



## PATIENT

Oliver Knight

## SPECIES

Canine

## BREED

Schnauzer

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

19.56

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Agnes Rupley, DVM

## HOSPITAL NAME

All Pets Medical Center

## REFERRING VET

Agnes Rupley, DVM

## INVOICE

74377

## DATE

4/10/26

## PRESENTING CLINICAL SIGNS

Present for vomiting and diarrhea for a month. Diarrhea every day, yellow, and almost liquid. Decreased appetite. Vomiting 2-3 times a month, yellow. Weight loss. Owner reports Oliver was treated with antibiotic, B12, and anti-nausea injections yesterday and on 4/7/26. Exam: Fever (temp 103.5), increased RR, increased HR. Pain is apparent on abdominal palpation. Grade II/VI left apical systolic murmur. An approx 3x3 cm swelling just distal to the left stifle: medial, lateral, and caudal. B/S 6/9. Dental disease. Labs from elsewhere: 3/5/26: Elevated alk phos (hemolysis and lipemia); leukocytosis resulting from a neutrophilia with increased bands; increased reticulocytes.

## 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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 4.64 cm. Right kidney measured 4.7 cm.

### Adrenal Glands

The **left adrenal gland** was 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. Left measured 0.59 cm.

The **right adrenal gland** was not visualized.

### Spleen

The **spleen** was not visualized.

### Liver

The **liver** presented subtle micronodular changes, which may be related to an early infiltrative event. The gallbladder appeared unremarkable.

### Gastrointestinal

A 6.0 cm x 4.0 cm **gastrointestinal** mass was noted with loss of mural detail and regional inflammation. Regional lymph nodes were involved.

### 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.



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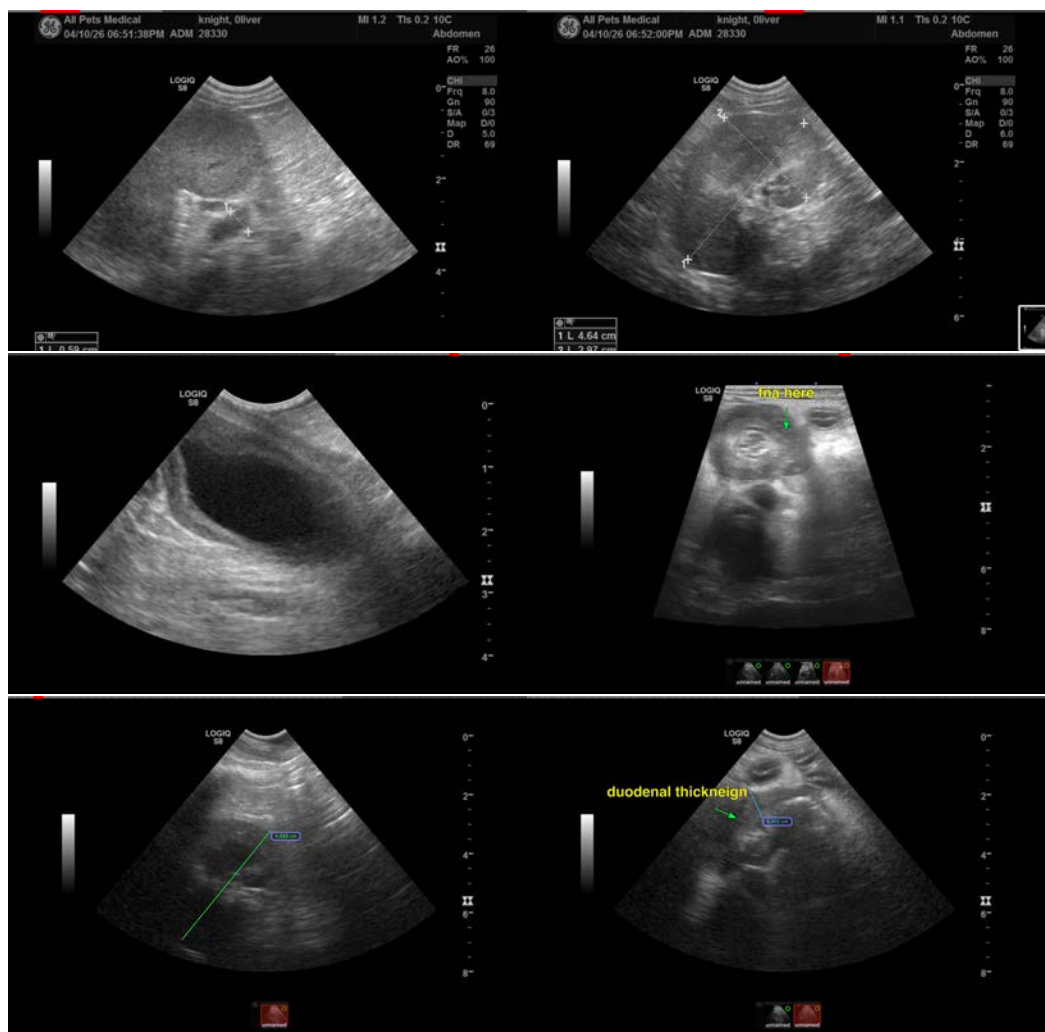
## ULTRASONOGRAPHIC FINDINGS

