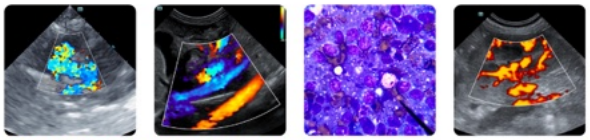


PATIENT

Rudy Gulledge

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

10 years

WEIGHT

93 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Lichty

INVOICE

74879

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: P not acting like himself, lethargic. Urinated in the house and threw up bile which contained blood in it. Pale mucous membrane. groomer noticed some red spots on P body last week but P was acting fine until today 4/27/26.
Abnormal PE/Chem/CBC/UA Results: RBC 4.16, Hematocrit 27.2, Hemoglobin 9.3, RDW 11.7, Eosinophils 0.03, Platelets 13, Potassium 3.3, MPV and Plateletcrit too low to read.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.1 cm. The right kidney measured 7.6 cm.

Adrenal Glands

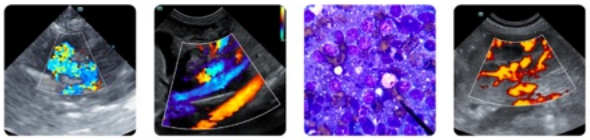
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 0.83 cm at the cranial pole and 0.6 cm at the caudal pole.

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 was noted.

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



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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** in this patient presented concentric thickening creating mass effects. This appears to be in the gastric fundus and is concentric. There was complete loss of mural detail and measured up to 2.4 cm. Ulcerative changes appeared to be present. Blood loss is likely the cause of anemia. Reactive mesentery was noted. Other than the regional inflammation that extends into the pancreas, the pathology appears to be localized to the stomach. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Secondary inflammation from the stomach appears to be present. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Gastric mass, possibility of severe gastritis or granulomatous disease versus round cell neoplasia or carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy is indicated. This is not surgically viable. GI protectant protocol is warranted in the meantime. There was no evidence of metastatic disease. This may be non-neoplastic, I strongly encourage sampling at least through endoscopy if not surgical biopsies as the chronic inflammatory disease mimicking neoplasia is possible.

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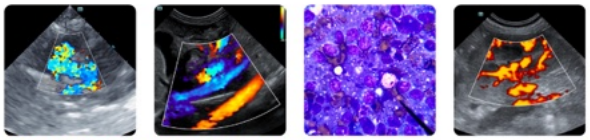

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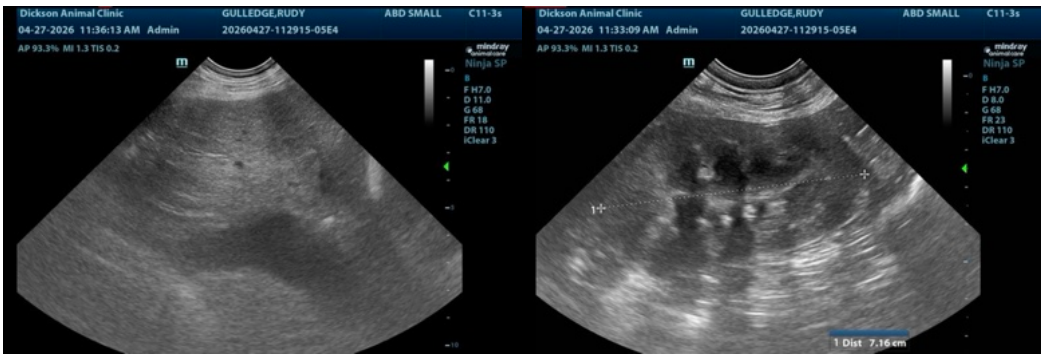

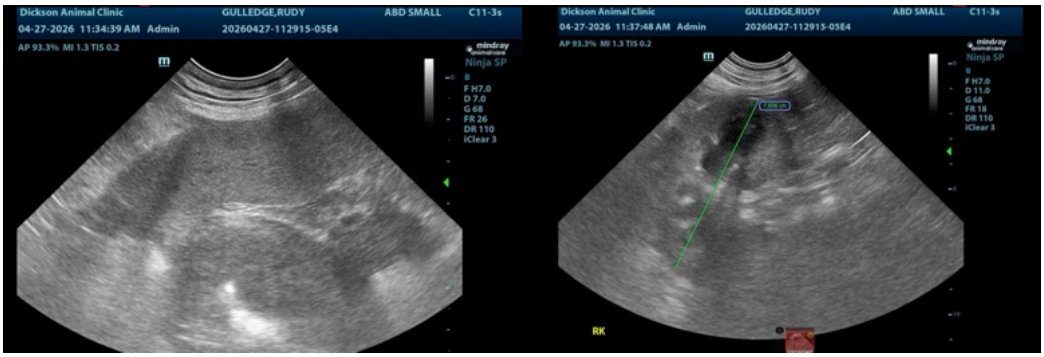

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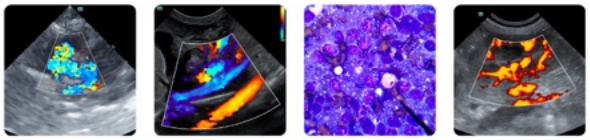

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com