



PATIENT

Ty Hursh

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

8 ½ years

WEIGHT

34.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

70351

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Ty is an eight year old, MN, mixed breed dog who presented for annual vaccines/wellness last week. On exam, a firm, caudal abdominal mass was palpable. Bloodwork is attached (decreased lymphs and phos, increased amylase). PT normal, platelets normal, PTT=17.4. Abdominal ultrasound with FNA was advised. Rectal palpation: dorsal firm swelling (LNs?)
- 1/16/26: Lymphs=0.34, amylase=3,122, phos=1.5, 4dx and fecal PTT=17.4 mildly increased

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was unremarkable, yet a cystic mass was noted dorsal to the bladder with a cyst or abscess associated with it. The entire structure measured 8.0 cm. A large vessel appeared to run within the midst of the mass.

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 5.0 cm. The left kidney measured 5.0 cm.

The residual **prostate** measured 1.1 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 left adrenal gland measured 1.78 x 0.48 cm at the cranial pole and 0.4 cm at the caudal pole. The right adrenal gland measured 2.04 x 0.85 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.



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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. 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

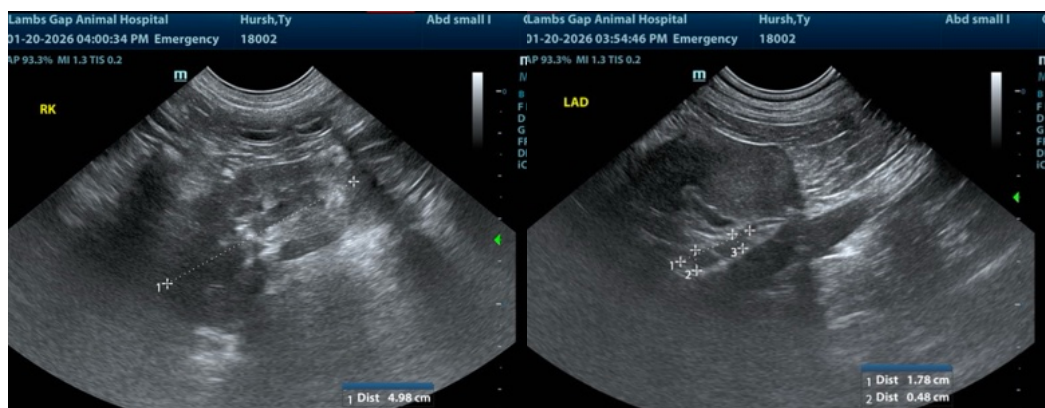
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated cystic and parenchymal sublumbar mass, hemangiosarcoma is a strong potential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage and FNA of the sublumbar mass is indicated. The mass may prove to be resectable. It does not appear to be associated with the prostate. Lymph node origin is possible, yet less likely. CT evaluation for surgical planning would be appropriate. Anal gland palpation is warranted to ensure that primary anal gland carcinoma or other types of neoplastic manifestations are not present on the hind limbs in the perineal area. Chest radiographs are warranted to assess for potential metastatic disease.





