



## PATIENT

Cali Coleman

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

74 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

## IMAGING PERFORMED BY

Heather Platzer

## HOSPITAL NAME

Hershire AH

## REFERRING VET

Erika Gallisdorfer, DVM

## INVOICE

37252

## DATE

5/28/26

## PRESENTING CLINICAL SIGNS

History: Seen at the beginning of May for intermittent vomiting and lethargy - vomitus can range from bile to food with no specific timing of vomiting. PE tender on palpating, mm tacky; bloodwork at beginning of May unremarkable at that time changed diet to GI biome and given Cerenia - Cerenia controls vomiting and increases appetite however once off Cerenia vomiting returns and has remained mainly bile every other to every third day and appetite waxes and wanes.

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 5.6 cm. The right kidney measured 6.2 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 0.45 cm.

The **right adrenal gland** was not seen.

### 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 mild 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



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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

The **stomach** was filled with ingesta, obscuring some visibility of the mucosa. A gastric fundic mass was noted in this patient, measuring at least 4.0 cm x 5.0 cm. This appeared to extend outward into the area of the pancreas. The mass appears to be concentric. The mass appears to be transmural and extending into the area of the pancreas. The small intestine and colon were unremarkable.

**Pancreas**

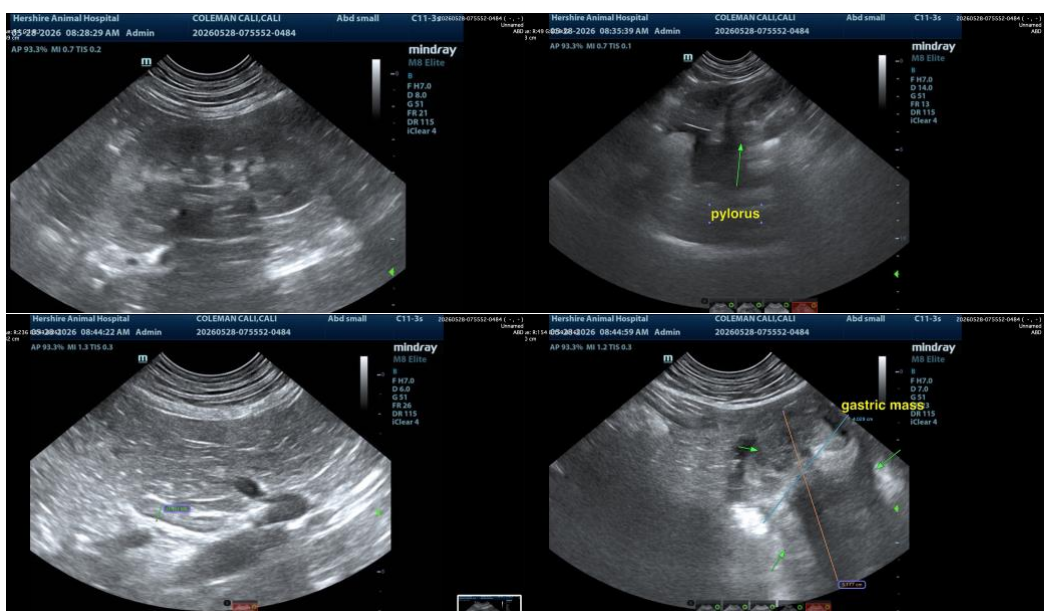
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. \*\*See Gastrointestinal section.

**ULTRASONOGRAPHIC FINDINGS**

- Gastric mass with regional inflammation- carcinoma, leiomyosarcoma, round cell neoplasia (less likely). Granulomatous disease is also possible, owing to penetrating foreign body, yet less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical resection of the gastric mass would likely be challenging. Endoscopy could be considered. Ultrasound guided FNA is indicated. The mass appeared to be occupying the gastric fundus primarily; however, the undifferentiated nature of the tissue did not allow for precise localization. No overt evidence of metastatic disease, however, the mass appears to be transmural and extending into the area of the pancreas. Chest radiographs are warranted to assess for metastatic disease. Prognosis is guarded to poor depending upon cytology results and potential surgical findings.





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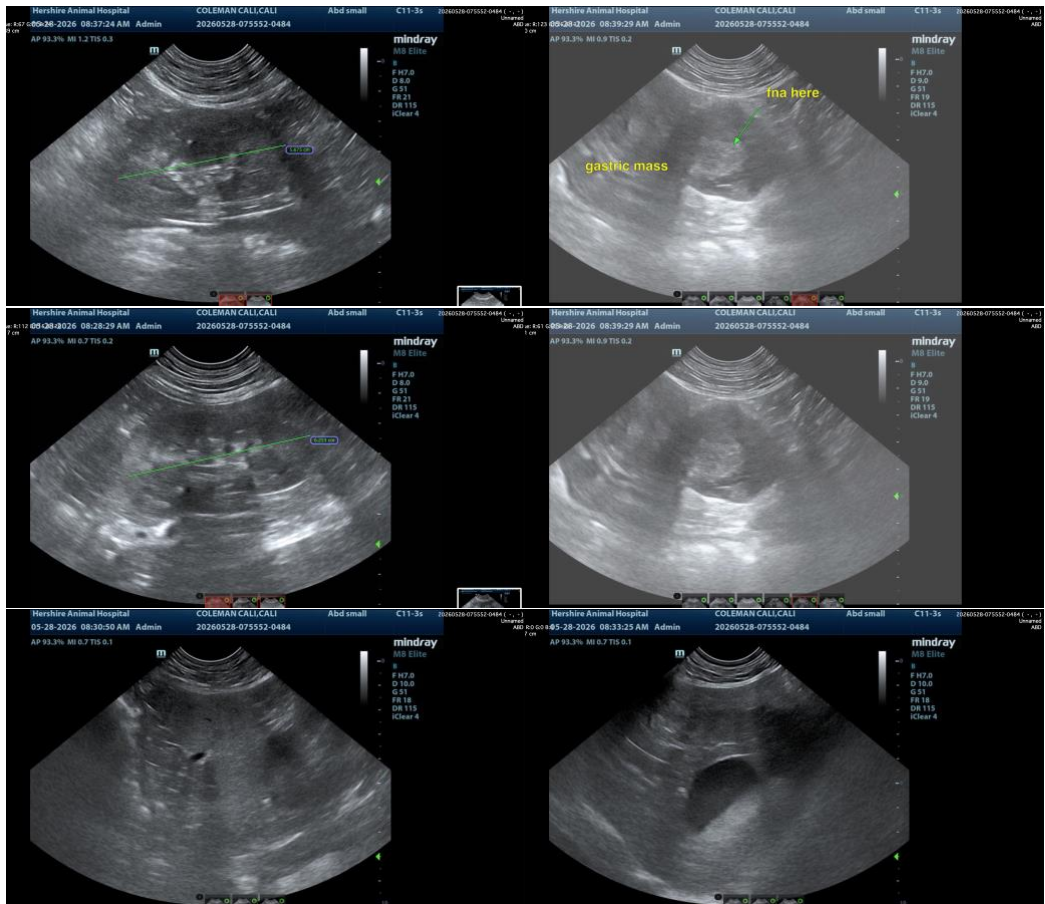
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)