



PATIENT

Wasabi Gomez

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

2 Years

WEIGHT

22.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

BondVet Edgewater

REFERRING VET

Dr. Ordenez

INVOICE

36809

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Hx of V + D, O reports pet has been going through non resolving D flare up. Stomach x- ray indicated mass effect vs. inflammation.

Abnormal PE/Chem/CBC/UA Results: TLI ^, Folate ^ (11/13).

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 6.18 cm. The right kidney measured 6.22 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 2.77 cm x 0.61 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 2.84 cm x 0.67 cm at the cranial pole and 0.48 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** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable. A history of cholangitis is likely.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Soft stool was noted in the colon. Structurally the GI tract was unremarkable, other than irritability pattern.



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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

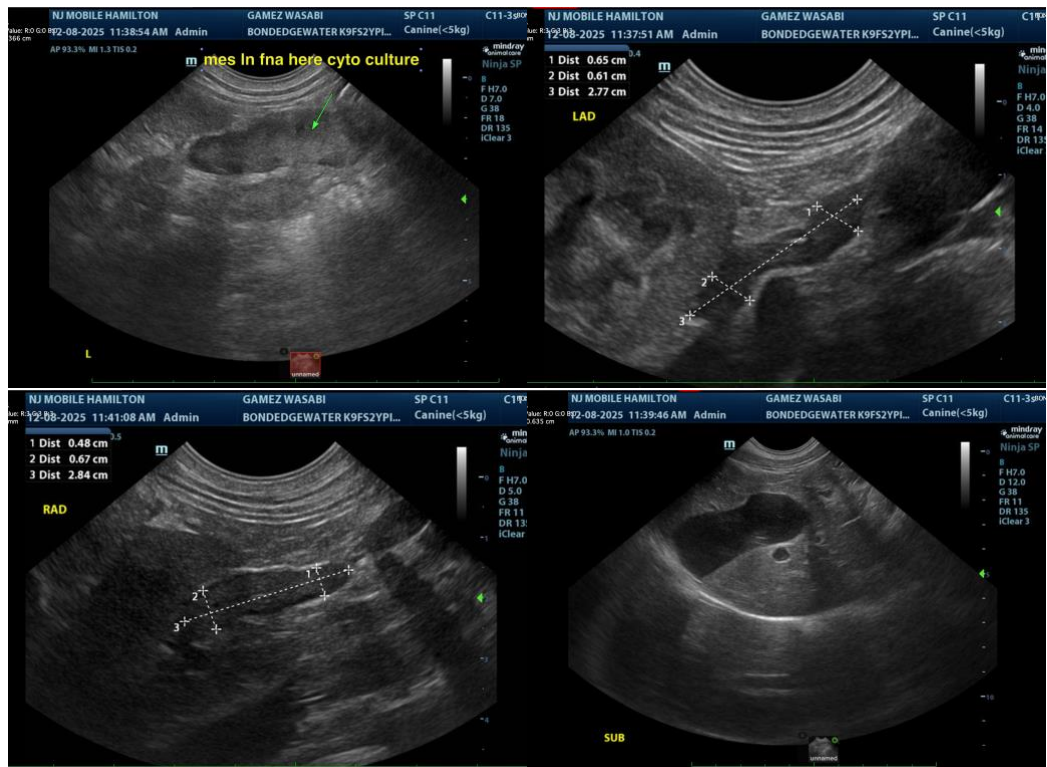
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/lymphadenitis pattern
- Slight increased portal markings in the liver, history of cholangitis is likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymph node sampling and culture would be ideal. Ultrasound guided FNA of the accessible mesenteric lymph nodes with cytology and culture are indicated to assess for chronic lymphadenitis. Management for enterotoxins, parasitic disease, and dietary intolerance is warranted, as these are all potentials. If clinical signs persist, full thickness surgical lymph node and GI biopsies would be ideal.





