



PATIENT

Missy Martinez

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed female

AGE

8 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Pearce

INVOICE

74622

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Hx GI concerns, initial sonopath US 7/2025 performed, ulcerative gastritis was suspected, biopsies recommended. OVH & multiple GI biopsies 9/2025: No neoplasia or infection noted, bx consistent w/ gastritis & enteritis w/ mod lymphoplasmacytic component in stomach & duodenum, mild in jejunum, suggestive of chronic enteropathy or chronic GI condition. Started on probiotic, famotidine, sucralfate, Purina HA, gabapentin. Fasted GI panel 09-2025 showed elevated cobalamin & TLI (not consistent w/ EPI), normal folate. Recheck US 1/12/26 now shows suspect epithelial mass type lesions at pyloric outflow with regional LN enlargement. Sx recommended for pyloroduodenal R&A. Due to location, surgical specialist recommended, o declined d/t financial constraints and has continued to manage medically only. Current tx: Sucralfate, Purina HA diet. P is doing well at home, e/d with minimal GI symptoms. Occasional vomiting occurs. P has good energy, o's only concern is she has started to lose weight (14.6lb Jan 2026, now 12.3lb).

Abnormal PE/Chem/CBC/UA Results: Since last ultrasound: 1/12/26: Lyme positive, o declined quant C6, p asymptomatic. 4/11/26: normal CBC. Albumin 2.6 (2.7-3.9), first instance of this showing low. Otherwise normal chem/lytes.

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.

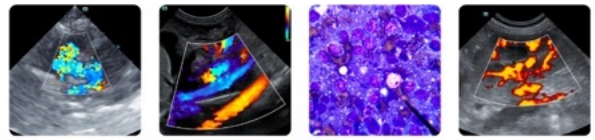
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.15 cm. The right kidney measured 4.46 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 2.5 x 0.38 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 0.86 cm at the cranial pole and 0.74 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially and caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.



PATIENT

Missy Martinez

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed female

AGE

8 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Pearce

INVOICE

74622

DATE

4/20/26

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

The **stomach** revealed persistent gastric thickening and remodeling measuring up to 1.2 cm in wall thickness. The submucosal layer was maintained. However, the upper duodenum comprised a mass formation measuring 2.5 x 2.8 cm. There was loss of mural detail. The mass appears to enter into the lumen. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. The adjacent lymph node is slightly enlarged, yet the pattern is most consistent with reactive lymph node adjacent to the mass.

Pancreas

The adjacent **pancreas** was slightly heterogenous, yet there was no gross evidence of inflammation.

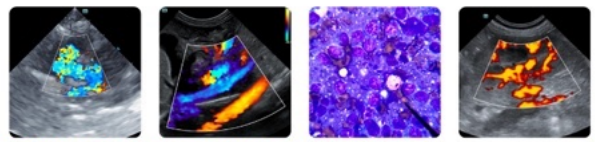
ULTRASONOGRAPHIC FINDINGS

Chronic gastritis with low grade epithelial tumor or granulomatous mass.

Slightly heterogenous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Duodenal mass, roughly the same size as the prior sonogram if not mildly increased, yet slightly more aggressive appearing than the prior sonogram. Given the patient's history this may represent granulomatous disease and non-neoplastic even though neoplastic criteria is present. Repeat biopsy is indicated and/or surgical approach with expectations toward Bill Roth procedure with gastroduodenal resection and biopsy. Rsampling either through endoscopy or surgical approach with expectations towards Bill Roth procedure is indicated. There is no evidence of metastatic disease unless there is early spread to the regional lymph node.



