



## PATIENT

Archie Morgiewicz

## SPECIES

Canine

## BREED

Bulldog Mix

## SEX

Neutered male

## AGE

7 years

## WEIGHT

73.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

JK

## HOSPITAL NAME

Hamburg VC

## REFERRING VET

Dr. DenHeyer

## INVOICE

69030

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: Vomiting occasionally, weight loss,  
Abnormal PE/Chem/CBC/UA Results: Pale mucus membranes, distended abdomen non painful on palpation. Blood PCV 39%, ALT 572, ALP 1355, ALB 1.4 BILI 1.5, GGT 63

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

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 7.0 cm. The right kidney measured 7.6 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.

### Spleen

The **spleen** revealed undulating irregular contour. The spleen revealed fairly uniform parenchyma.

### Liver

The **liver** presented macronodular changes and irregular contour with capsular retraction. This is consistent with hepatic cirrhosis. 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



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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

A large amount of free fluid was noted in the abdomen with enhanced surrounding mesentery associated with the spleen and liver. Nodular omental changes were noted around the pancreas.

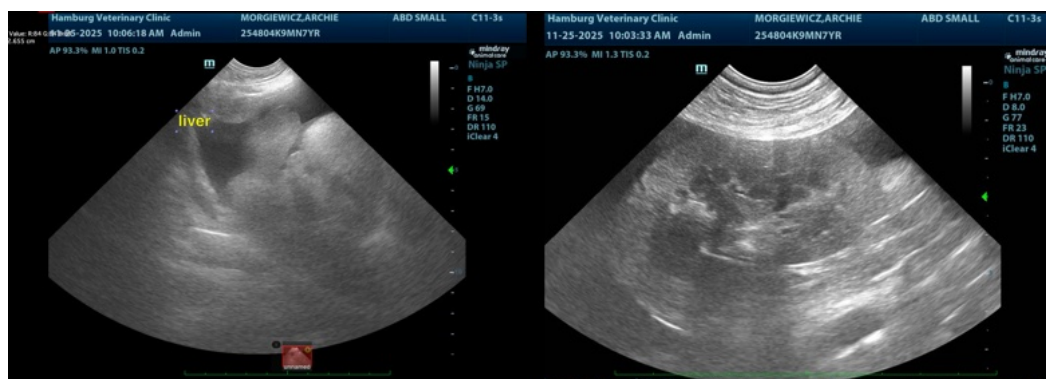
## ULTRASONOGRAPHIC FINDINGS

Hepatic masses or cirrhotic pattern with secondary effusion owing to portal hypertension or paraneoplastic event. End stage liver presentation.

Irregular splenic contour.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pattern is most consistent with cirrhosis; however, I cannot rule out neoplasia. An abdominocentesis and cytospin of the ascites with immediate slide preparation is recommended for further definition. FNA of the spleen and liver could be considered for further definition, yet the prognosis is poor.





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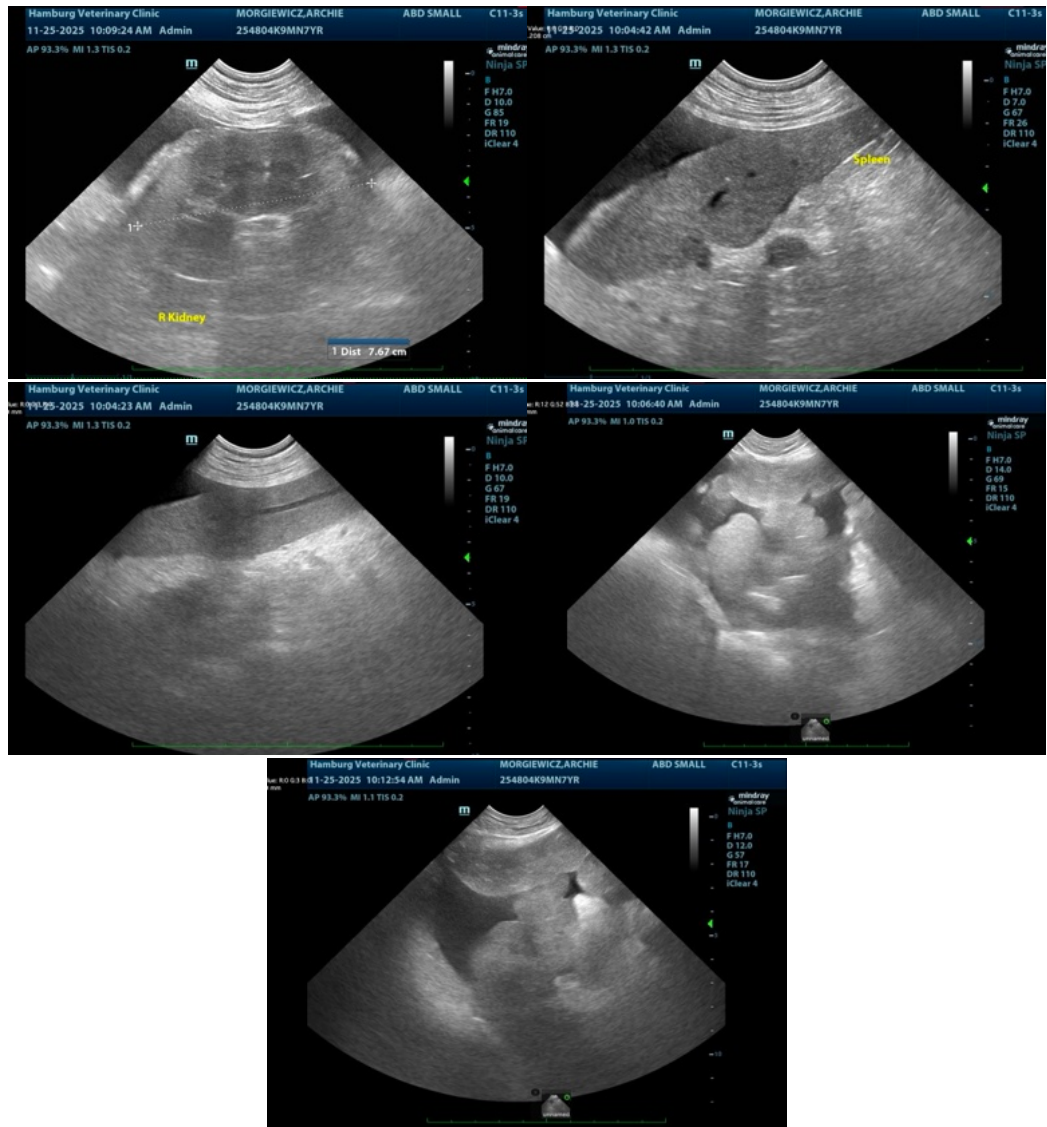
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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