



PATIENT

Kona Perez

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

5 Years

WEIGHT

101 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Klimentidis

INVOICE

13501

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- Decreased appetite, vomiting after eating, 8 lb weight loss since 5/25. Intermittent diarrhea for a long time.

Abnormal PE/Chem/CBC/UA Results: Anemia - HCT 24.8 % - non-regenerative Thrombocytopenia 63,000 SDMA 25 BUN 63 Creatinine 3.1 ALT 437 ALP 414 TP >12 Cholesterol low AB rads - splenomegaly Thoracic rads - NAF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderately echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.5 cm in length.

The **right kidney** revealed a mass deriving from the dorsal cortex and measured 5.0 cm in diameter with significant disruption of architecture. The right kidney overall measured 8.0 cm. Other target type lesions were noted in the right kidney.

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 2.3 cm x 0.45 cm width. The right adrenal gland measured 5.22 cm x 2.2 cm width at the cranial pole and 2.3 cm width at the caudal pole.

Spleen

The **spleen** presented with multifocal hypoechoic nodular changes with strong concern for round cell neoplasia.

Liver

The **liver** revealed multifocal hypoechoic coalescing target type nodules. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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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.

Free Abdomen

Enlarged mesenteric lymph nodes were present.

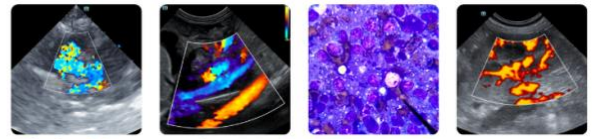
A trace amount of pericardial effusion was noted. The right auricle did not present with any overt masses yet cannot rule out underlying neoplastic process involving the heart given the multicentric sarcomatous type pattern.

ULTRASONOGRAPHIC FINDINGS

- Nodular mesenteric lymph node enlargement.
- Infiltrative splenohepatic pattern- multicentric neoplasia suspected, fungal disease possible. Likely pericardial involvement given the slight pericardial effusion.
- Age-related renal changes.
- Urinary bladder debris- blood clot versus UTI.
- Pericardial effusion.
- Right kidney mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the accessible lymph nodes, spleen, liver and right renal mass are all valid.



