



PATIENT

Marco Reese

SPECIES

Canine

BREED

Lagoto Romagnolo

SEX

Neutered male

AGE

12 years

WEIGHT

39.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

73772

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Diagnosed with Lymphoplasmacytic IBD on December 2016 based on GI panel and colonoscopy w/ biopsies of ileum
- Patient's weight is stable and he no longer has diarrhea but does have chronic vomiting
- Not currently on any meds or special diet for IBD
- GI workup to rule out any new issues
- GI panel to Texas AM pending CBC/CHEM/T4/UA WNL

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.85 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 2.03 x 0.43 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 2.2 x 0.9 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

The majority of the **spleen** was unremarkable, yet a focal, parenchymal splenic mass was noted at the cranial pole measuring 3.2 cm.

Liver

The **liver** was slightly coarse in architecture with heterogenous parenchymal changes. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

Focal splenic mass. Hyperplasia, round cell neoplasia and hemangiosarcoma are all possible.

WEIGHT

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Mild hepatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and rapid echocardiogram to assess the right auricle and proactive splenectomy.

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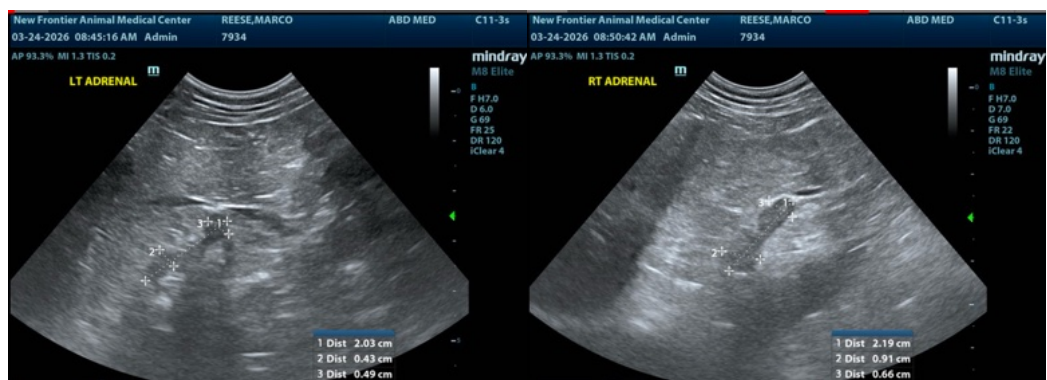
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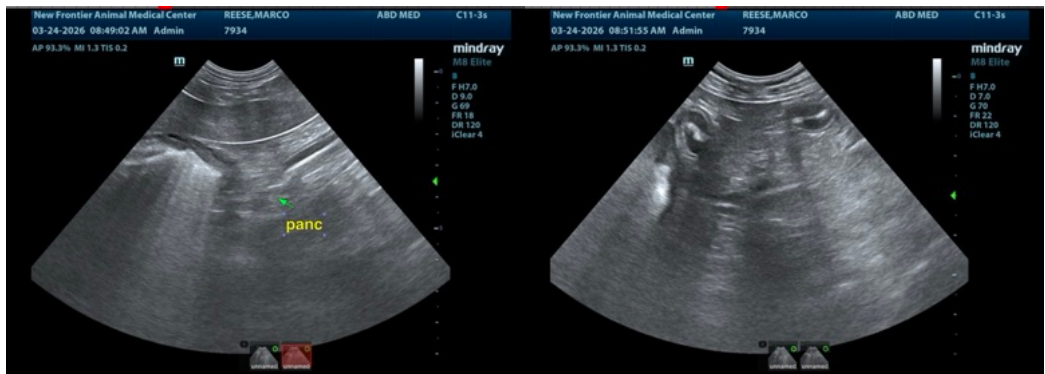
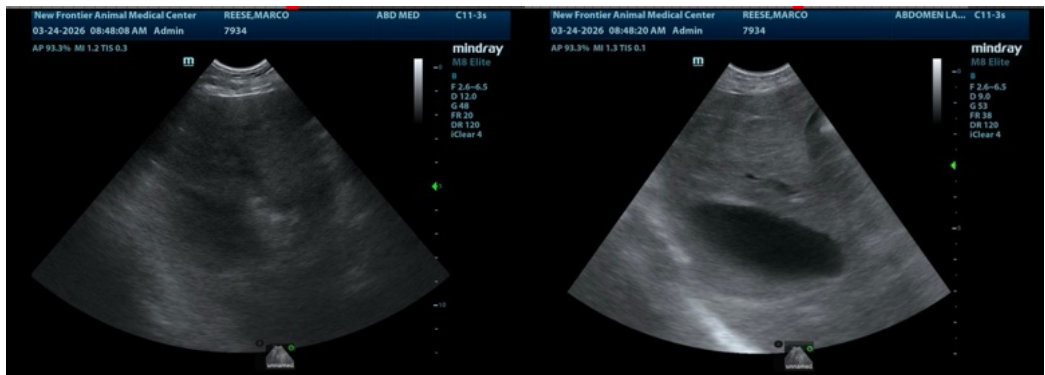
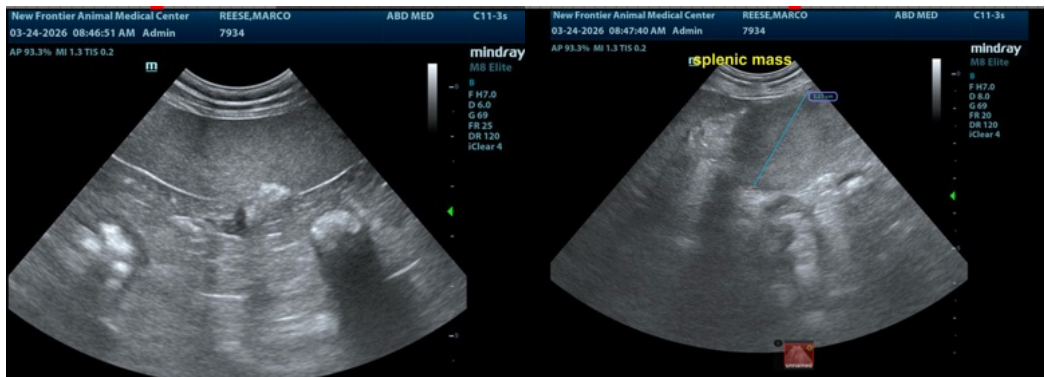
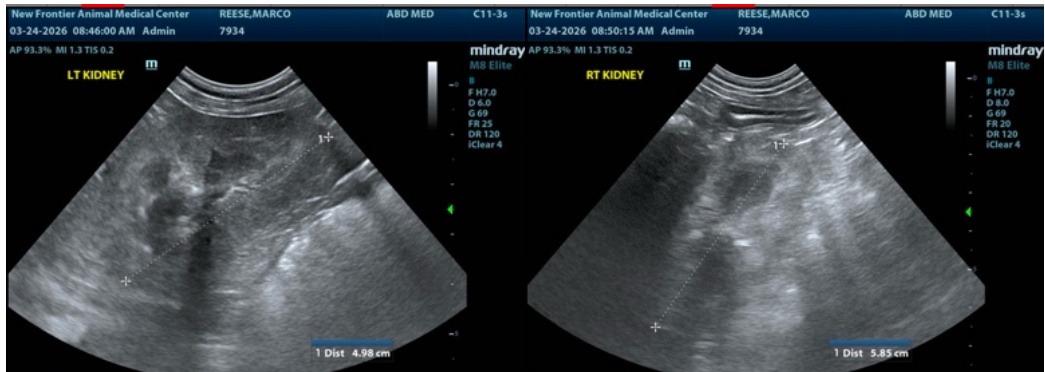
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com