



PATIENT

Rosebud Plati

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

7 Months

WEIGHT

57

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

36792

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: V/D got into Purina Puppy food, not her regular diet

Abnormal PE/Chem/CBC/UA Results: Lipase 435

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.3 cm. The left kidney measured 5.31 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 1.98 cm x 0.35 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 2.54 cm x 0.73 cm at the cranial pole and 0.52 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 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** in this patient revealed severe concentric wall thickening, measuring up to 2.5 cm. A 1.8 cm linear structure was noted in the stomach with a separate linear structure measuring 2.9 cm. No obstructive pattern was noted; however, the structures were visible in multiple views. The colon was unremarkable.



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

BREED

Slight **free fluid** was noted in the abdomen, which is concerning.

Golden Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

- Severe gastritis with possible foreign matter versus gastric neoplasia/lymphoma or carcinoma are possible. The gastric wall meets neoplastic criteria, however, given the age of the patient, the possibility of foreign body and severe gastritis is possible.
- Slight free fluid in the abdomen (concerning).

Spayed Female

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

7 Months

Recommend exploratory surgery with expectation of investigation of the gastric wall and lumen but obtaining gastric biopsies. Recommend examining the base of the tongue in this patient for attached foreign body, as a linear attachment can present in this fashion. Prognosis is guarded.

