



PATIENT

Brooklyn Raab

SPECIES

Canine

BREED

Beagle

SEX

Female

AGE

11 years

WEIGHT

36 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Danielle Shemanski
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Nemcheck

INVOICE

69981

DATE

1/9/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: suspected liver mass. CLINICAL SIGNS: lethargy
Abnormal PE/Chem/CBC/UA Results: Xrays and bloodwork not provided

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical mural polypoid change that measured 1.0 x 0.7 cm. Slight, bladder wall thickening was noted elsewhere. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal.

The 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 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. Slight mineralization was noted in the kidneys. The left kidney measured 5.3 cm. The right kidney measured 5.3 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 2.2 x 0.63 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 3.03 x 0.53 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

The **spleen** revealed a moderately complex parenchymal mass that was deriving from the caudal body with localized free fluid. The mass is partially vascular with a large amount of hematomatous type tissue noted.

Liver

The **liver** was swollen with heterogenous, multi-focal, mixed hyperechoic and hypoechoic nodular changes with an overt left-sided liver mass. The mass measured 7.3 x 8.7 cm with poor margins and disruptive nodular changes noted throughout the liver deviating the gallbladder. Other masses were also noted in the right liver. The largest of which measured 9.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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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.

Heart

Rapid view of the heart revealed normal contractility and volumes. No pericardial or pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

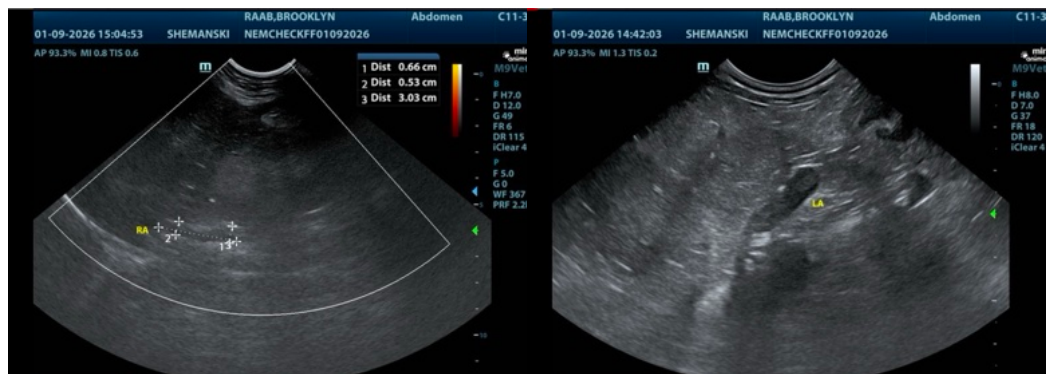
Multi-centric neoplasia of the spleen and liver. Hemangiosarcoma pattern.

Age related renal changes.

Minor bladder polyps.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA was performed without complication upon the splenic mass. However, at times these type of lesions are difficult to exfoliate upon FNA. Immediate chemotherapeutic intervention and/or hospice management is recommended.





