



PATIENT

Rico Flores

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

7.5

WEIGHT

11.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassels-Conways

HOSPITAL NAME

Central Broward
Animal Hospital

REFERRING VET

Dr. Lara Oms

INVOICE

16384

DATE

06/05/26

PRESENTING CLINICAL SIGNS

History: • Gastrointestinal stromal tumor (cecal mass) and History of septic abdomen (resolved) 6/25 • Chemo was recommended, O declined. At present time no v/d, doing well at home.

Abnormal PE/Chem/CBC/UA Results: NSF All WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 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 **residual prostate** was uniform measuring 1.03 cm. The pre- and post-prostatic urethra was unremarkable.

The **kidneys** were not visualized.

Adrenal Glands

Both **adrenal glands** were not visualized.

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 visible **liver** was unremarkable. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Areas of mucosal speckling were present of unknown cause.

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.

Free Abdomen



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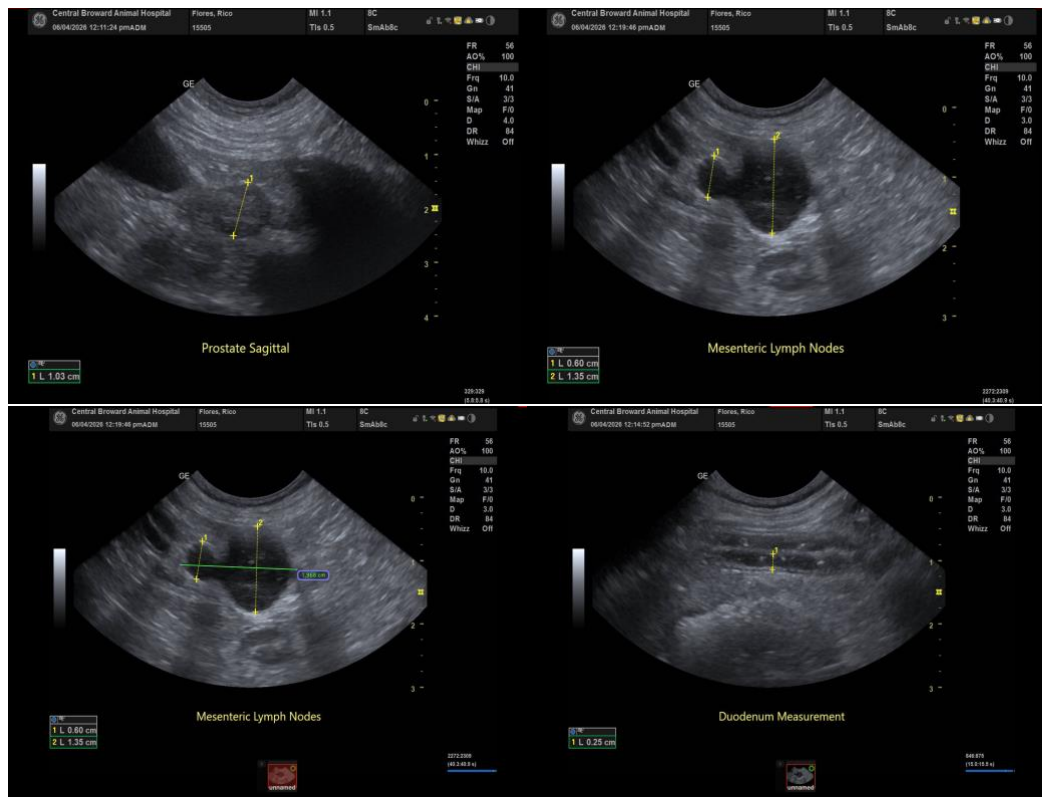
The mesenteric lymph nodes were enlarged, hypoechoic and disruptive measuring up to 1.35 cm x 2.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy.
- Partially full stomach with mucosal speckling of unknown cause.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of complication to the history of anastomosis, however, the lymph node enlargement is concerning for metastatic disease. Ultrasound guided FNA or direct removal is indicated with a 22-gauge needle. Strong concern for metastatic disease.





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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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