



PATIENT

Brandy Smoker

SPECIES

Canine

BREED

Rottweiler/Golden mix

SEX

Spayed female

AGE

8 years

WEIGHT

88 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Lanz

INVOICE

74982

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: 8yo FS rottweiler hyporexia, lethargy for 1mo. txed with ondansetron, omeprazole 4/24. no improvement. Seen today for constant vomiting, anorexic today. BW NSF, PE WNL
Abnormal PE/Chem/CBC/UA Results: PE WNL. T rads NSF. abd rads -distended stomach, no obstructive pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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.

Adrenal Glands

The **adrenal glands** were not visualized.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.



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Gastrointestinal

The **gastric** wall was thickened and measured 1.4 cm. There was loss of mural detail. Enhanced fat was noted around the gastric infiltrative pattern. There was gastric stasis noted. The concentric gastric thickening continued into the upper duodenum and pylorus. Maximum gastric wall thickness measured 3.3 cm. The remainder of the gastrointestinal tract appeared unremarkable.

Pancreas

The **pancreas** itself appeared largely unremarkable, yet secondary inflammation owing to the gastric pathology may be in play.

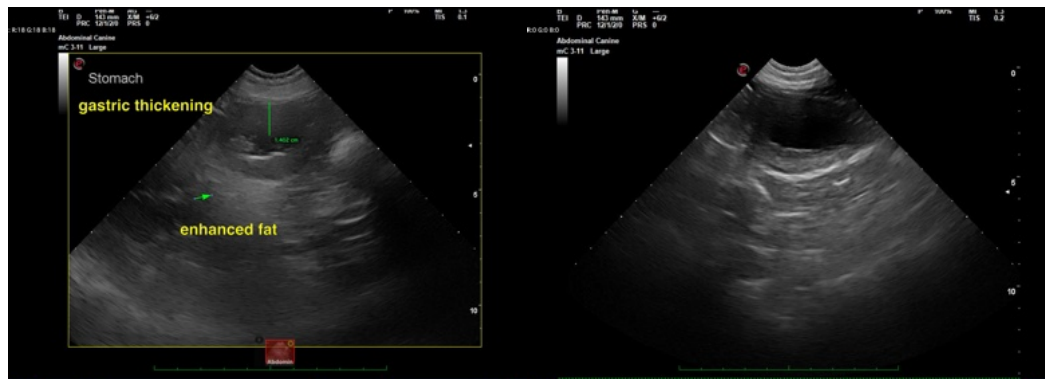
ULTRASONOGRAPHIC FINDINGS

Severe gastric stasis was noted. Obstructive pattern owing to infiltrative pattern in the pyloric outflow continuing into the upper duodenum. Gastric carcinoma, gastric lymphoma are likely. Severe gastritis is possible, yet less likely as all neoplastic criteria is present and secondary regional inflammation.

Age related bladder changes. Underlying UTI is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the gastric wall thickening, endoscopy or surgical biopsies are indicated. I recommend focusing diagnostic efforts on the gastric wall.





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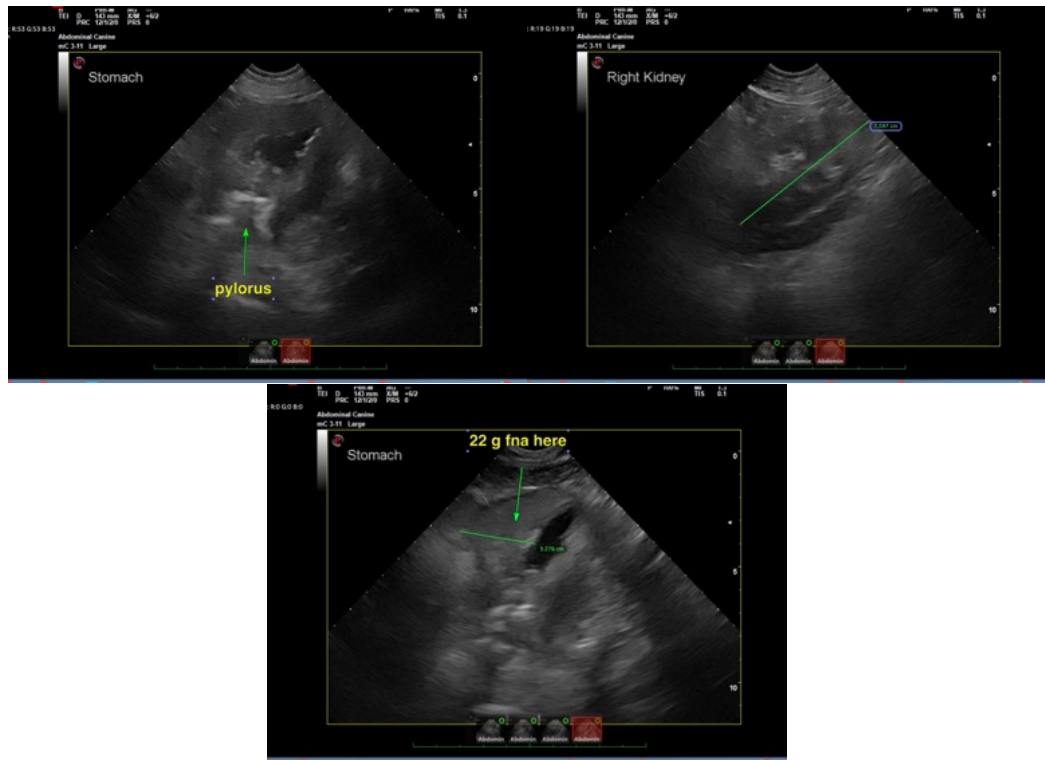
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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