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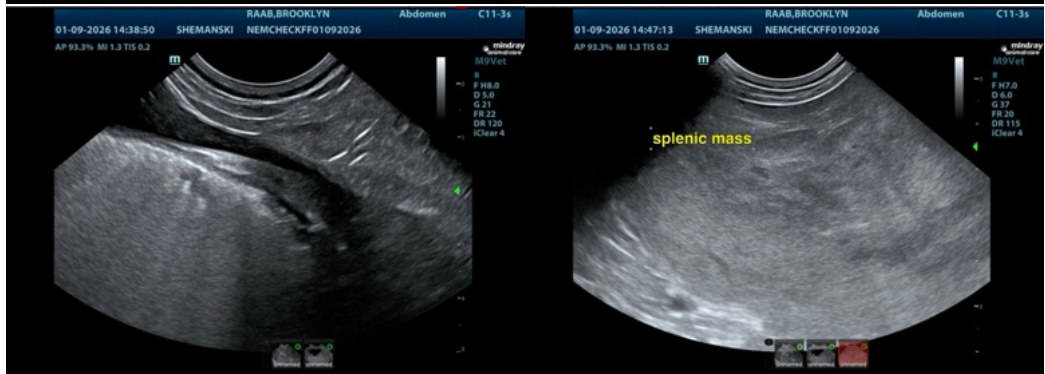
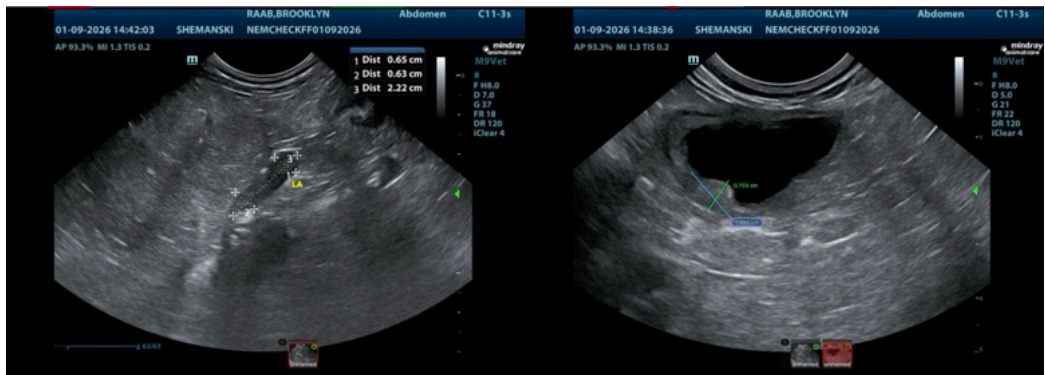
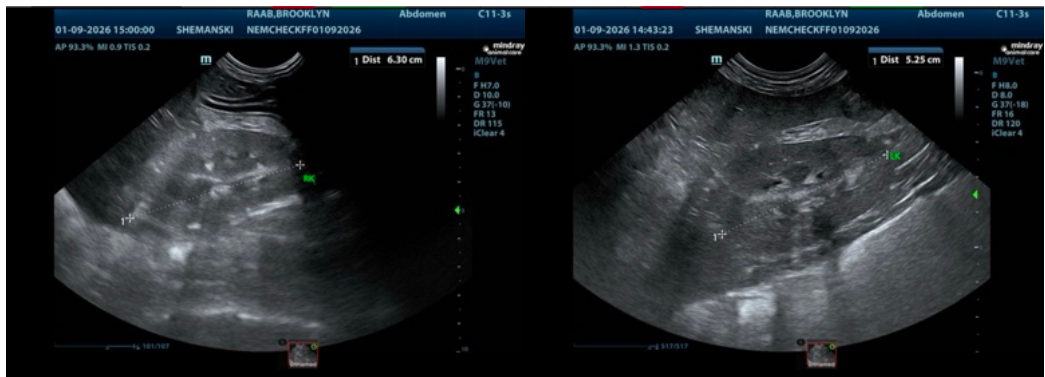
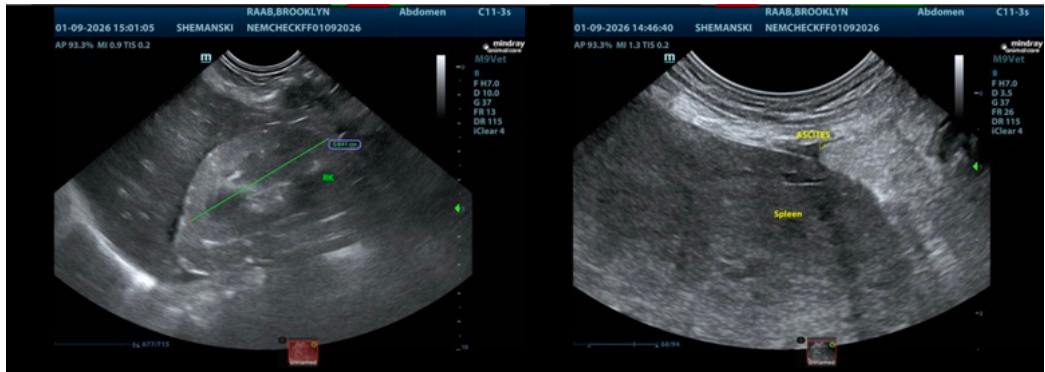
Dr. Nemcheck