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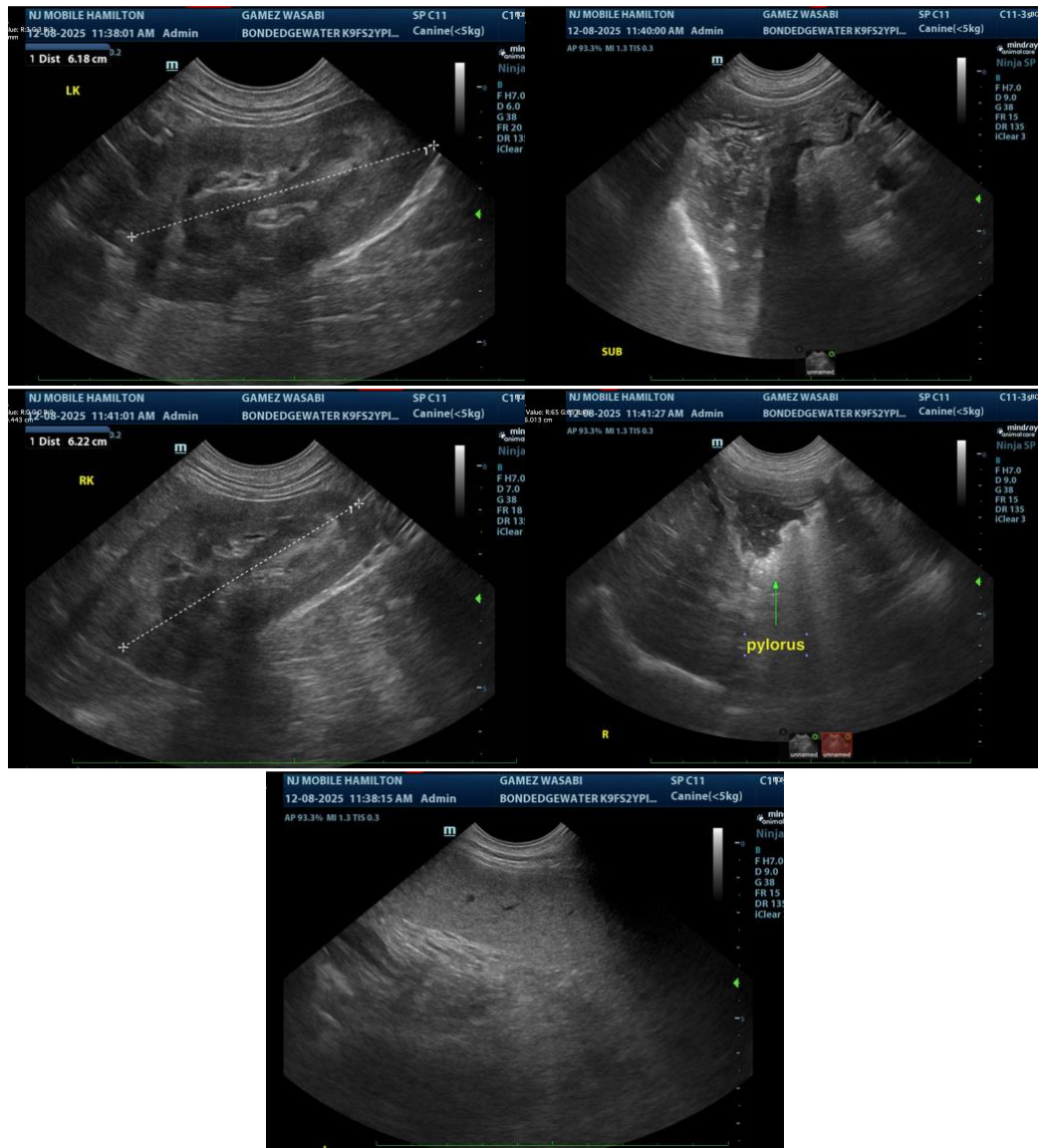
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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