



**PATIENT**

Rosie Neitzel

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

28 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**IMAGING PERFORMED BY**

Ginny Dodd, DVM

**HOSPITAL NAME**

Steele Creek AH

**REFERRING VET**

Dr. Daniels

**INVOICE**

71634

**DATE**

2/17/26

**PRESENTING CLINICAL SIGNS**

- Chronic vomiting- on Fortiflora
- Rads- mild gastroesophageal reflux, otherwise normal thorax APOCUS- large amount of hyper echogenic sludge in GB, large urinary bladder- no sedation

**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 was noted. Ureteral papillae 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.75 cm.

**Adrenal Glands**

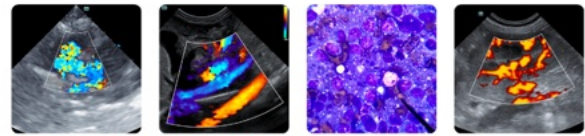
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.37 x 0.38 cm. The left adrenal gland measured 1.52 x 0.38 cm at the cranial pole and 0.55 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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



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**Gastrointestinal Tract and Pancreas**

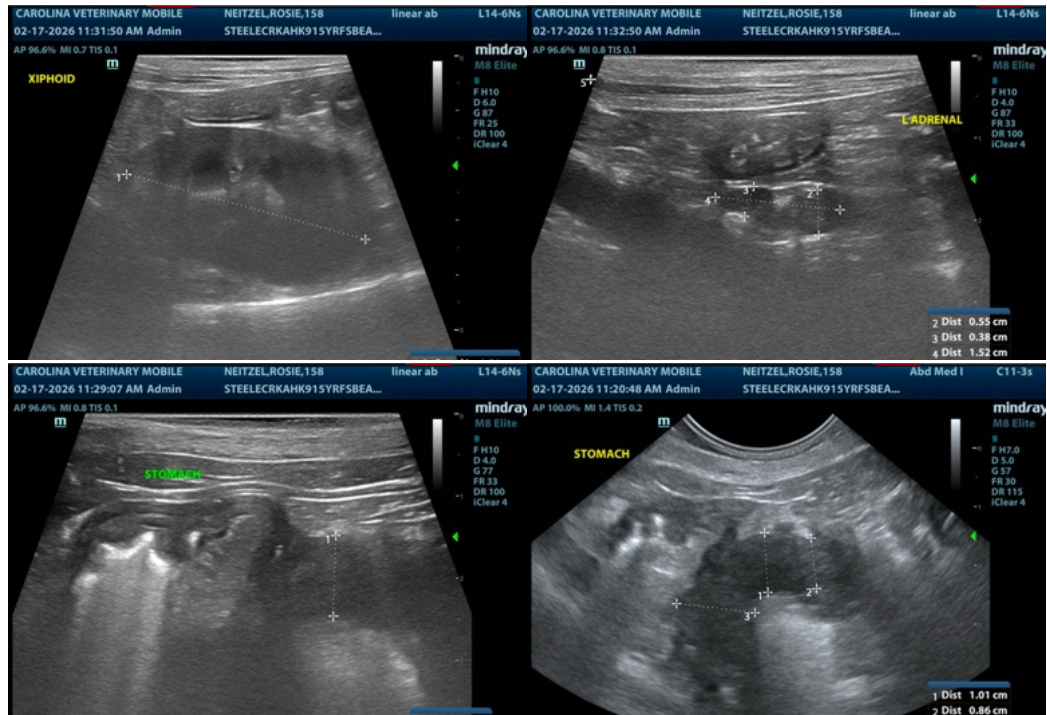
The **gastric** fundus revealed a hypochoic mass either deriving from the stomach and extending into the left **pancreatic** base or vice versa. The mass is undifferentiated. Wall thickness measured up to 1.34 cm. The pylorus and small intestine appeared unremarkable. The mass appears to be concentric in the gastric fundus. Clean separation from the pancreatic base was not available.

**ULTRASONOGRAPHIC FINDINGS**

Gastric/pancreatic necrosis, round cell neoplasia and carcinoma is all possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA or endoscopy of the gastric fundus with mucosal biopsies may prove fruitful in obtaining a definitive diagnosis. CT evaluation or exploratory surgery would all be valid. However, the concentric nature of the lesion around the gastric fundus appears to render it non-resectable. This may be non-neoplastic and granulomatous necrosis. Prognosis is guarded.





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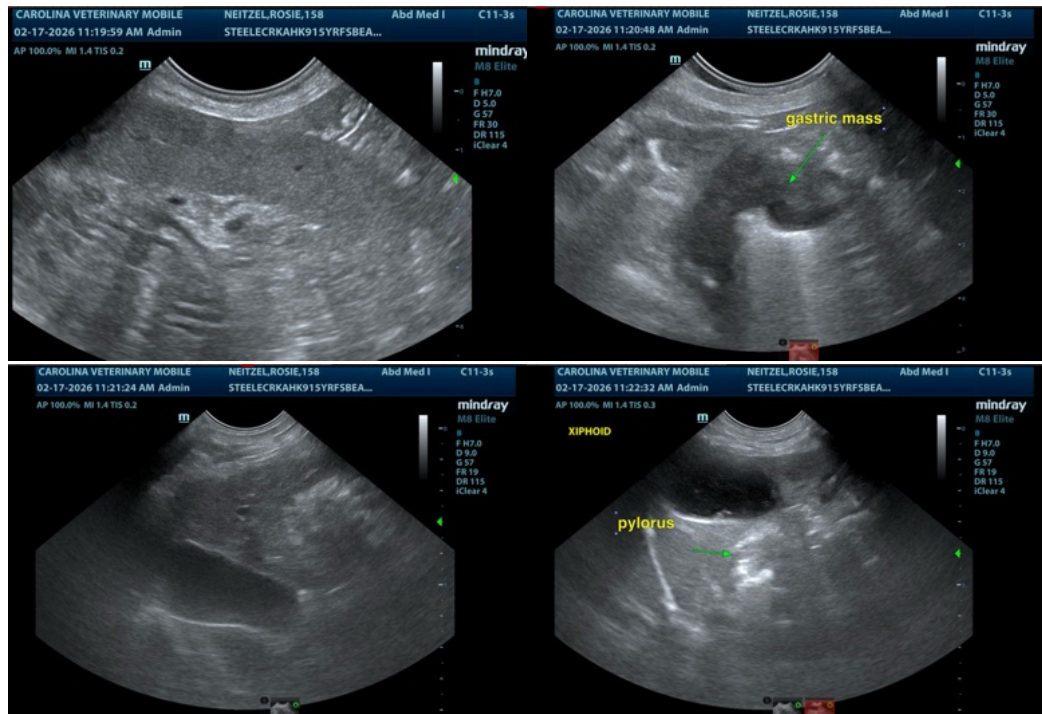
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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