


**DATE PRESENTING CLINICAL SIGNS**

11/28/25

**Patient History:** 8 yo intact male lab, who presented 48 hours ago for being lethargic, unwilling to rise and inappetent. No vomiting or diarrhea. He had a normal bowel movement yesterday morning. On exam his abdomen is extremely painful on palpation, CRT >2 but moist mucus membranes, his hind limbs felt cold to the touch but he has pulses in both HL. Initial concern was for a hemoabdomen and bloat- ruled out both on radiographs and limited AFAST. Sent rads to a radiologist they said they don't see anything that would be causing his clinical signs. CBC- severe leukocytosis characterized by a neutrophilia, all other values normal. Chem- mild elevations in BUN and Creatinine but all other values normal. CPLI- 90 (normal). Rectal examination revealed mild discomfort, but prostate felt normal in size. He is being treated supportively with antibiotics (convenia and baytril), fluids, cerenia, famotidine, buprenorphine extended release and received one dose of carprofen but not continuing due to hyporexia.

**PATIENT**

Winston Burgess

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact Male

**AGE**

11/27/17

**Current Medications:** 0.03 mg/kg Buprenorphine extended release last given 11/27, 3 mg/kg carprofen given once 11/27, 10 mg/kg baytril IV 11/26 and subsequently 11/27 IM, 8 mg/kg convenia 11/26, 1 mg/kg cerenia 11/26, 1 mg/kg famotidine 11/27

**Labwork Results:** Labwork not attached, reported as: Severe leukocytosis 45,000 characterized by a neutrophilia, mild increases in kidney values (suspect secondary to dehydration). Full blood work can be sent tomorrow

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Alfax.

**Stat Report:** Requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**WEIGHT**

120 lbs

**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 **prostate** was uniformly enlarged (3.2 cm) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

**HOSPITAL NAME**

Homeward Bound Veterinary Hospital

**REFERRING VET**

Dr. Maxwell

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. Right kidney measured 8.14 cm. Left kidney measured 7.85 cm.

**INVOICE**

72171

**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 2.84 cm x

0.66 cm at the caudal pole and 0.49 cm at the cranial pole. The left adrenal gland measured 3.56 cm x 0.60 cm at the caudal pole and 0.73 cm at the cranial pole.

### ***Spleen***

The **spleen** revealed a mixed echogenic microcystic 2.6 cm mass at the cranial pole with surrounding free fluid. Enhanced mesentery noted around the splenic pathology. Other nodular changes noted in the spleen, strongly suggestive for hemangiosarcoma.

### ***Liver***

The **liver** presented uniform parenchyma. Hepatic veins were dilated. The gallbladder and common bile duct were unremarkable. No evidence of metastatic disease.

### ***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.

### ***Other***

Testicles were imaged and found to be uniform. Right testicle measured 4.6 cm. Left testicle measured 4.0 cm.

