



PATIENT

Ash Brazeau

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

14

WEIGHT

2.24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christina Karkanis

HOSPITAL NAME

Bay City Animal
Hospital

REFERRING VET

Dr. Christina Karkanis

INVOICE

15370

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Presented Mar 11 with 2 day hx of vomiting. PE - abdominal discomfort and mild dehydration. Treated at other clinic during past 2 weeks with metoclopramide, Clavaseptin, gabapentin

Abnormal PE/Chem/CBC/UA Results: cPL pos for pancreatitis CBC/Chem - mild azotemia, marked neutrophilia U/A - low USG, mild proteinuria Previous abdominal U/S done at another clinic - NAF Pending testing - CBC with manual diff, lymphoma antigen testing

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 **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 3.5 cm in length. The right kidney measured 3.0 cm in length.

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 0.50 cm width.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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The distal **small intestine** revealed an infiltrative mass with regional lymph node enlargement measuring up to 8.0 mm in width adjacent to the mesenteric artery. A significant amount of reactive mesentery was noted throughout the mid abdomen and mesenteric root. Some stasis was noted in the colon with variable colonic wall thickening.

Pancreas

Heterogenous parenchymal changes were present in the **pancreas** with enhanced mesentery and hypoechoic parenchyma.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with regional inflammation.
- Variably gastrointestinal thickening and mesenteric lymphadenopathy- strong concern for emerging round cell neoplasia/lymphoma.
- Heterogenous pancreas.
- Hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lymph node and intestinal involvement, this is not likely a surgical issue. FNA of the intestinal mass and lymph node, cytology and culture are indicated. FNA of the liver ideal to rule out underlying micro-metastasis. Chest radiographs are warranted to assess for metastatic disease. Lymphadenitis/enteritis is possible yet less likely.



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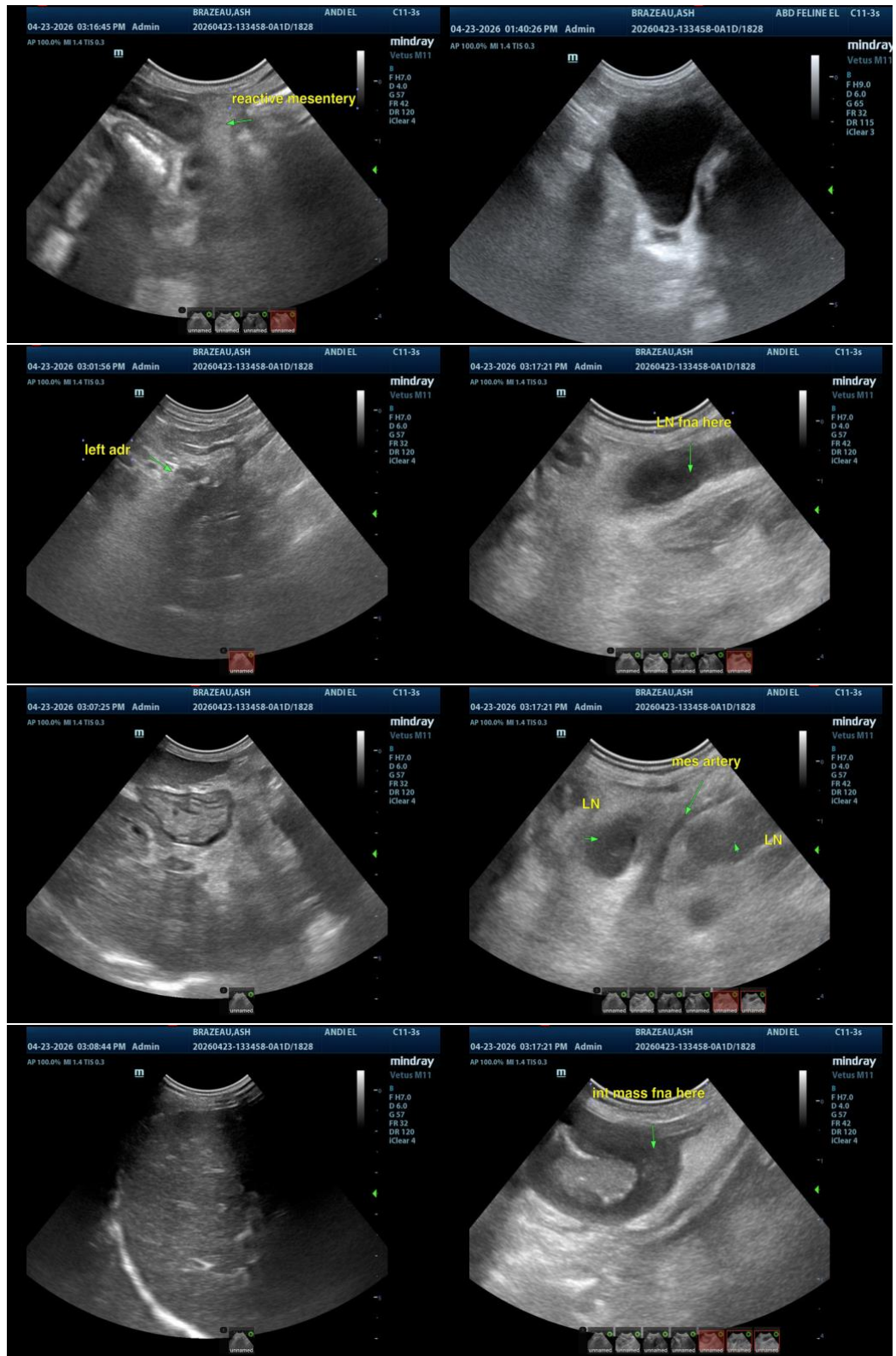
Dr. Christina Karkanis