- Multifocal upper gastrointestinal round cell neoplastic pattern.
- Micronodular liver.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is not a surgical presentation, with portions of the stomach and small intestine appearing to have areas of infiltrative disease. Ultrasound guided FNA indicated. Immediate chemotherapeutic intervention recommended.

*\*Note: A large amount of sound beam attenuation was an issue in portions of the image sets, limiting far field resolution.*





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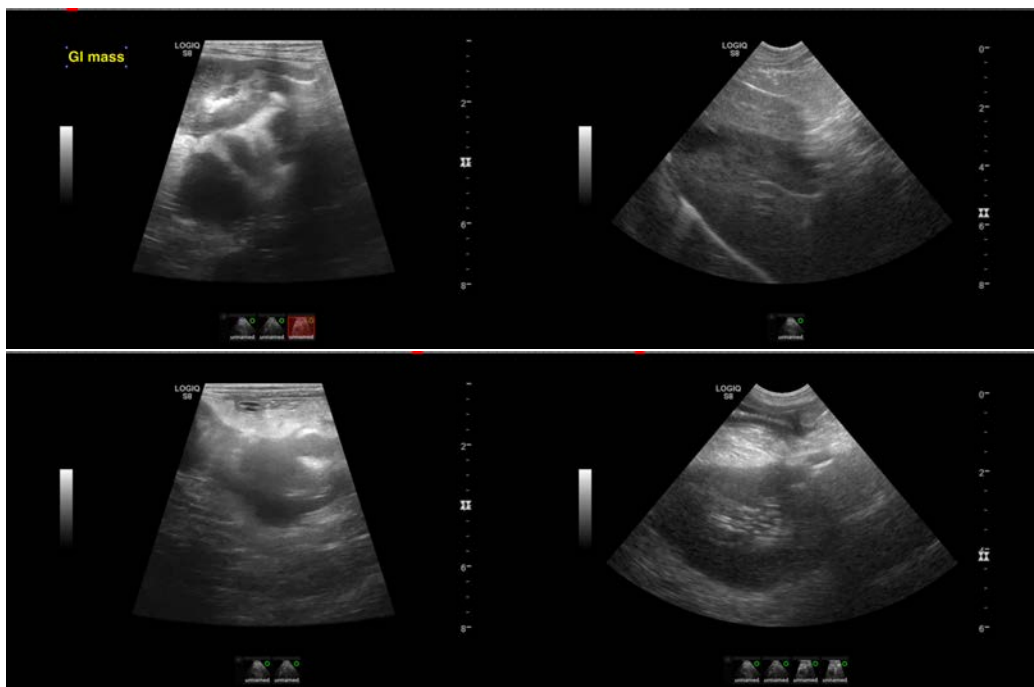
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)