PATIENT

Missy Martinez

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed female

AGE

8 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

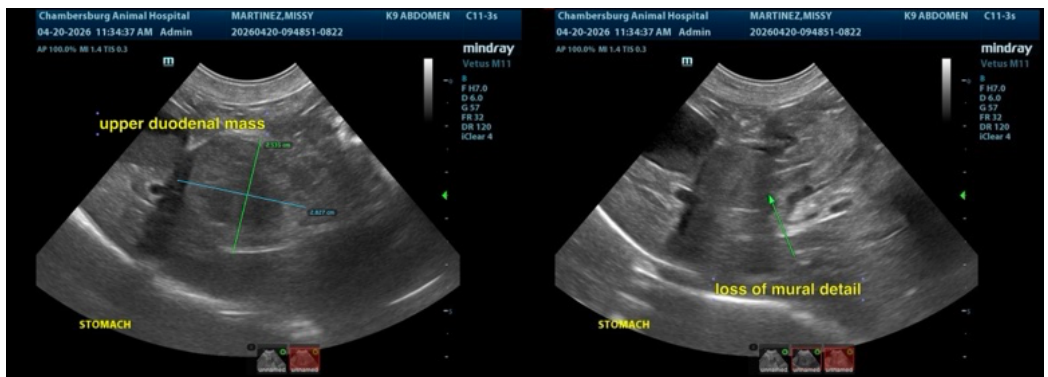
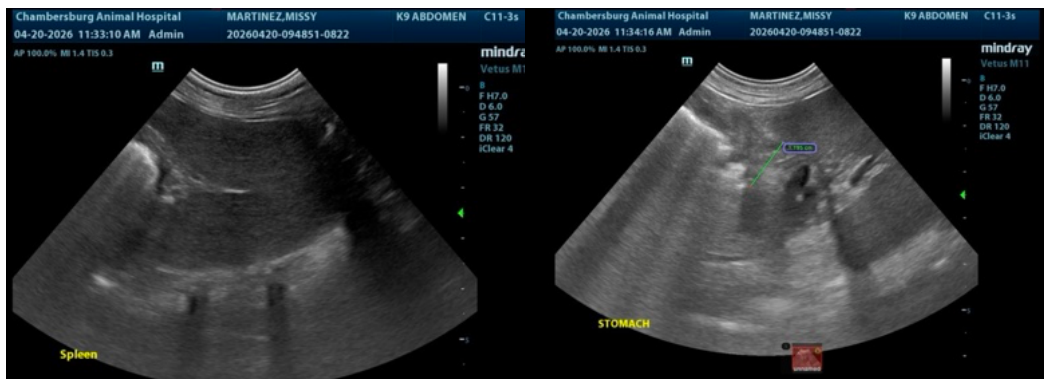
Dr. Pearce

INVOICE

74622

DATE

4/20/26





PATIENT

Missy Martinez

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed female

AGE

8 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

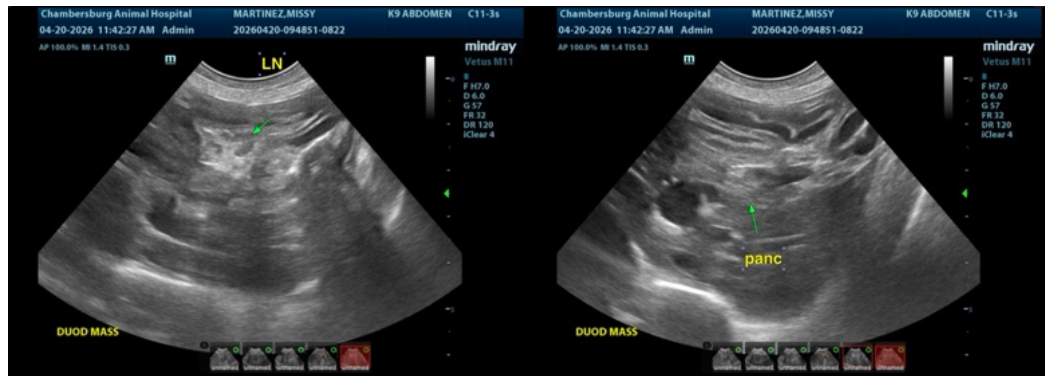
Dr. Pearce

INVOICE

74622

DATE

4/20/26



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