



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Luke McDowell	Hemorrhagic gastritis
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , 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.
Weimaraner	
<b>SEX</b>	The <b>kidneys</b> 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 contour was irregular. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia was noted.
Neutered male	
<b>AGE</b>	
16 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
68.2 lbs	The left <b>adrenal gland</b> 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. The left adrenal gland measured 0.6 cm. The right adrenal gland was not visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Cerf	The <b>liver</b> was mildly enlarged with scalloping contour and mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Veterinary Center of Hardyston	The <b>gastrointestinal tract</b> revealed variable mural thickening with thickened submucosal layer and increased muscularis. Excessive GI gas and hyperperistalsis was present. The stomach was filled with ingesta and this obscured some visibility. Some portions of intestine appeared to lose mural detail. An area in the gastric fundus was partially obscured. The region measured 3.0 x 4.0 cm. A hypoechoic, undifferentiated lesion was noted. This is consistent with a gastric mass or abscessation. The gastrointestinal changes are suggestive for early neoplasia/lymphoma. Enhanced mesentery was noted in the cranial abdomen.
<b>REFERRING VET</b>	
Dr. Cerf	
<b>INVOICE</b>	
99326	
<b>DATE</b>	
4/18/22	



**PATIENT**

**Pancreas**

Luke McDowell

Heterogenous, enhanced mesentery was noted around the **pancreas**.

**SPECIES**

**Free Abdomen**

Canine

The caudal abdomen revealed an 8.0 cm, hyperechoic, ill-defined nodular region of mesentery. This is consistent with an infarcted lipoma or steatitis.

**BREED**

Weimaraner

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Variable gastrointestinal thickening with reactive mesentery.

Neutered male

Heterogenous liver.

Heterogenous mesentery surrounding the pancreas.

**AGE**

16 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a strong concern for emerging round cell neoplasia versus acute on chronic inflammatory bowel with reactive hepatopathy.

**WEIGHT**

68.2 lbs

I recommend exploratory surgery in this patient for a definitive diagnosis as to the gastric fundic presentation and caudal abdominal lipomatous presentation as well the ability to form GI biopsies. However, the suspected gastric mass may not be resectable. IV fluid support, 24 hour n.p.o. and a recheck sonogram can be considered to allow for further visibility primarily of the gastric structure in question. The prognosis is extremely guarded.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Cerf

**HOSPITAL NAME**

Veterinary Center of  
Hardyston

**REFERRING VET**

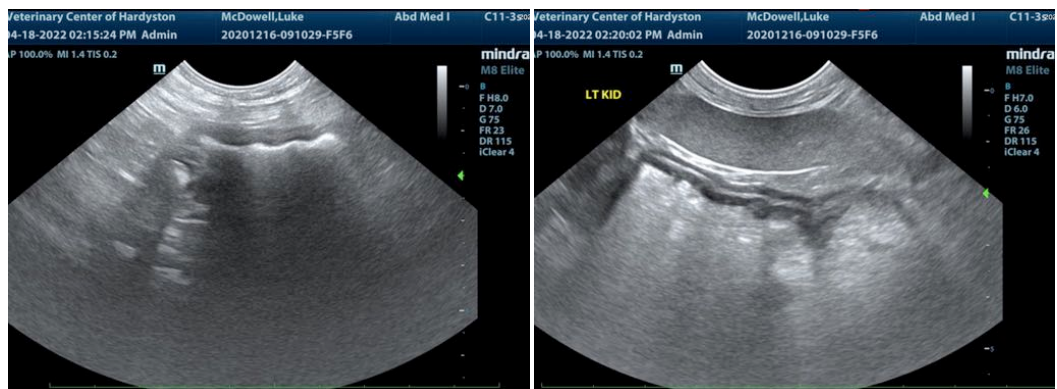
Dr. Cerf

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**PATIENT**

Luke McDowell

**SPECIES**

Canine

**BREED**

Weimaraner

**SEX**

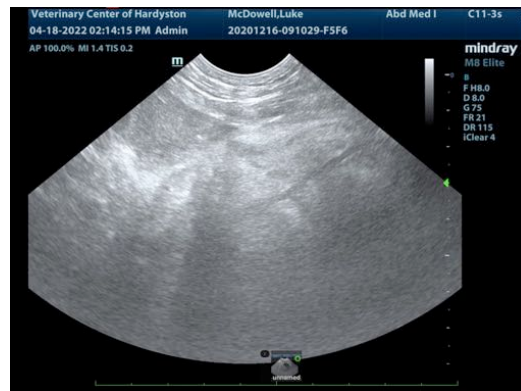
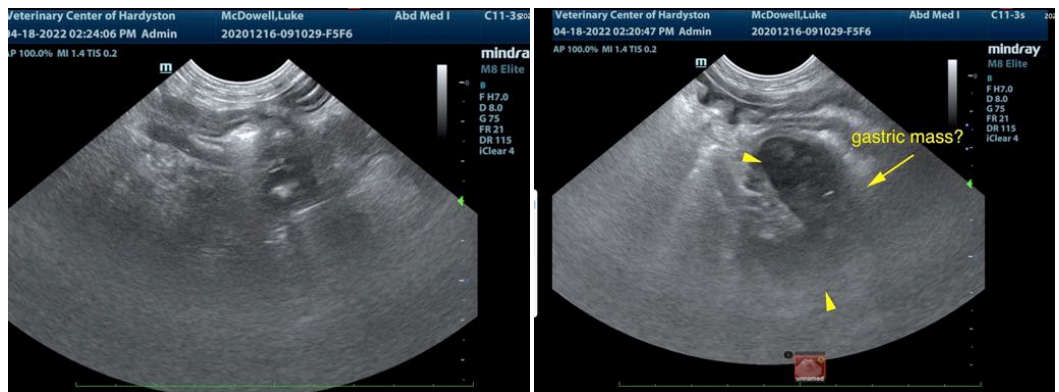
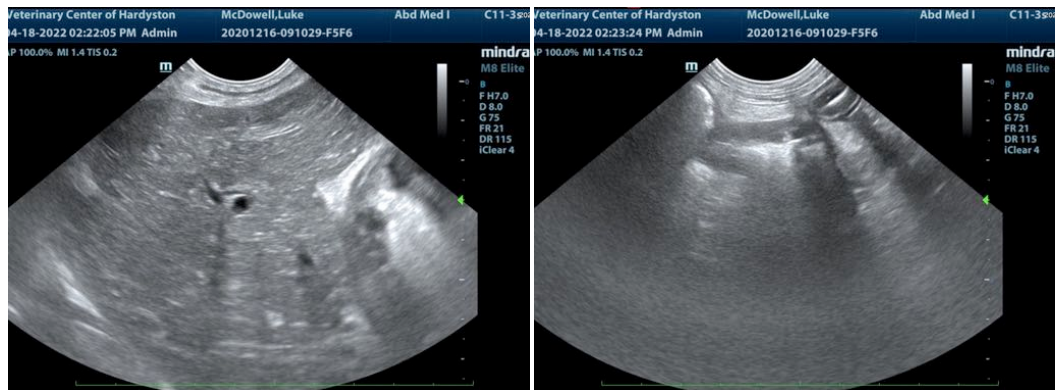
Neutered male

**AGE**

16 years

**WEIGHT**

68.2 lbs



**INTERPRETED BY**

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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.



**PATIENT**

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

Luke McDowell

**SPECIES**

Canine

**BREED**

Weimaraner

**SEX**

Neutered male

**AGE**

16 years

**WEIGHT**

68.2 lbs

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