



## PATIENT

Bear Wallin

## SPECIES

Canine

## BREED

Labrador Mix

## SEX

Neutered male

## AGE

8 years

## WEIGHT

29 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Danielle RVT

## HOSPITAL NAME

Orchard VC

## REFERRING VET

Dr. Ernst

## INVOICE

74284

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- Owners were away for 2 months and when they got home noted significant weight loss from P after returning from trip. P has had decreased appetite and lethargic over past week and a half. Vomiting yellow bile - to dark color. Usually very food motivated, currently refusing treats. Went to a different clinic and diagnosed with "garbage guts" blood work reportedly normal
- - Given metronidazole and Cerenia, improved after 1.5 days of treatment - P was completely normal for a few days then became lethargic, inapparent and vomiting started again
- - Owner discontinued metronidazole when dog improved (following 2 days of metronidazole), restarted yesterday when signs returned

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 8.3 cm. The right kidney measured 8.8 cm.

### Adrenal Glands

The **left adrenal gland** 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 0.5 cm. The region of the **right adrenal gland** was unremarkable.

### Spleen

The **spleen** 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.

### Liver

The **liver** was swollen, hypoechoic and irregular with increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes were enlarged, rounded and hypoechoic.



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## Gastrointestinal

The **gastric** wall presented concentric thickening measuring up to 2.0 cm with loss of structural detail. Hypoechoic parenchyma was noted. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## Pancreas

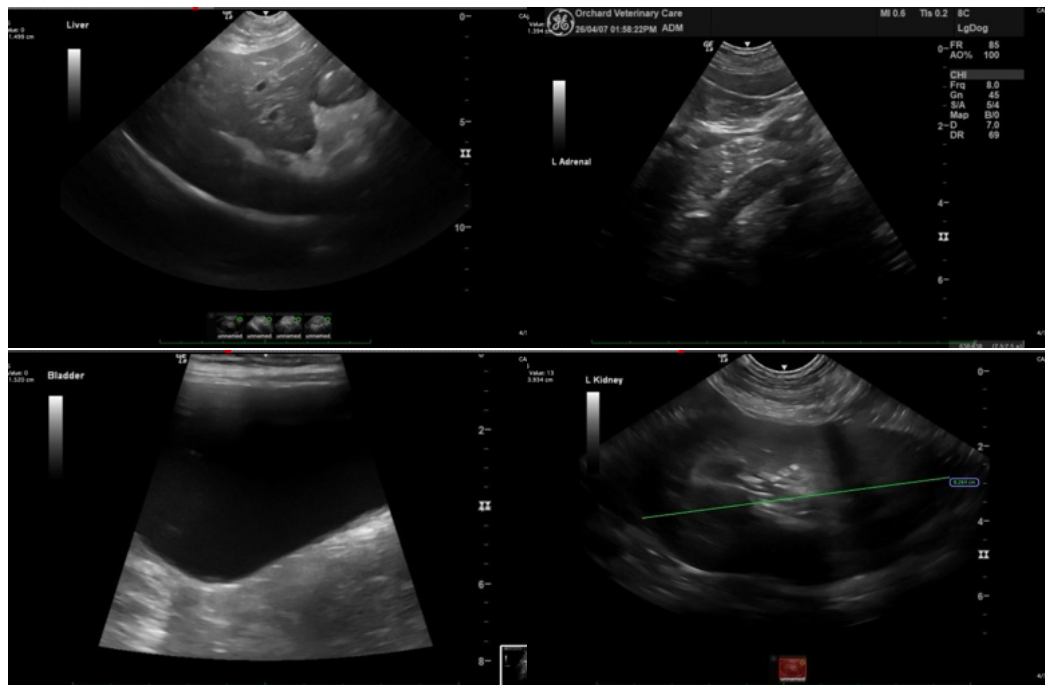
The cranial abdomen revealed undifferentiated hypoechoic nodular changes in the region of the **pancreas**. This may represent overlying lymph nodes or overt pancreatic pathology.

