



## PATIENT

Mya Bracken

## SPECIES

Canine

## BREED

Shepherd Cross

## SEX

Neutered male

## AGE

11 years

## WEIGHT

25.3 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jessica Morgan

## HOSPITAL NAME

Oxford County VC

## REFERRING VET

Dr. Andratis

## INVOICE

73811

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

- Several month duration of ravenous (unlike her) and PUPD
- ALKP 555 (5-160) with nonregenerative anemia - see attached and mild weight loss

## 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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared 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 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 6.3 cm. The right kidney measured 7.0 cm.

### Adrenal Glands

The left **adrenal gland** was visualized obliquely and was enlarged. The left adrenal gland measured 1.3 cm. The right adrenal gland was uniform and measured 1.7 cm at the cranial pole and 0.9 cm at the caudal pole.

### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. Hyperechoic lipid plaques were noted in the spleen. 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 was noted.

### Liver

The **liver** was mildly hypoechoic and slightly irregular. 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.



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**Gastrointestinal**

The **stomach** presented concentric gastric wall thickening with loss of mural detail measuring up to 1.6 cm. There was some retention of ingesta was noted in the stomach. If the patient was n.p.o. this may be soft foreign matter as soft foreign material can present in this fashion.

**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.

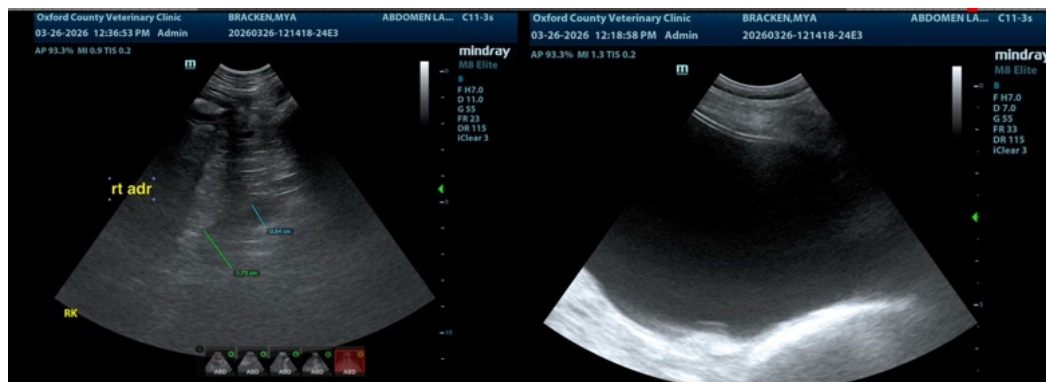
**ULTRASONOGRAPHIC FINDINGS**

Concentric gastric wall thickening with retention of ingesta or soft foreign matter.

Bilateral adrenal hypertrophy. Potential PDH.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastroscopy or full thickness gastric biopsies are indicated. The prognosis is guarded. Round cell neoplasia of the stomach versus carcinoma or severe gastritis are all possible.





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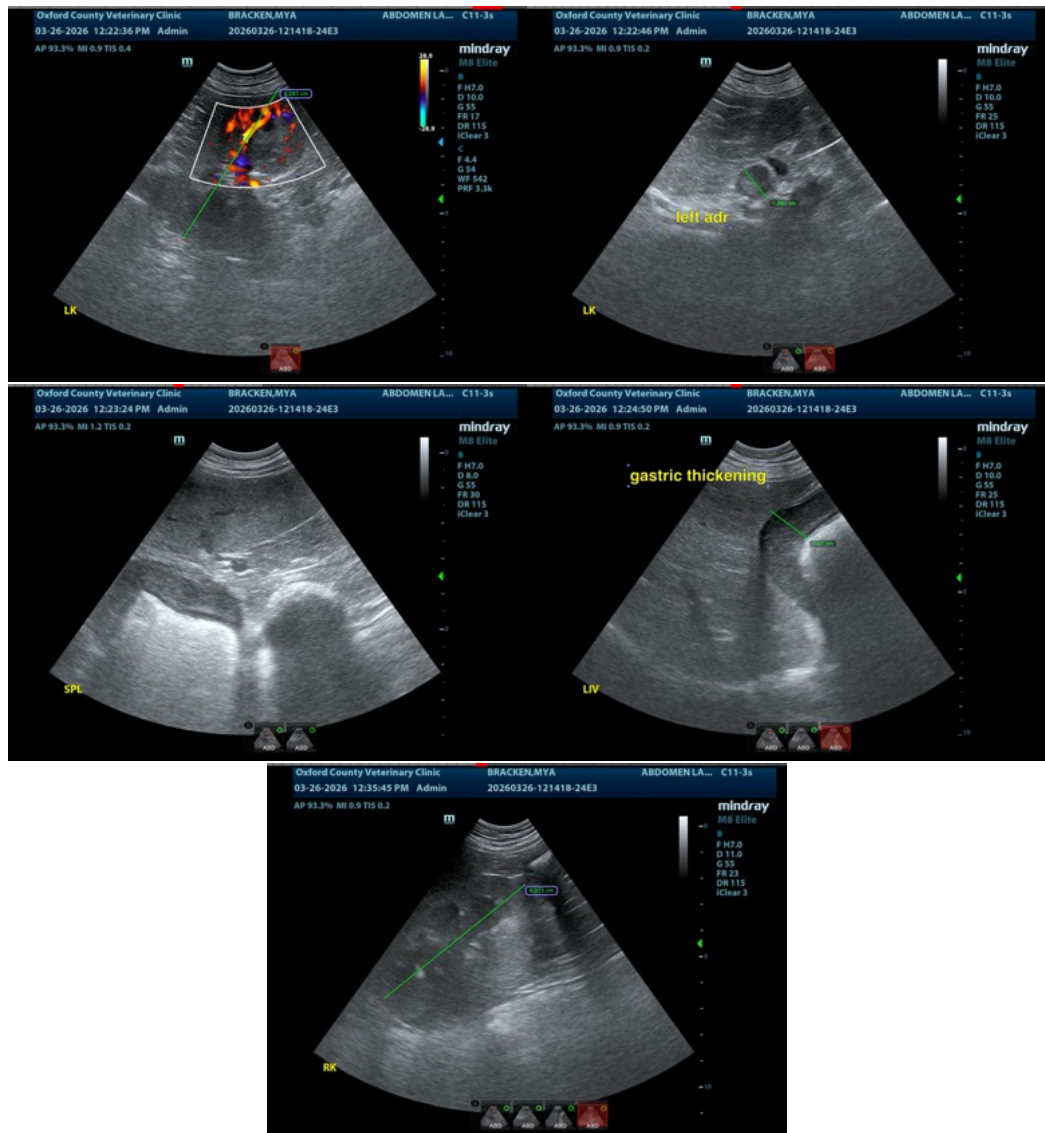
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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