



PATIENT

Figaro Neiman

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Donald Sloat, DVM

INVOICE

35557

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- Outside referral
- bloodwork 1/12/26 and 1/22/26.
- showed decreased HcT = 28.1(30.3-52.3), HgB= 9.1 (9.8-16.2), Plt =127 (151-600)
- Xrays showed density in mid abdomen, possible hepatic or splenic

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 3.4 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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** in this patient revealed multifocal hypoechoic expansive masses, both in the left and right liver. The largest mass measured 8.0+ cm, occupying the left liver. Areas of cavitation were noted. The masses encompassed and impinged upon the gallbladder medially, and the common bile duct. The masses are not resectable. Slight free fluid was noted.

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



PATIENT

Figaro Neiman

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Donald Sloat, DVM

INVOICE

35557

DATE

1/23/26

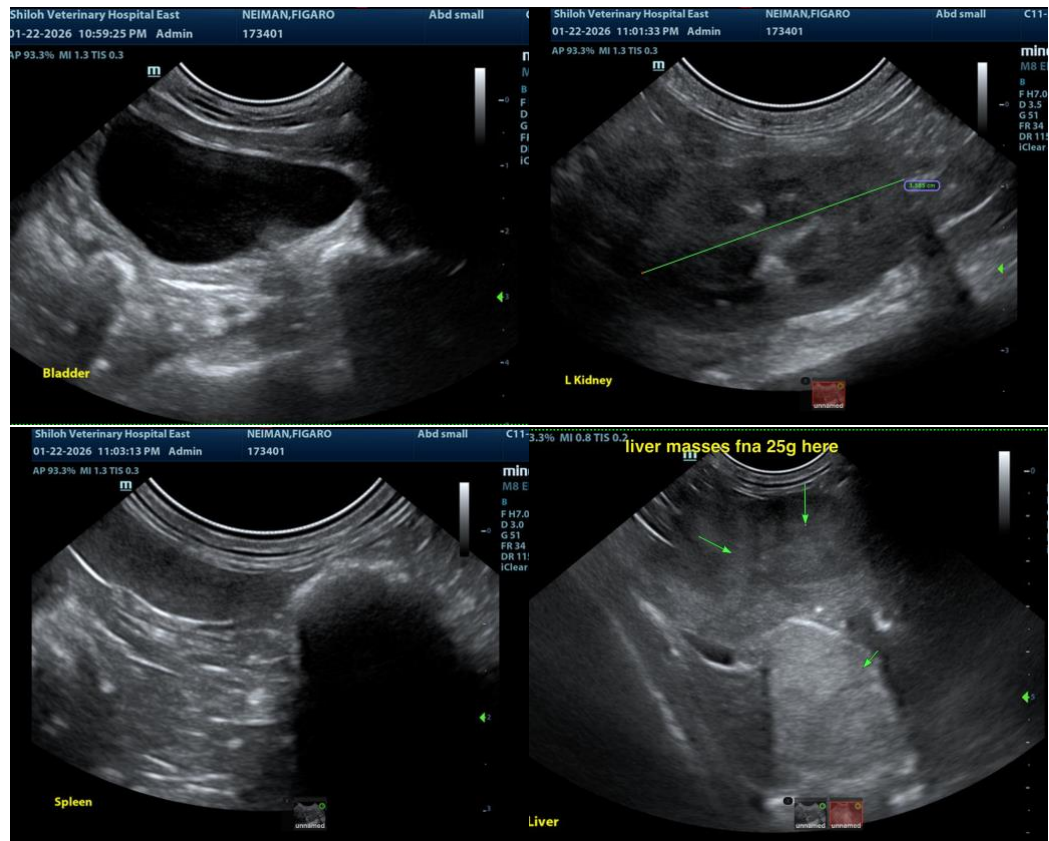
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Expansive hepatic masses with areas of cavitation- not resectable. Multifocal hepatic neoplasia is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the liver masses is indicated. Prognosis is poor. Round cell neoplasia versus carcinoma are primary concerns.





PATIENT

Figaro Neiman

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Donald Sloat, DVM

INVOICE

35557

DATE

1/23/26



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, Owner, Founder -- SonoPath.com
info@SonoPath.com