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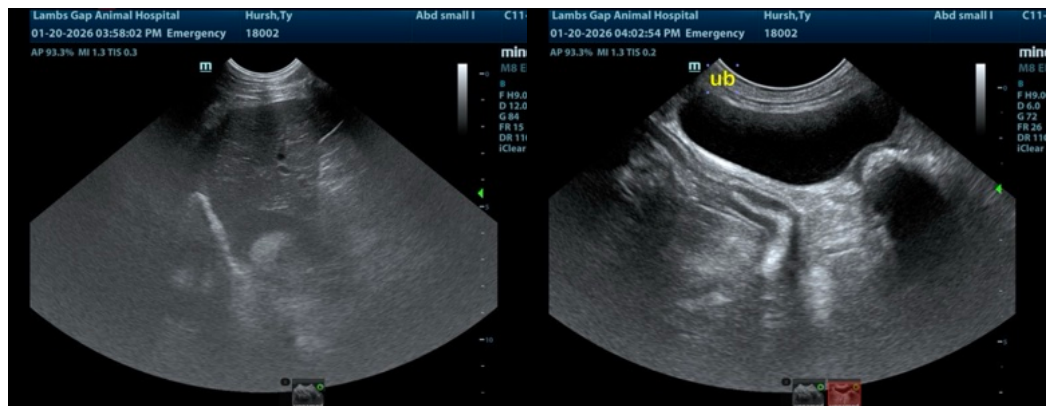
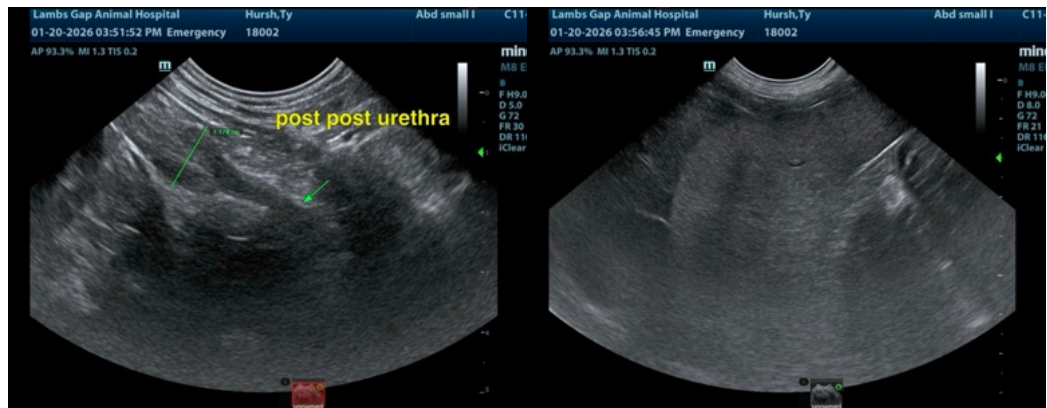
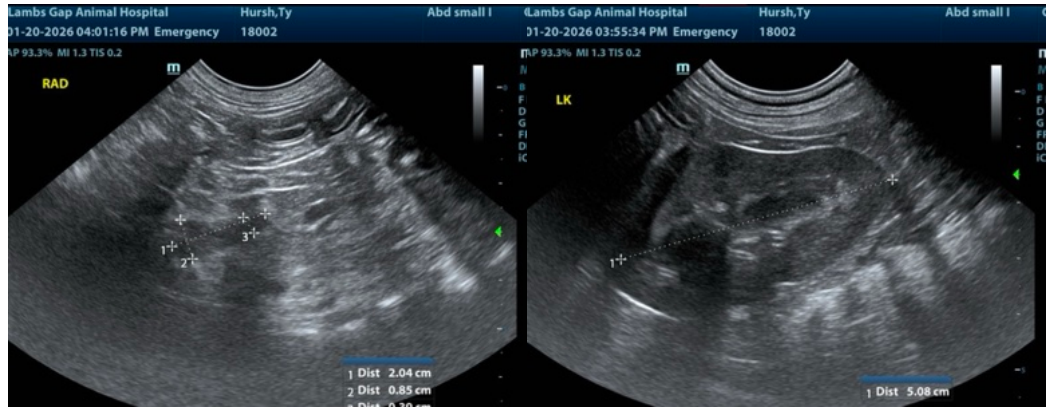
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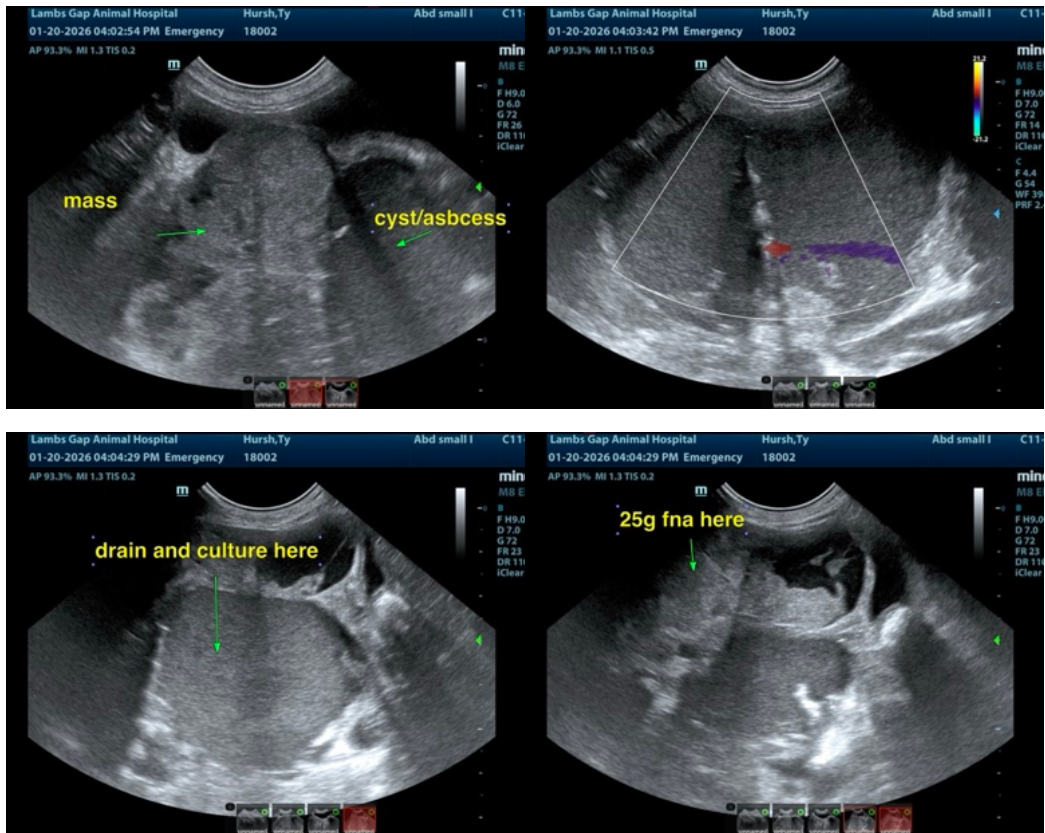
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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