



PATIENT

Milka Fischer

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed female

AGE

12/16

WEIGHT

67.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stiff

HOSPITAL NAME

Steamboat VH

REFERRING VET

Dr. Stiff

INVOICE

70298

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- The owner reports that the patient vomited a few times, lethargic
- The owner is not sure about BW - the last was normal
- The owner worries about the weight loss, a week ago was 71 lbs now 67.5 Lbs
- The patient has stifle issues, and the owner scheduled ACL surgery
- RBC 6.40 5.65 - 8.87 M/ μ L Hematocrit 41.3 37.3 - 61.7 % Hemoglobin 15.0 13.1 - 20.5 g/dL MCV 64.5 61.6 - 73.5 fL MCH 23.4 21.2 - 25.9 pg MCHC 36.3 32.0 - 37.9 g/dL RDW 14.4 13.6 - 21.7 % Reticulocytes 0.1 % Reticulocytes 8.3 10.0 - 110.0 K/ μ L L Reticulocyte Hemoglobin 20.9 22.3 - 29.6 pg L WBC 16.53 5.05 - 16.76 K/ μ L % Neutrophils * 79.8 % % Lymphocytes * 10.1 % % Monocytes * 9.3 % % Eosinophils 0.8 % % Basophils 0.0 % Neutrophils * 13.20 2.95 - 11.64 K/ μ L H Bands * Suspected Lymphocytes * 1.67 1.05 - 5.10 K/ μ L Monocytes * 1.53 0.16 - 1.12 K/ μ L H Eosinophils 0.13 0.06 - 1.23 K/ μ L Basophils 0.00 0.00 - 0.10 K/ μ L Platelets 246 148 - 484 K/ μ L PDW 9.1 9.1 - 19.4 fL MPV 10.8 8.7 - 13.2 fL

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 left kidney measured 6.3 cm. The right kidney measured 7.8 cm.

The iliac trifurcation was unremarkable.

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 0.54 cm.

Spleen

The **spleen** was mildly swollen with slight irregular contour. Subtle micronodular changes were noted in the spleen.



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Liver

The **liver** was swollen, hypoechoic with mildly increased portal markings. The changes were fairly subtle. Minor, excessive gallbladder debris was noted. The hepatic lymph nodes were also enlarged.

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. Retention of ingesta was noted in the stomach with variable upper GI thickening. 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.

Free Abdomen

The cranial abdomen revealed multiple undifferentiated lymph node masses with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

Multi-focal, aggressive cranial abdominal lymphadenopathy with early splenohepatic infiltrative patterns.

Minor gastrointestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the spleen, liver and lymph nodes are recommended for further definition. Immediate chemotherapeutic intervention is recommended. Multi-focal round cell neoplasia is likely. Chest radiographs are warranted to assess for metastatic disease.