## ULTRASONOGRAPHIC FINDINGS

Gastric, lymph node and potential hepatic based neoplasia, round cell neoplasia pattern. Lymphadenitis and gastritis are possible, yet less likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the accessible lymph nodes, liver and gastric wall are all indicated. There was no overt adrenal pathology; however, overlying lymph nodes obscured some visibility.





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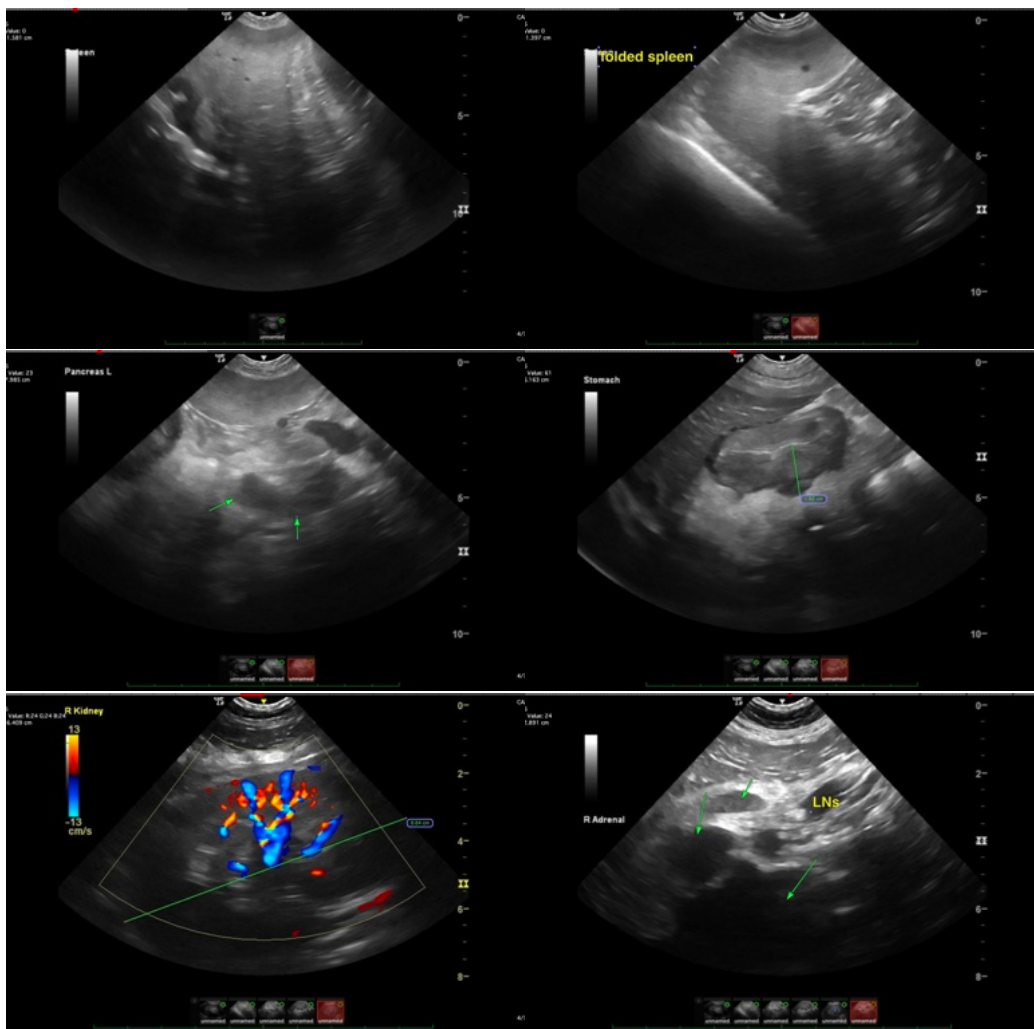
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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