



## PATIENT

Tara Choski

## SPECIES

Canine

## BREED

German Shepherd Dog

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

39 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Catherine Alexander,  
LVT

## HOSPITAL NAME

Northstar VS, PLLC

## REFERRING VET

Dr. Souza

## INVOICE

35288

## DATE

1/7/26

## PRESENTING CLINICAL SIGNS

History: Fast growing mass that is on the right side of perineum. Ulcerated and necrotic in the middle. Appears to be dermal only. Measures 6.5 cm x 6.5 cm. 3, 5mm punch biopsies and one wedge biopsy submitted for review. INTERPRETATION: Haired skin, multiple punch biopsies, right peritoneum: Round cell neoplasia with epitheliotropism, histologically compatible with Cutaneous epitheliotropic lymphoma. AUS for staging.

## 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. Iliac trifurcation was unremarkable.

The **kidneys** 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 8.0 cm. The left kidney measured 8.2 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 1.2 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 0.48 cm at the cranial pole and 0.52 cm at the caudal pole.

### Spleen

The **spleen** revealed multifocal hypoechoic nodular changes with mild disruption of architecture.

### 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.

### 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.



**PATIENT**

**Pancreas**

Tara Choski

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Multifocal hypoechoic nodular changes in the spleen with mild disruption of architecture
- Age-related renal changes
- Unremarkable abdomen otherwise

German Shepherd Dog

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

Screening 25-gauge FNA is recommended to assess for benign hyperplasia, splenitis, or metastatic disease.

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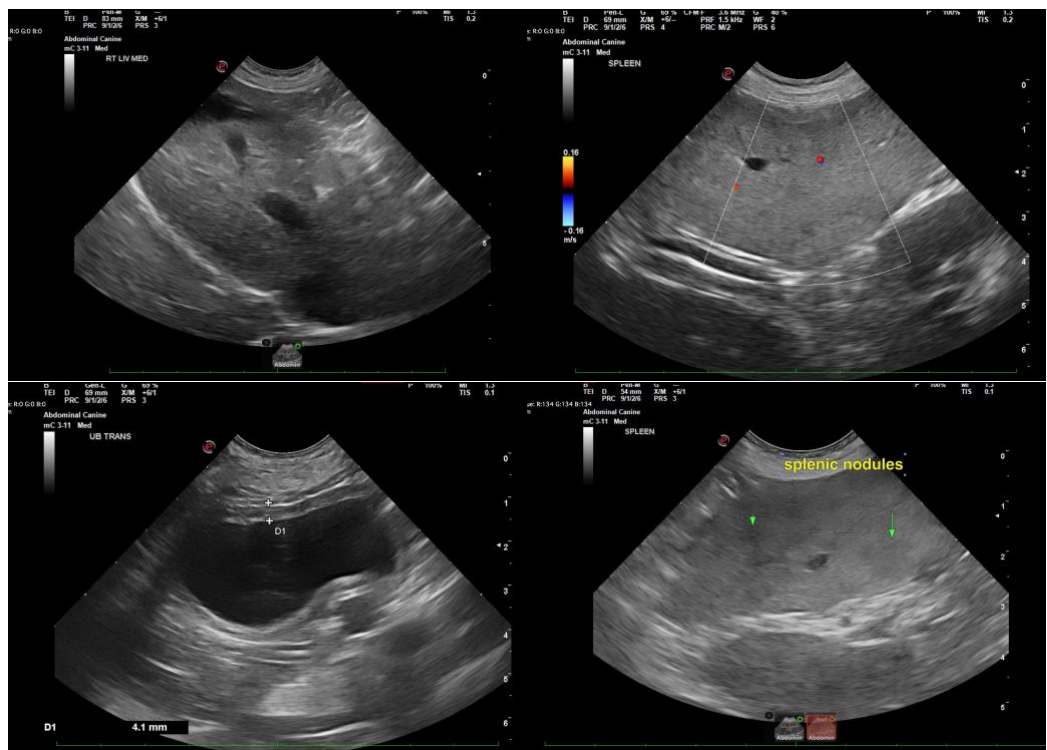
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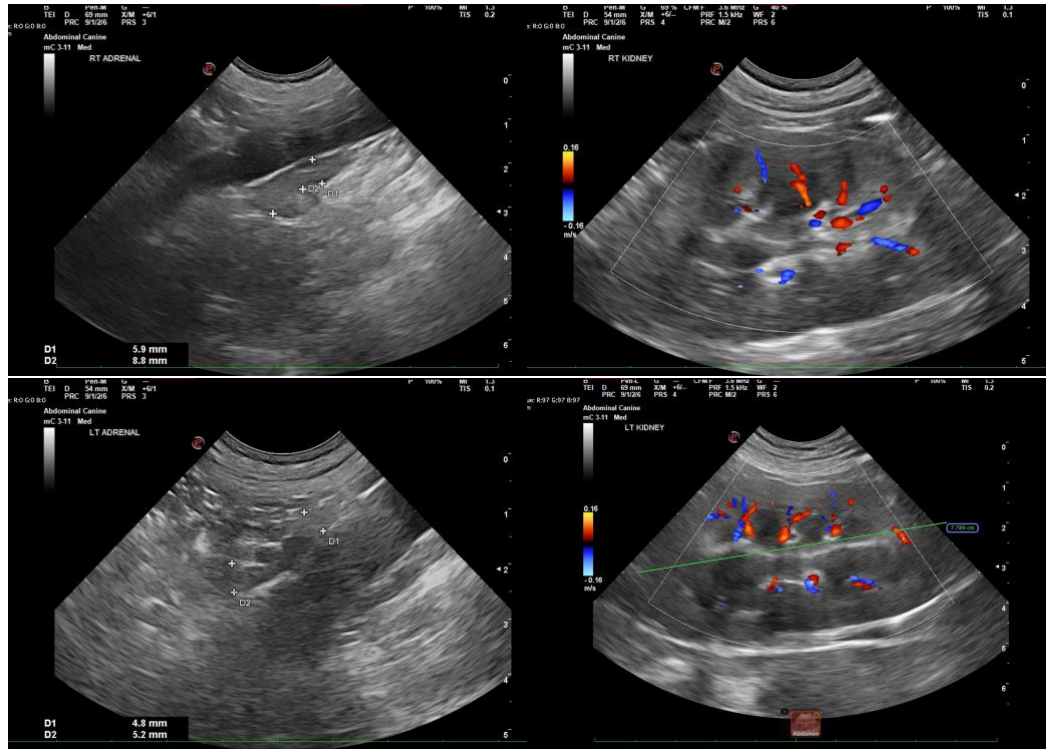
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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,  
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