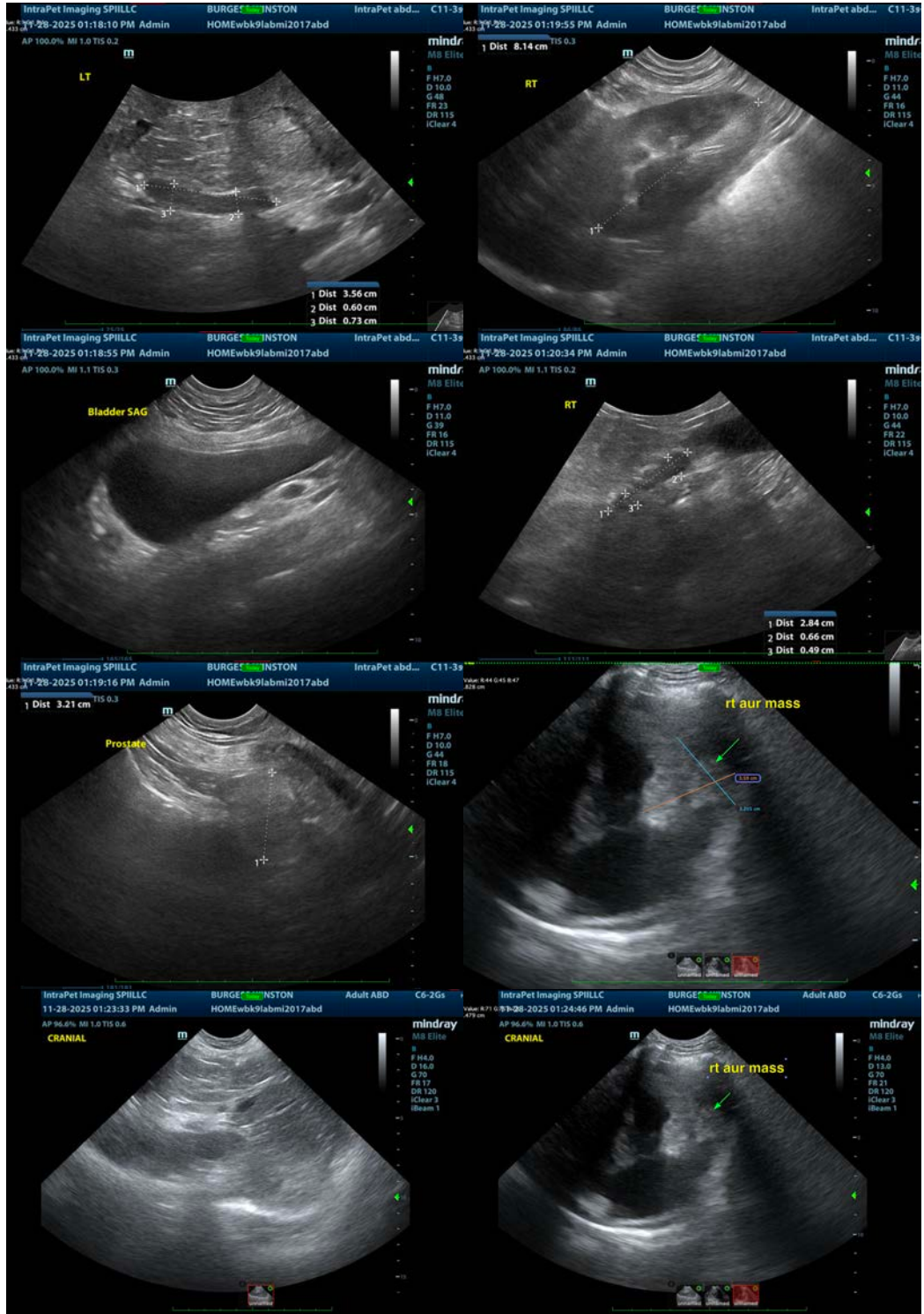
Rapid view of the heart revealed pericardial effusion. Normal internal volumes. Heterogeneous tissue noted in the area of the right auricle and pericardium, consistent with a mass, measuring approximately 3.6 cm x 3.2 cm with invasion into the right auricular and right ventricular free wall.