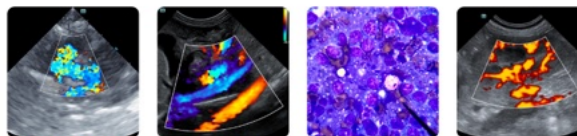
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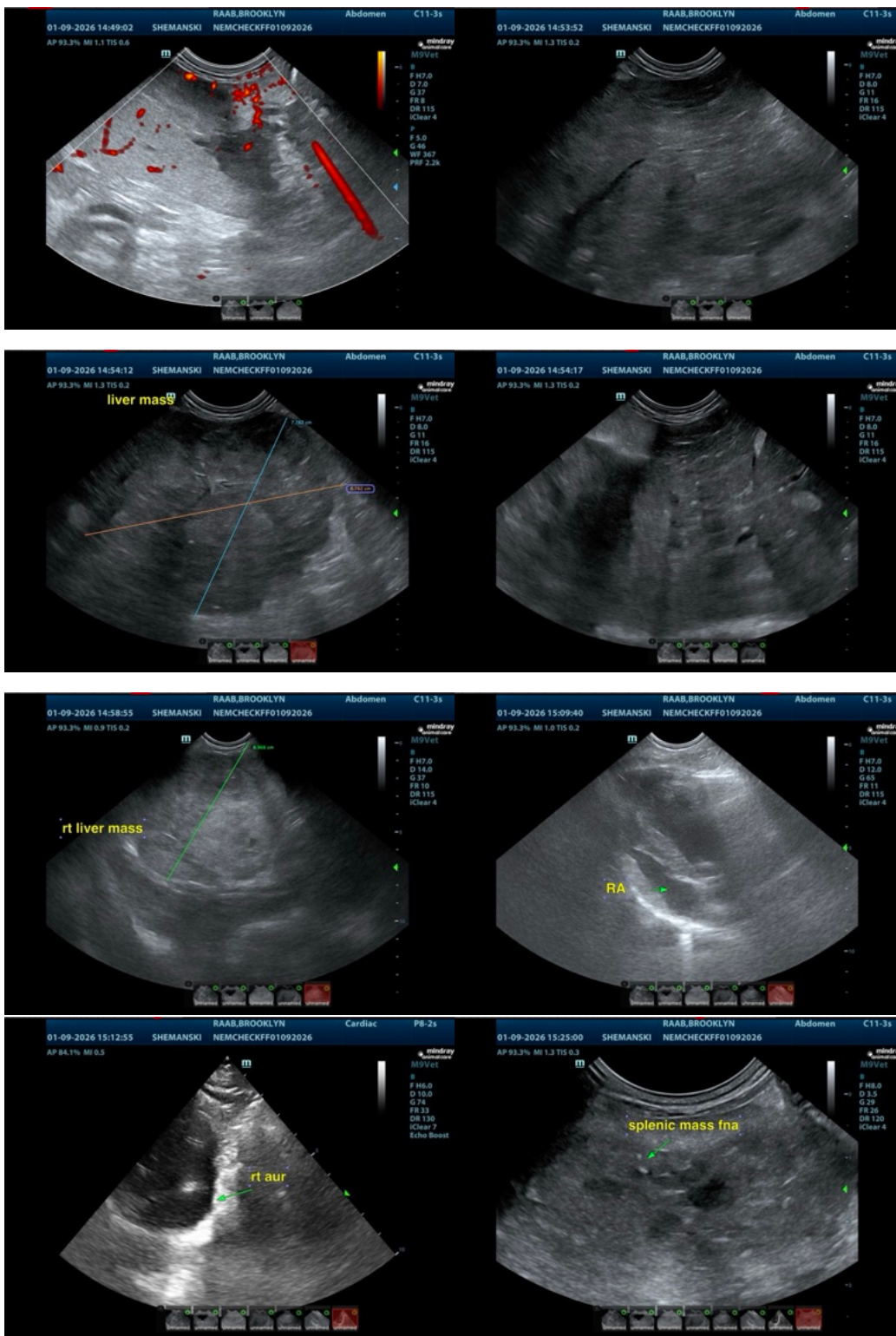
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The information and recommendations provided are based on the images presented by the



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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

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