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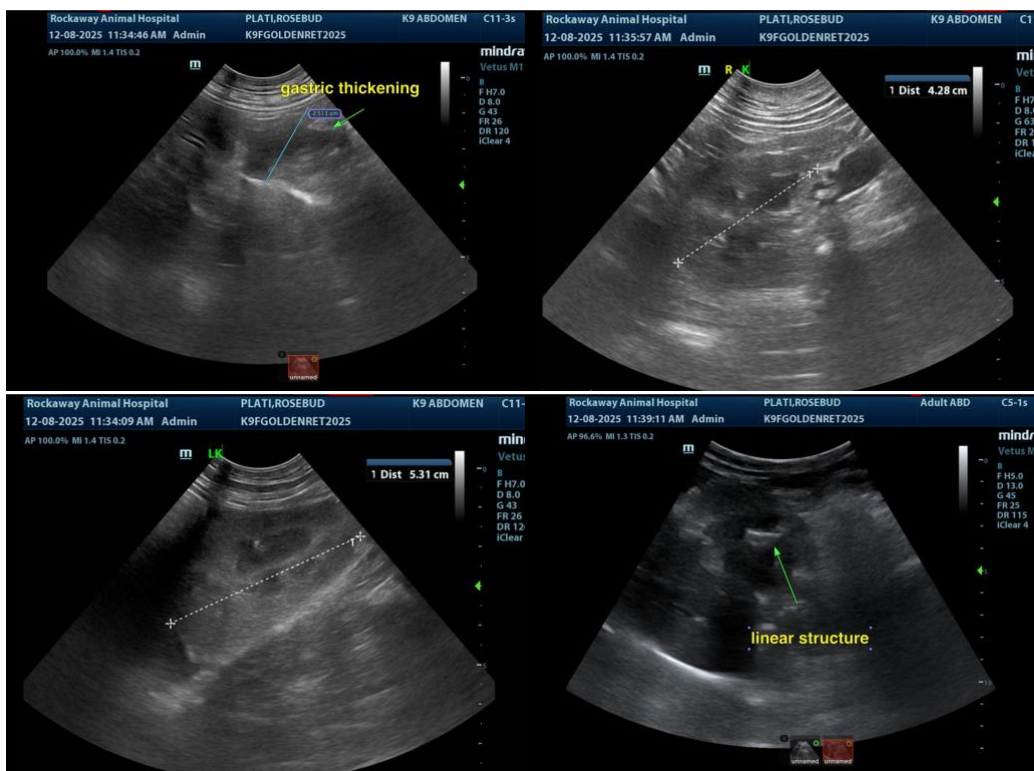
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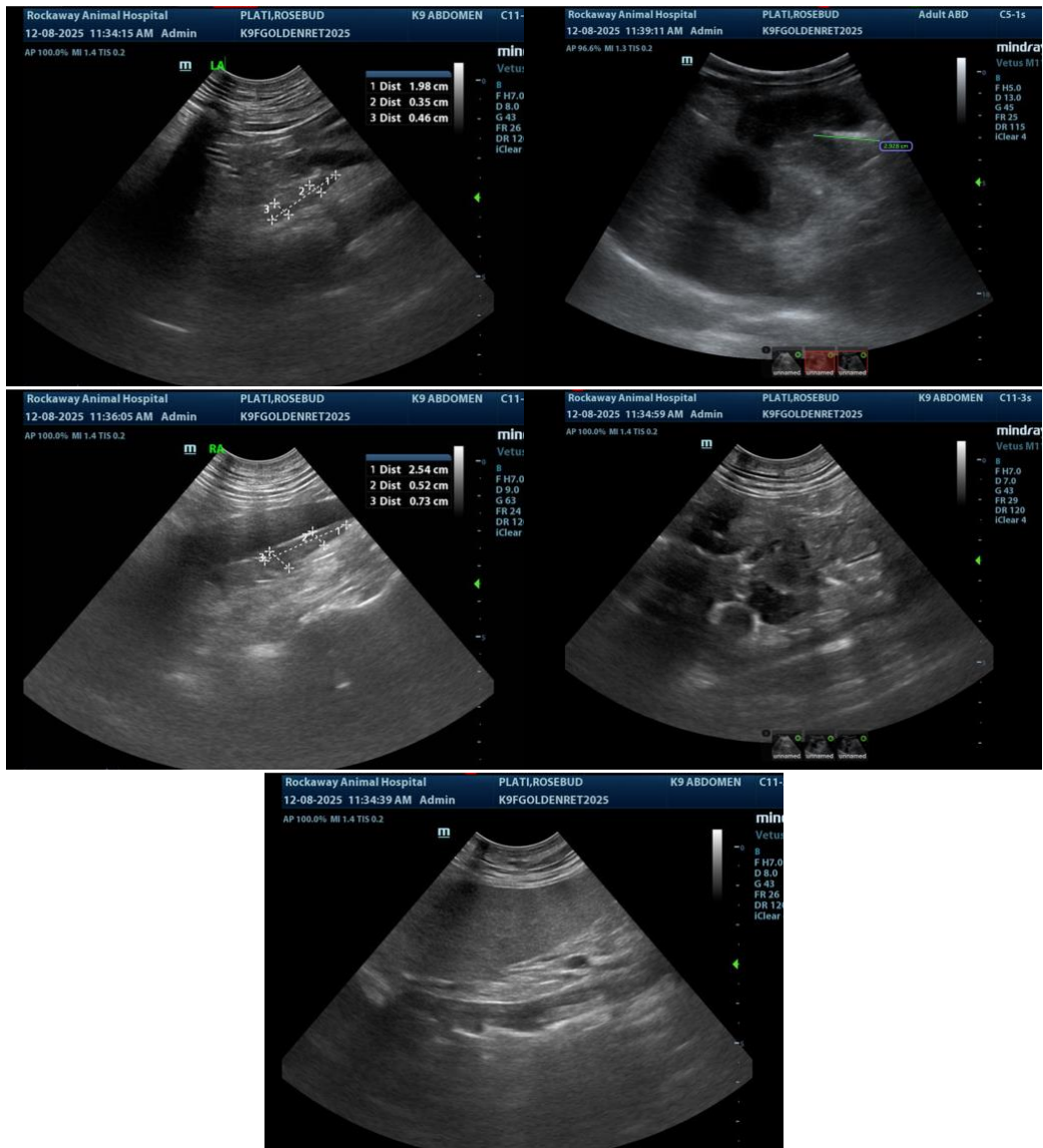
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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