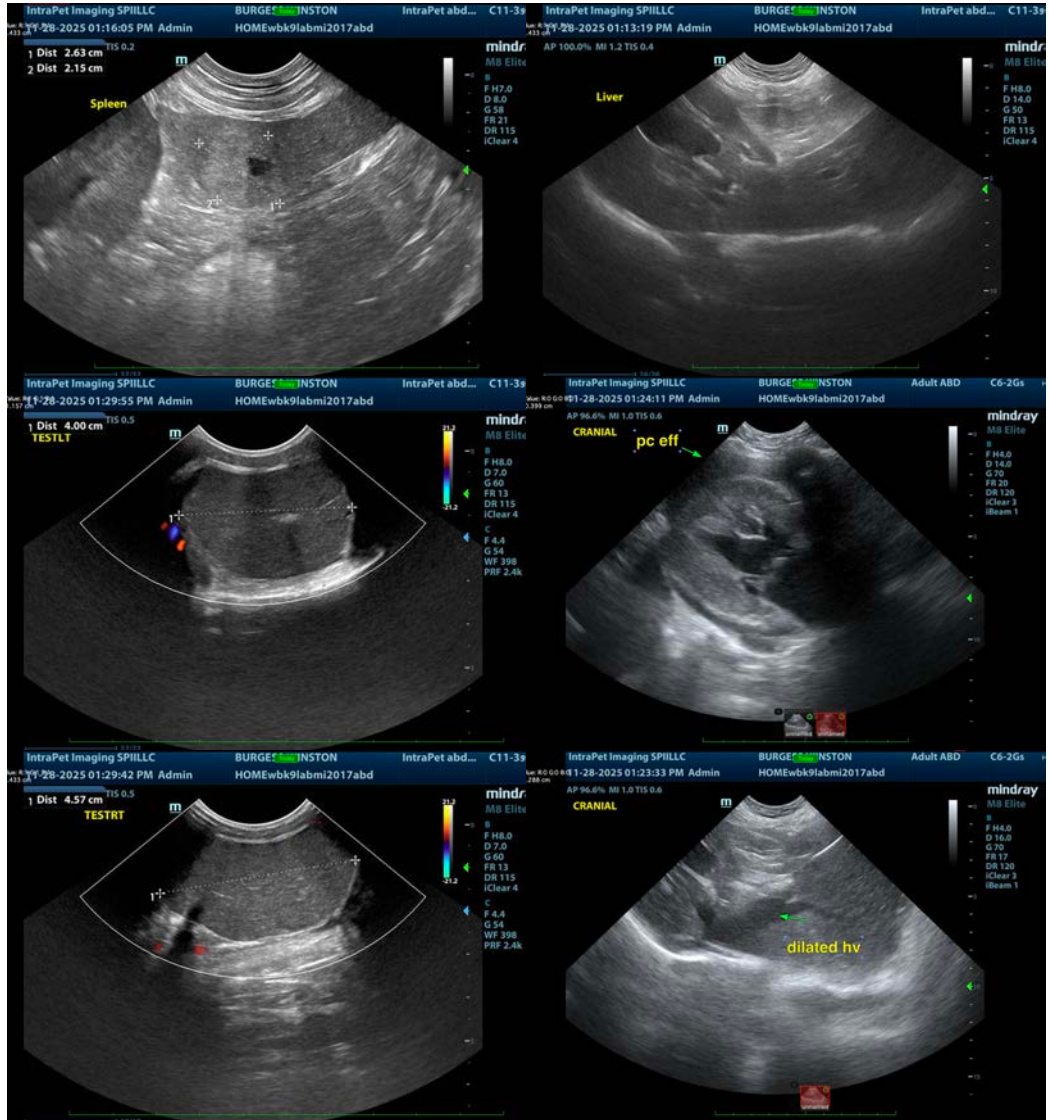
## **ULTRASONOGRAPHIC FINDINGS**

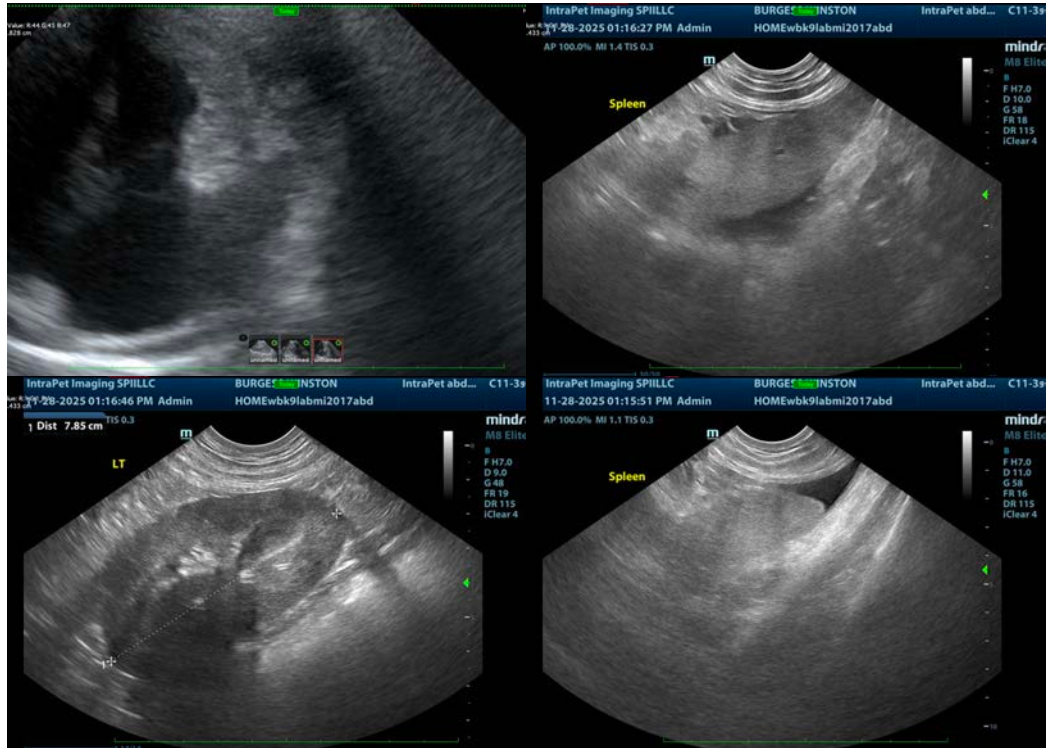
- Splenic mass and nodules with surrounding free fluid, suggestive for hemorrhage.
- Pericardial effusion.
- No overt tamponade effect, yet mild passive congestion pattern noted with small right auricular mass.
- Minor BPH prostate.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This presentation is strongly consistent with multicentric hemangiosarcoma. Oncological intervention recommended.







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.

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