



PATIENT

Biggie Stanivukovic

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

5 Years

WEIGHT

17.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Yablonovich

INVOICE

35509

DATE

1/19/26

PRESENTING CLINICAL SIGNS

History: Suspected mid-abdominal mass, hemolysis on bloodwork

Abnormal PE/Chem/CBC/UA Results: HCT - 32.6% WBC - 27.2k Mono - 3.5k PLT - 42 (clumping)
Cystatin B >2500 Alb - 2.5 Glob - 5.1 ALP - 282 TBili - 0.6 UA - Protein 3+ Bilirubin 3+ Blood 3+ UPC
3.9 USG 1.020

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 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 4.25 cm. The right kidney measured 5.1 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 1.46 cm x 0.98 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 2.22 cm x 0.39 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

A mixed hypoechoic disorganized 7.0+ cm parenchymal mass was noted in this patient deriving from the **spleen**, entering into the regional omentum. Significant inflammation was noted around the splenic mass and extending into the pancreatic region, with secondary pancreatic inflammation.

Liver

The **liver** revealed subtle hypoechoic nodular changes with slight irregular contour. The gallbladder and common bile duct were unremarkable.

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. 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



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Significant inflammation was noted around the splenic mass and extending into the **pancreatic region**, with secondary pancreatic inflammation.

Free Abdomen

Slight areas of **free fluid** were noted.

Other

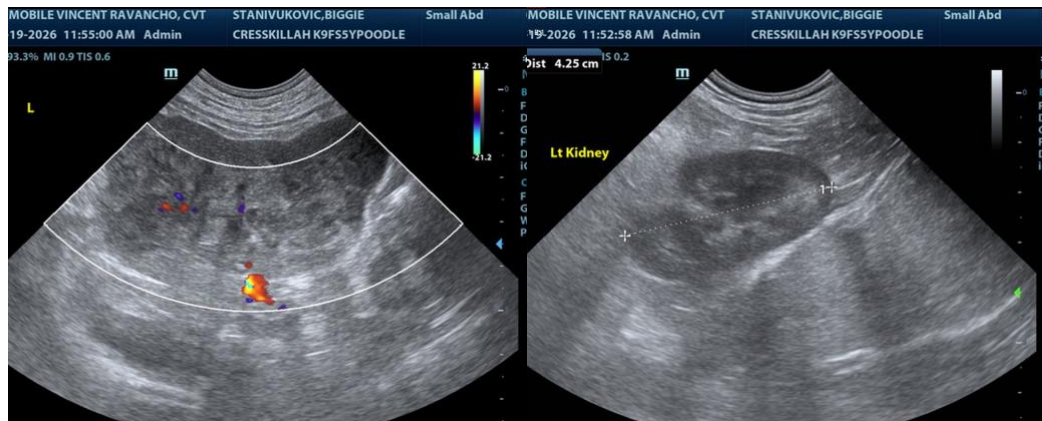
A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass, subjectively isolated, however, early metastatic disease to the liver is a potential
- Slight areas of free fluid
- Secondary pancreatic inflammation
- Subtle hypoechoic hepatic nodular changes with slight irregular contour

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with immediate splenectomy, liver inspection, and biopsy recommended given the degree of inflammation and areas of free fluid. Chest radiographs are warranted prior to surgery. Hemangiosarcoma or other sarcoma is suspected. Benign hematoma or hyperplasia are possible yet less likely.





