



## PATIENT

Dexter Manis

## SPECIES

Canine

## BREED

Basset

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

44

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Ray Caughman

## HOSPITAL NAME

Dogwood Animal  
Hospital

## REFERRING VET

Dr. Ray Caughman

## INVOICE

74845

## DATE

5/1/26

## PRESENTING CLINICAL SIGNS

Losing weight and loose stool since 12/2025. Non responsive to Tylosin, Metronidazole, Probiotics, and Hill's GI Biome food.

Abnormal PE/Chem/CBC/UA Results: Positive Fecal Cryptosporidium, C. perfringens Alpha Toxin (CPA) Gene RealPCR, C. perfringens Enterotoxin (CPE) Gene RealPCR. Neutrophilia, Monocytosis, Albumin 2.5, Globulin 4.5

## 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. Left kidney measured 6.27 cm. Right kidney measured 6.86 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. Left measured 1.45 cm x 0.63 cm at the cranial pole and 0.61 cm at the caudal pole. Right measured 2.0 cm x 0.47 cm at the caudal pole and 1.0 cm at the cranial 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 were noted.

### Liver

The **liver** presented isoechoic nodular changes with increased portal markings and remodeling, not likely to be related to the intestinal mass, yet micrometastasis cannot be completely ruled out. The gallbladder was unremarkable.

### Gastrointestinal

Examination of the **gastrointestinal tract** revealed a 5.7 cm x 4.6 cm intestinal mass with regional hyperechoic inflammation. The mass appears to be jejunal and appears potentially resectable. The mass is partially obstructive. Some gastric stasis was noted.



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## Pancreas

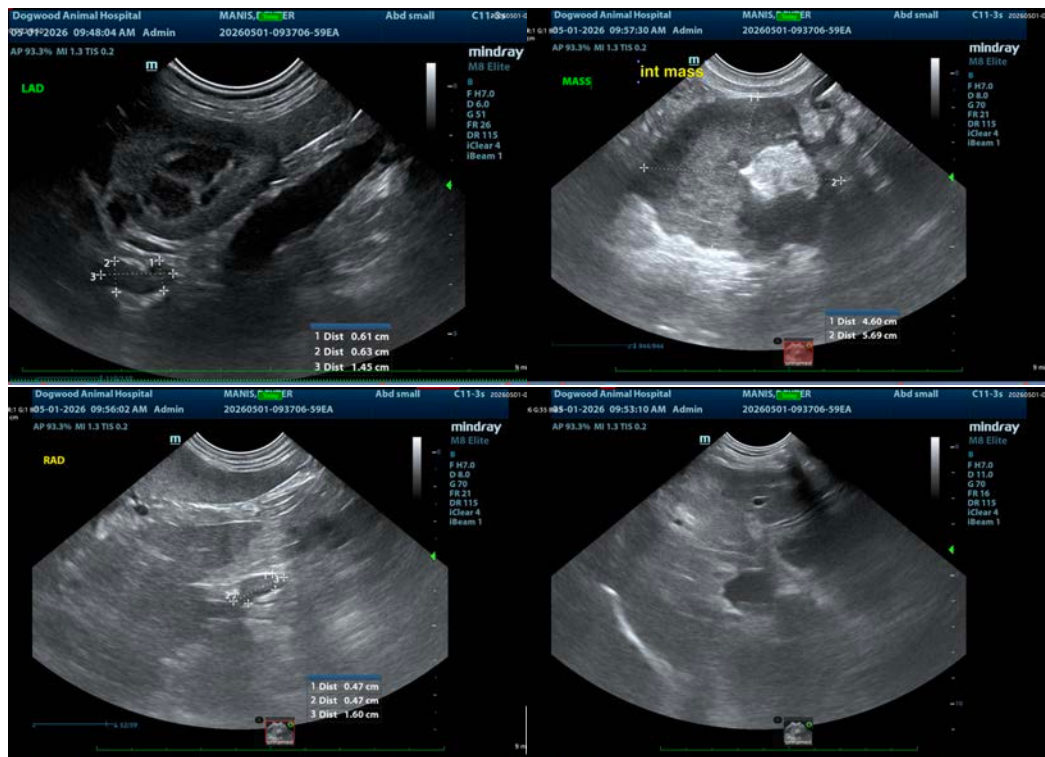
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Intestinal mass - Round cell neoplasia, carcinoma, leiomyosarcoma all possible. Granulomatous disease less likely.
- Nodular hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with aggressive resection and anastomosis ideally guided by intraoperative ultrasound would be warranted, with removal of approximately 10-15 cm of intestine. Liver inspection and biopsy would be appropriate. Screening FNA of the liver and the mass could also be considered.





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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,  
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