

PATIENT

Sunny Muduli

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

12

WEIGHT

70

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Christensen

INVOICE

16160

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Acute Vomiting and anorexia

Full chem/cbc= WNL. Suspect obstruction on x-rays.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **iliac trifurcation** was unremarkable.

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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 7.48 cm in length. The right kidney measured 8.69 cm in length. The left kidney revealed an anechoic dorsal cortical cyst measuring 2.2 cm x 1.4 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 2.38 cm x 0.47 cm width at the cranial pole and 0.65 cm width at the caudal pole. The right adrenal gland measured 1.37 cm x 0.5 cm width at the cranial pole and 0.41 cm width at the caudal pole.

Spleen

The **spleen** presented with a uniform parenchyma and no evidence of pathology. The spleen was folded upon itself caudally with normal vascularity. Hyperechoic lipid plaques were noted yet do not appear pathological.

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 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** was severely over distended with fluid. A structure was present in the pylorus measuring 4.4 cm x 3.5 cm, presumed to be a mass. The distal small intestine and colon were unremarkable.



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Pancreas

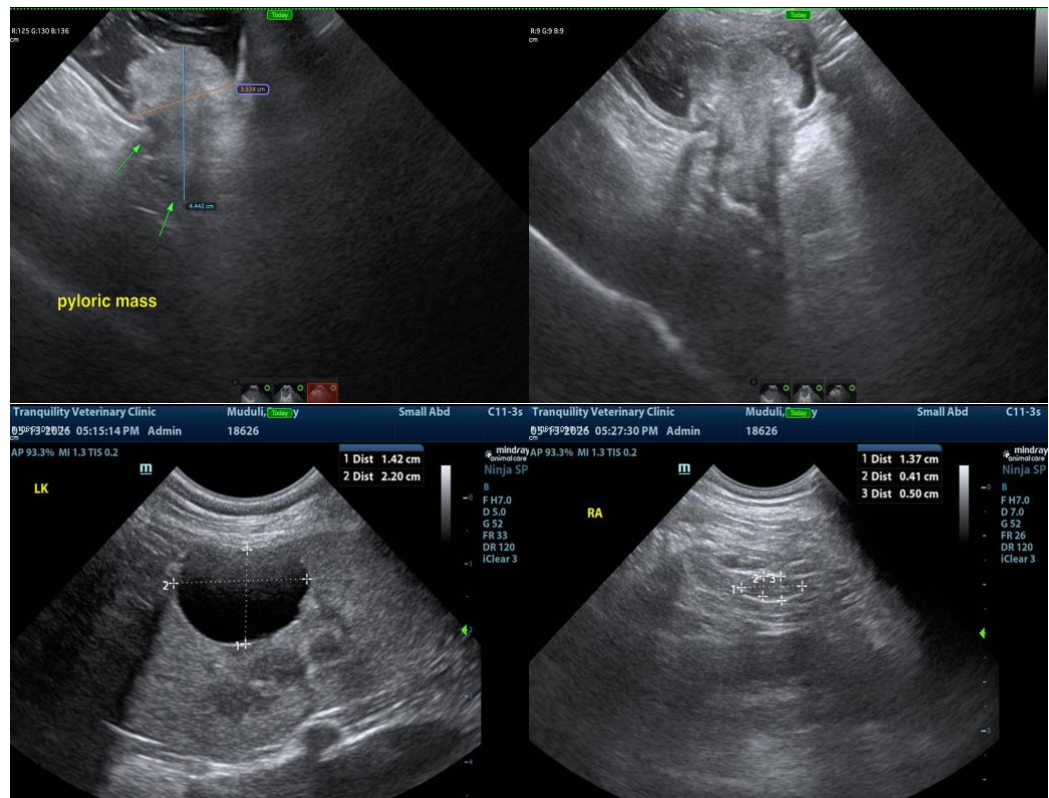
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Pyloric mass.
- Folded spleen.
- Age-related renal changes with dorsal left kidney cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastroduodenal resection and anastomosis/Billroth surgery is indicated. No evidence of metastatic disease. Carcinoma is suspected with low-grade epithelial tumor possible. Minor potential that this is an embedded foreign body mimicking a mass. Power Doppler assessment over the structure would be recommended to assess for vascularization that would confirm mass formation.