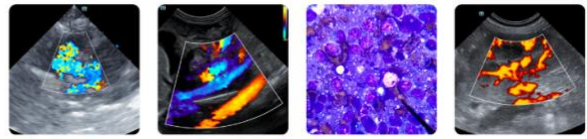
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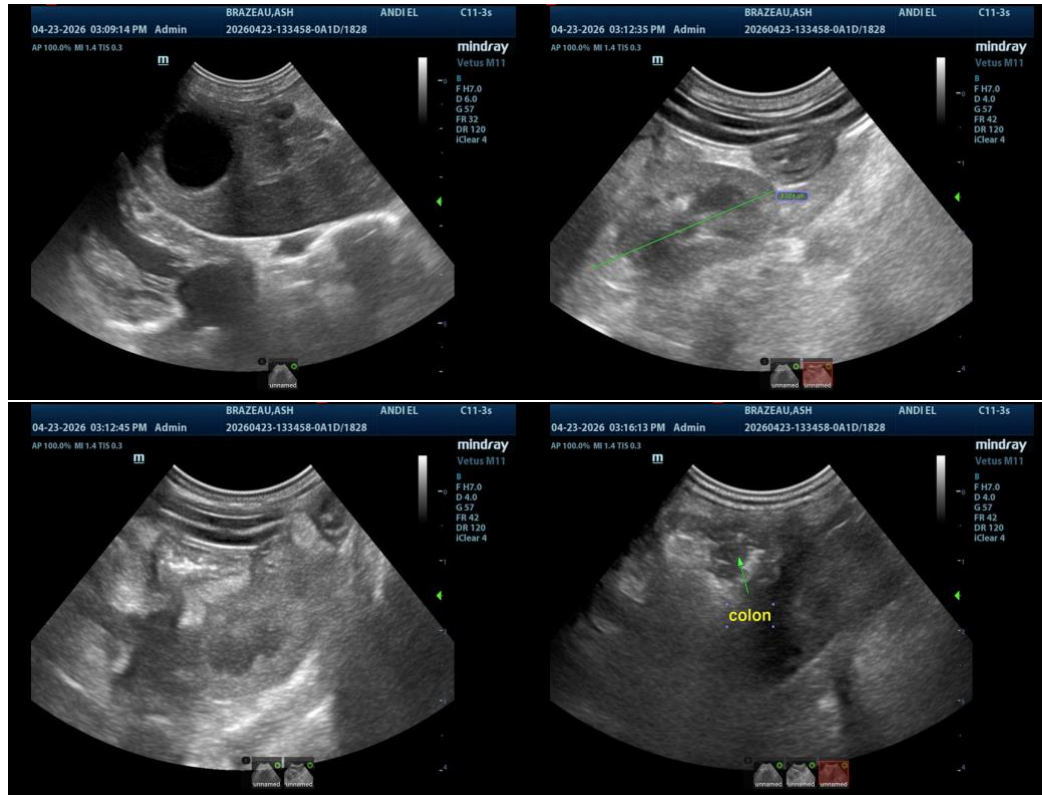
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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