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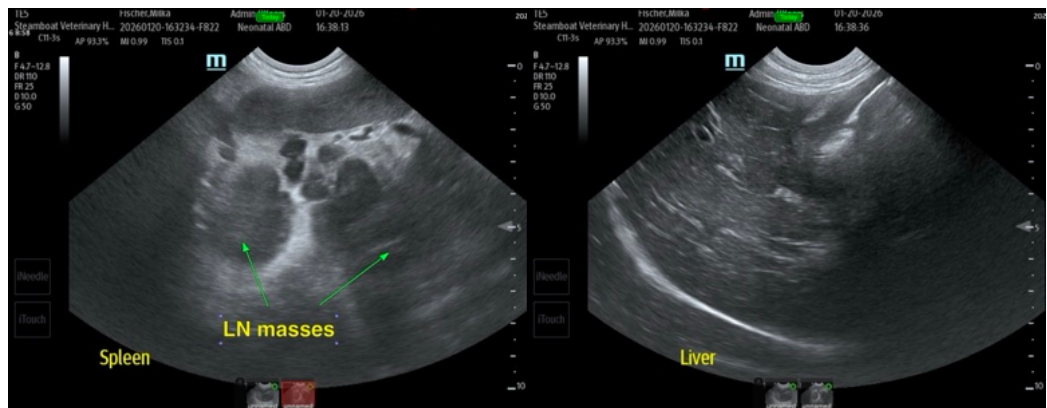
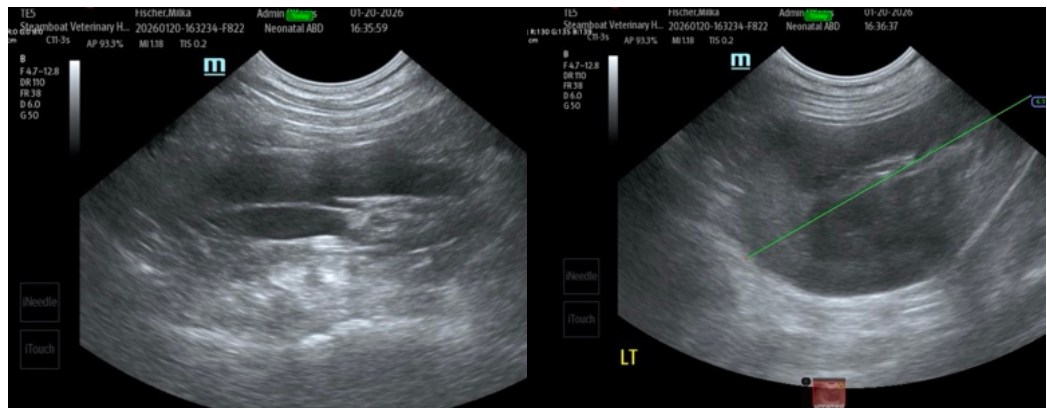
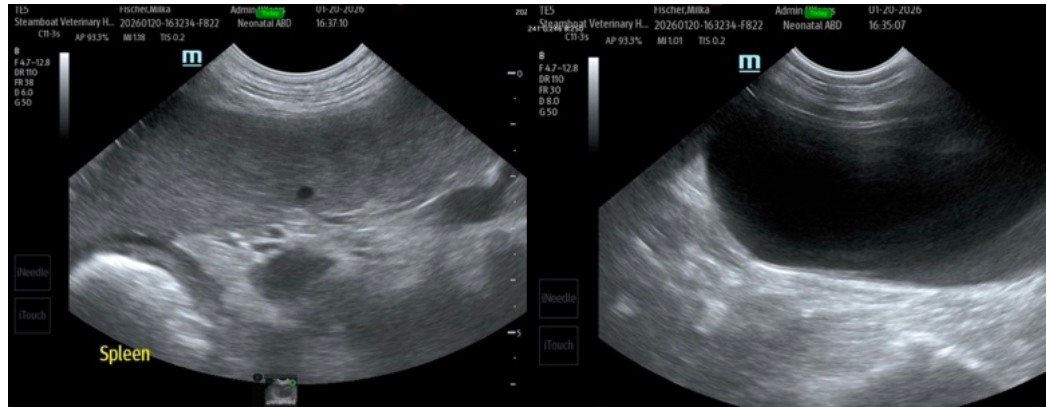
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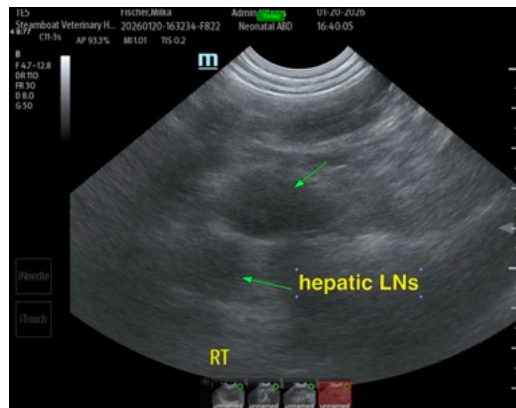
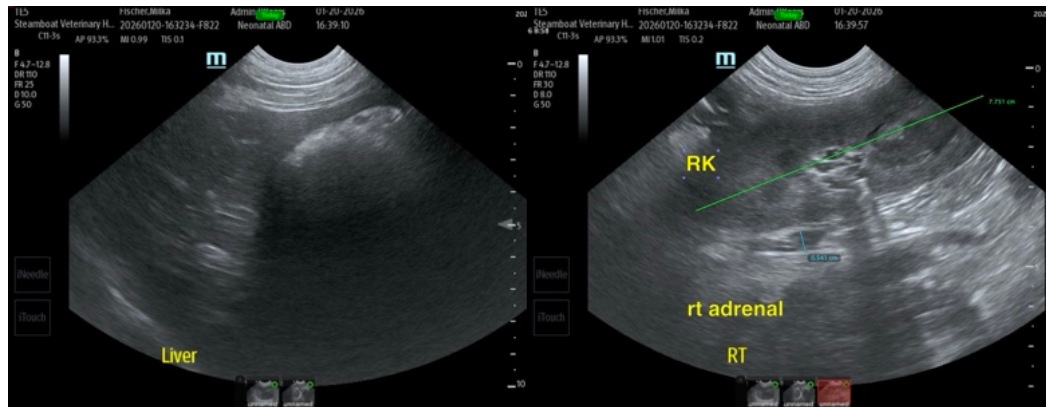
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com