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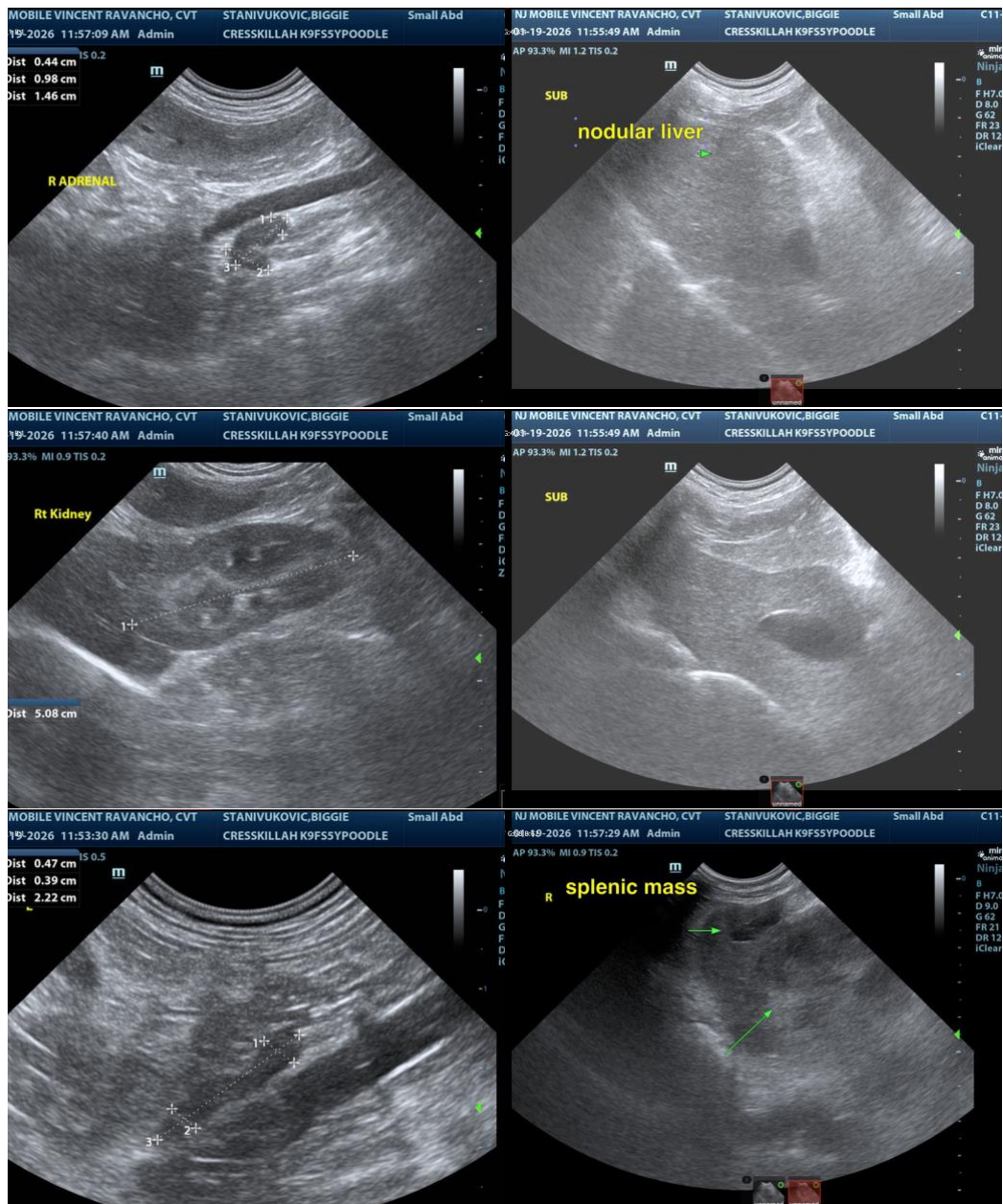
Dr. Yablonovich

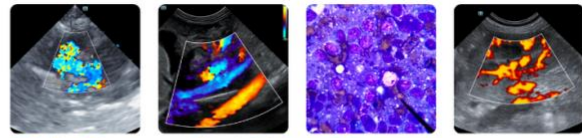
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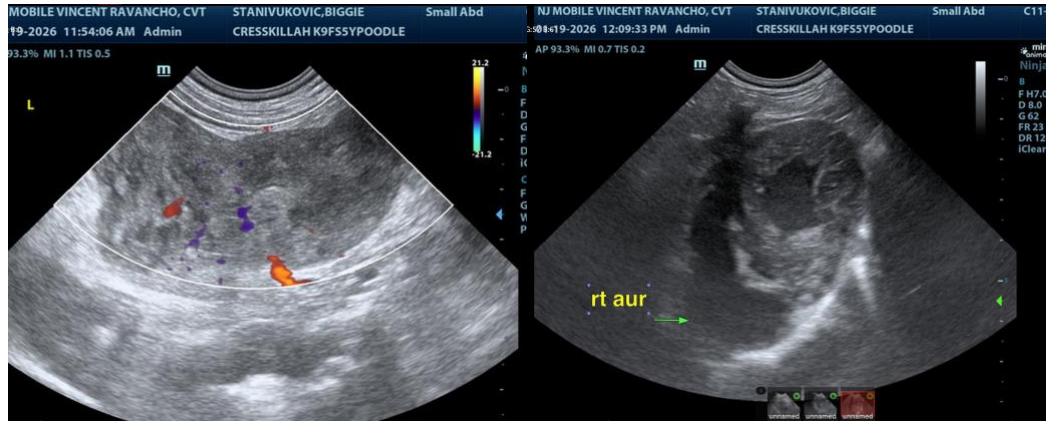
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
 CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com