



PATIENT

Rigby Covell

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

8 years

WEIGHT

71.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Susan Lincoski, VMD

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski, VMD

INVOICE

70139

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Noted pendulous belly at annual exam. Radiographs suspicious for splenic tail mass, otherwise normal.

Abnormal PE/Chem/CBC/UA Results: Splenic tail mass, noted 4.7cm soft tissue border effacing with tail of spleen. Head of spleen normal. CBC/CS at exam 12/31 was all normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 5.04 cm. The left kidney measured 5.3 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.87 cm at the caudal pole and 0.77 cm at the cranial pole. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed a 4.1 cm hypoechoic, disrupted mass with capsular expansion deriving from the mid splenic body. Power Doppler was positive ruling out abscessation and necrosis.

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Some gastric stasis was noted. 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.

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.

ULTRASONOGRAPHIC FINDINGS

Splenic mass, strong concern for round cell neoplasia. Hemangiosarcoma is possible, yet less likely.

Gastric stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and rapid echocardiogram are warranted to ensure that metastatic disease is not an issue followed by splenectomy, liver inspection and biopsy even though the liver appears unremarkable.





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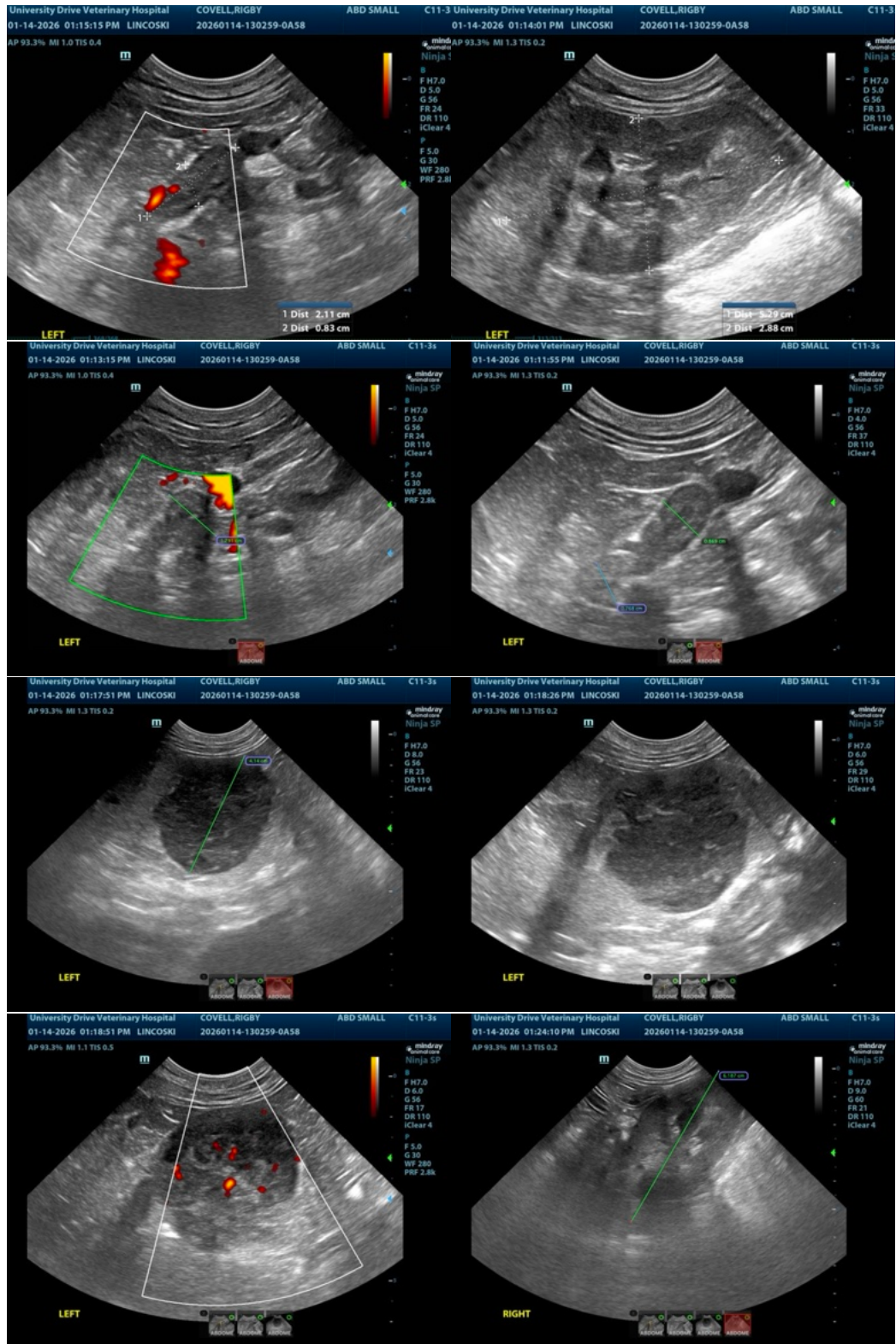
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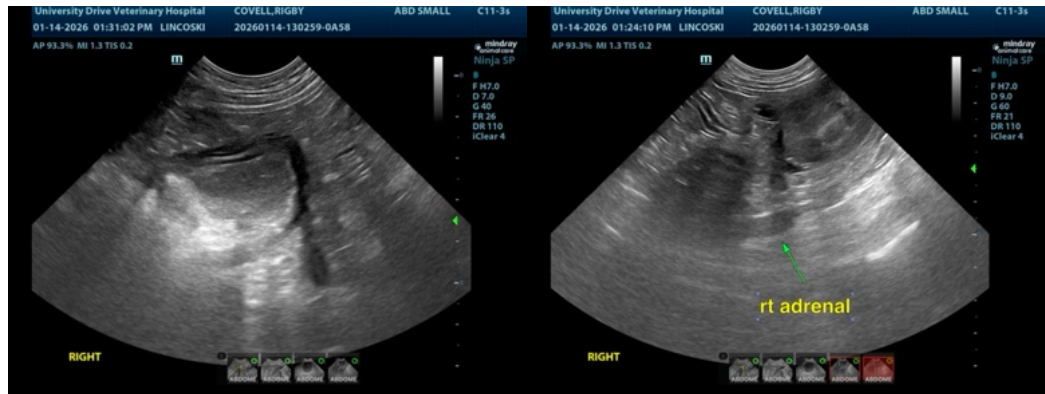
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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