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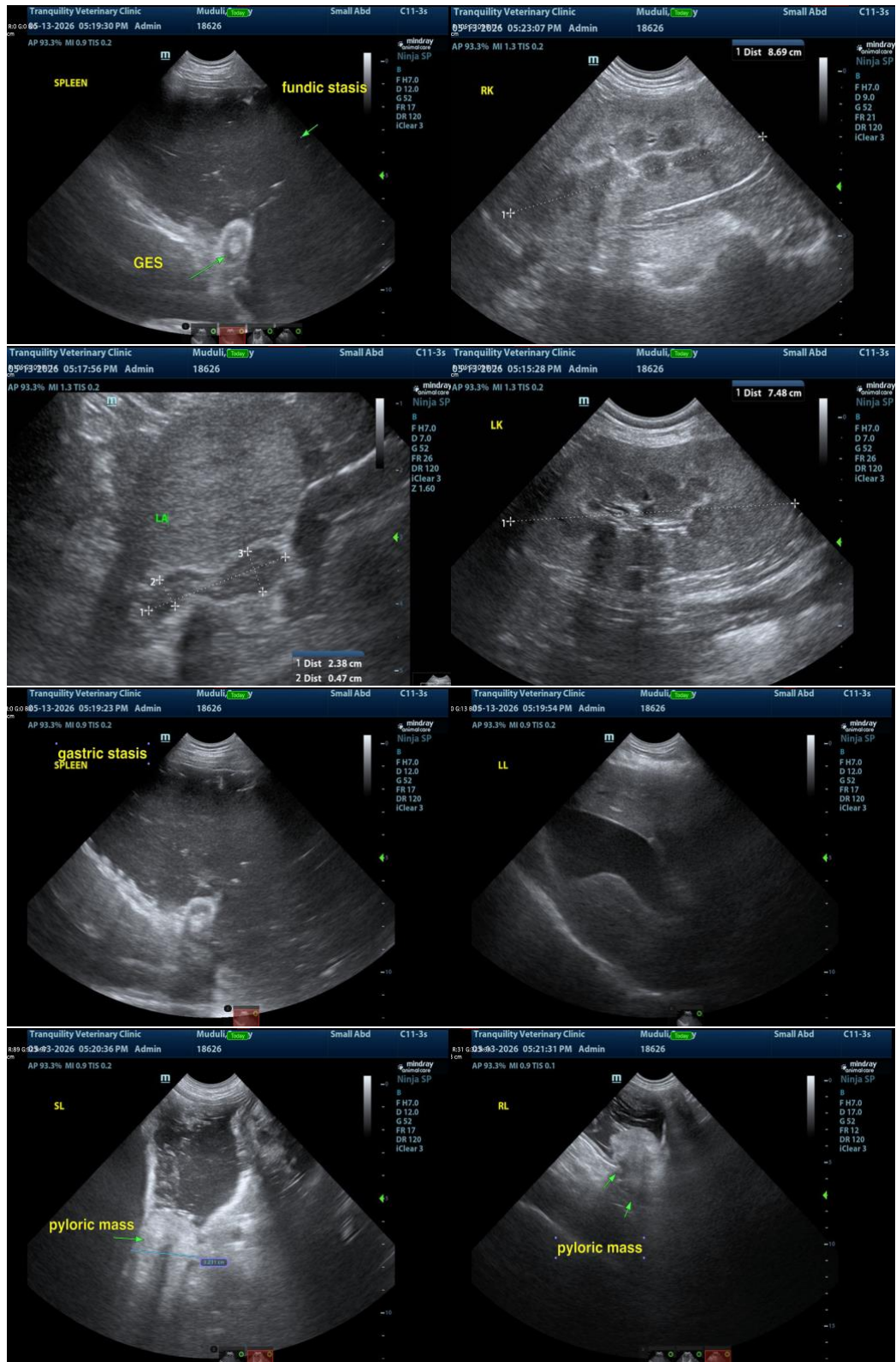
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com