



PATIENT

Beatrice Spiegall
Gotsch

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

14 Years

WEIGHT

32.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Jesse Page

INVOICE

75143

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Hx of chronic GI issues, previous chronic intermittent diarrhea, now intermittent vomiting. Wt loss, pale MMs. On paroxetine, amantadine, ursodiol, and tylan powder

Abnormal PE/Chem/CBC/UA Results: CBC neuts wnl, but bands present TP 4.1, alb 1.9, glob 2.2 UA sp Gr 1.016

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 4.84 cm. Left kidney measured 5.23 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 1.37 cm x 0.43 cm at the cranial pole and 0.59 cm at the caudal pole. Right adrenal measured 2.25 cm x 0.83 cm at the cranial pole and 0.44 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 were 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. Excessive dependent gallbladder debris noted.

Gastrointestinal

The **stomach** itself was unremarkable. Variable areas of small intestinal thickening noted at 0.48 cm with some areas with loss of detail. An overt intestinal mass was noted measuring up to 2.2 cm. Portions



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of the mass were obscured by colonic artifact. Therefore, the complete extent of the mass could not be assessed.

Pancreas

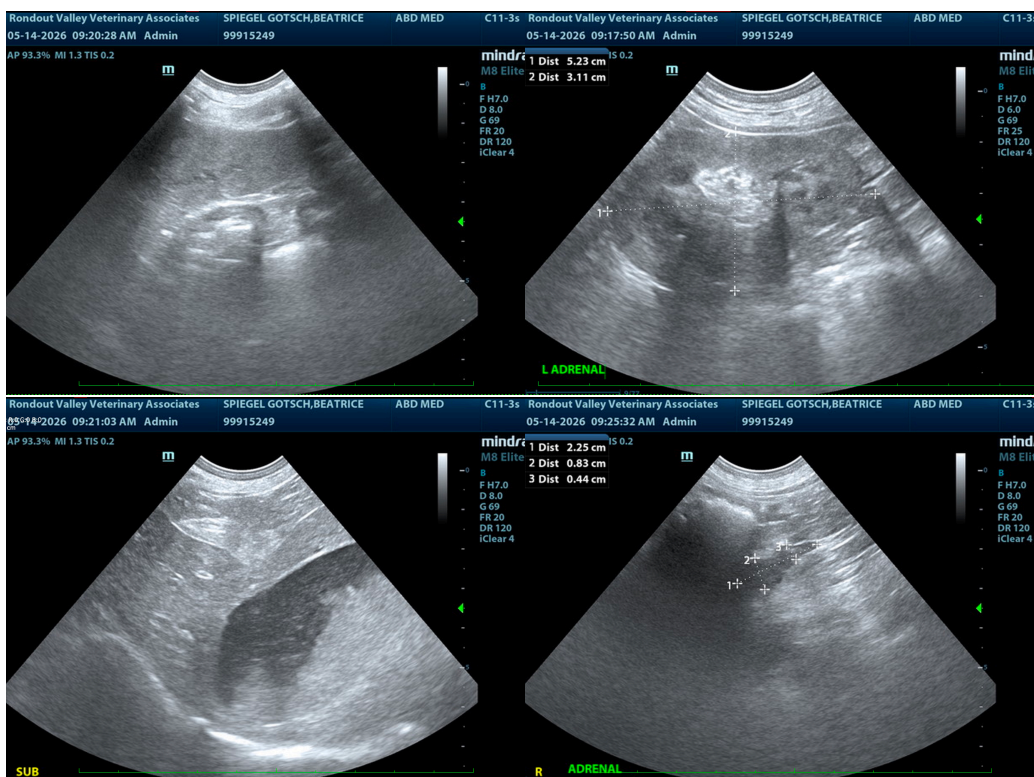
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Overt intestinal mass and other variable intestinal thickening - Round cell neoplasia suspected. Leiomyosarcoma or carcinoma possible yet less likely. Complicated inflammatory bowel possible yet less likely.
- Age related bladder and kidney changes.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA or exploratory surgery with intraoperative ultrasound, resection and anastomosis indicated. Chest radiographs warranted if not already performed. Intraoperative ultrasound recommended to delineate the intestinal lesion. However, this may be part of an occult multifocal process.





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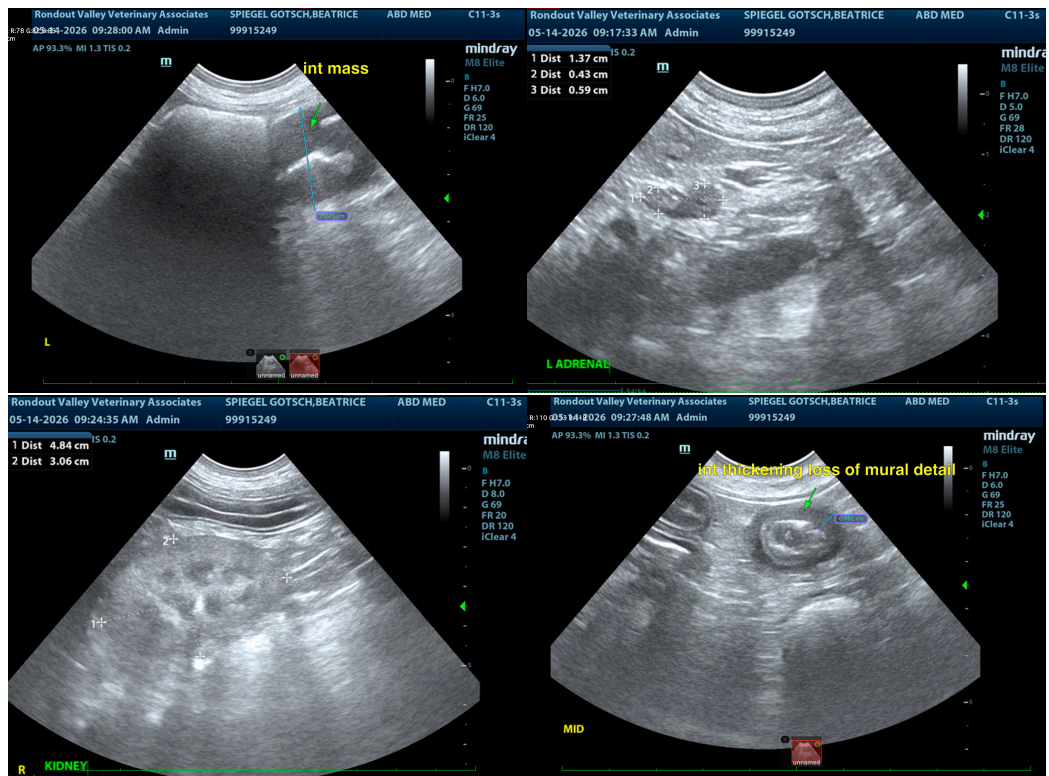
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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