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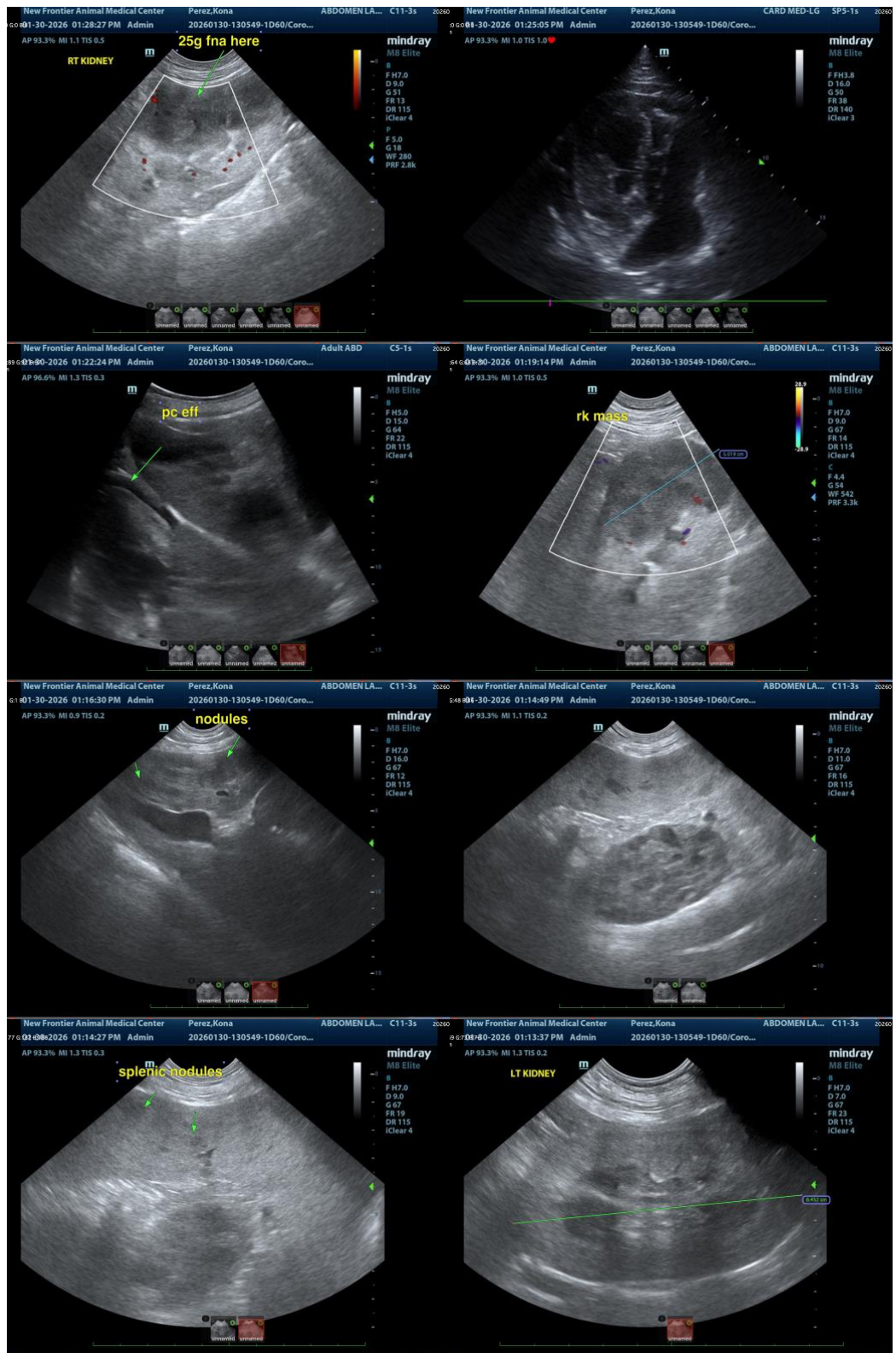
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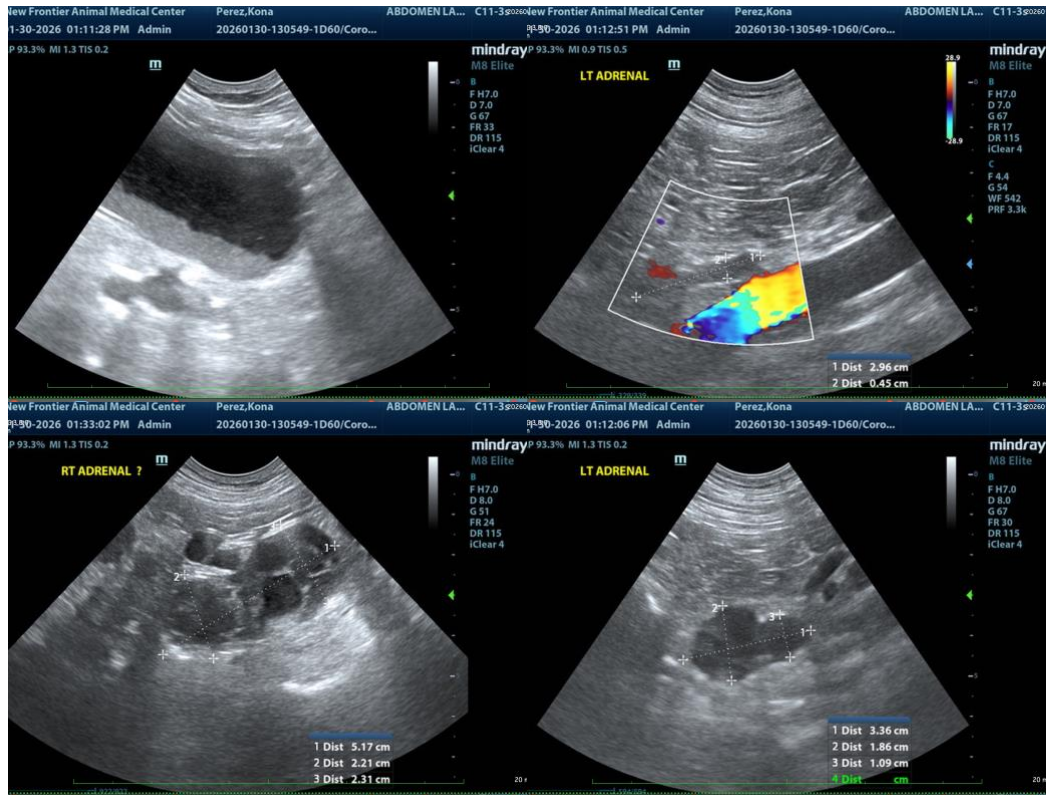
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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