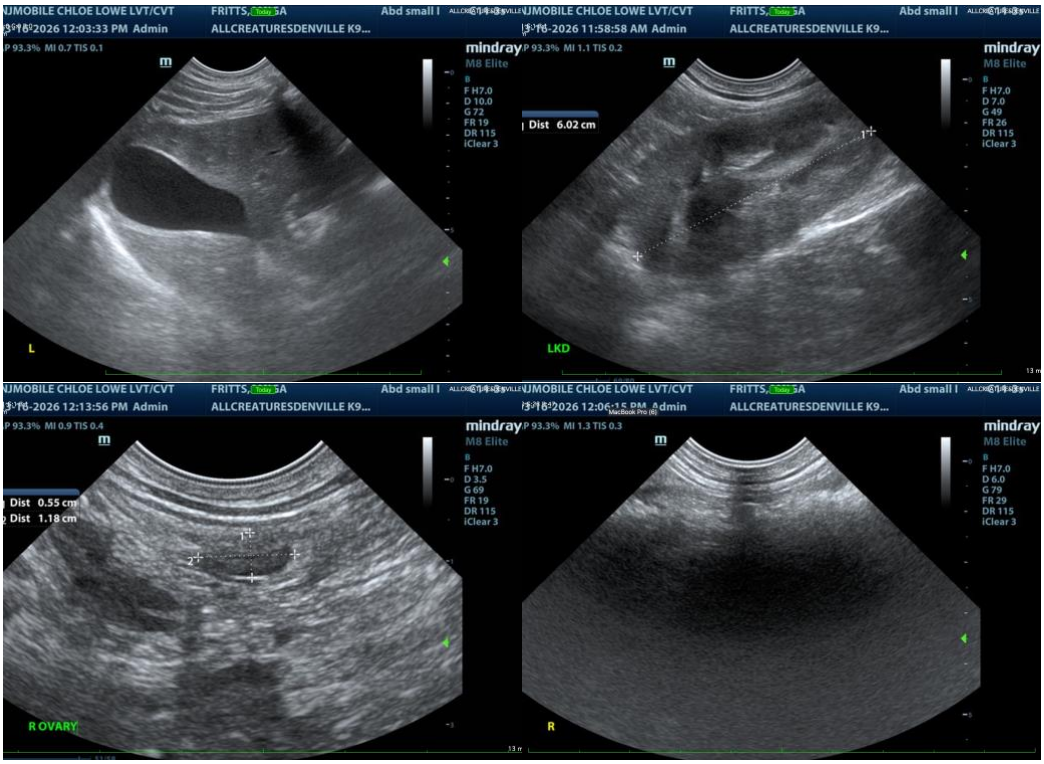
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

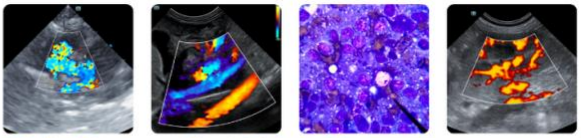
- Severe gastritis pattern- potential for gastric round cell neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling is essential either with surgical biopsies, endoscopy, or ultrasound guided FNA could be attempted, however, adequate exfoliation for definitive diagnosis may be challenging with this type of presentation on the stomach. No evidence of foreign body, yet sampling of the gastric wall is essential. GI protectant protocol is indicated with assessment of any history of toxin exposure. Prognosis is guarded. If empirical therapy is to be utilized, recheck sonogram in 48-72 hours is indicated.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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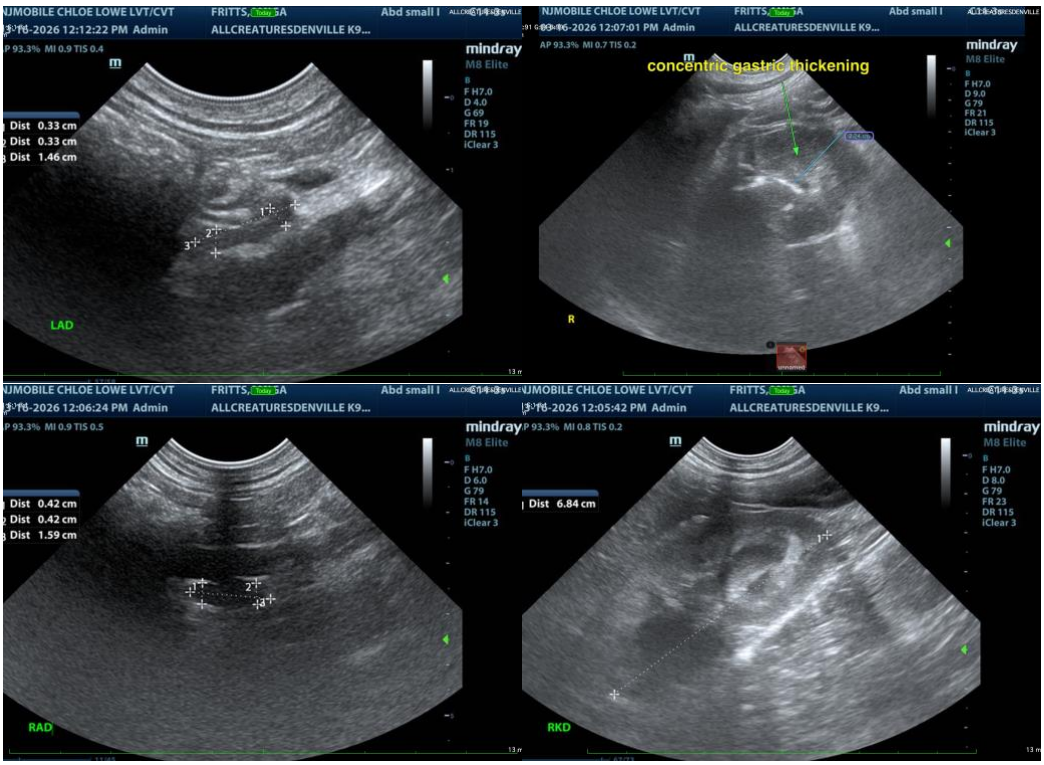

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com