



PATIENT

Meeko Grev

SPECIES

Canine

BREED

Husky/Golden
Retriever

SEX

Neutered male

AGE

8 years

WEIGHT

61.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cassie Quillen

HOSPITAL NAME

Zubmrota VC

REFERRING VET

Dr. Quillen

INVOICE

68317

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: Presented for several day history of inappetence with polydipsia/polyuria, and abdominal swelling. Currently on prednisolone acetate for juvenile cataracts - stable at this time.

11/3/2025 PE: heterogenous cataracts present, palpable softball sized mass in the mid left abdomen. CBC: Mild nonregenerative anemia, mature neutrophilia; rest normal Chem: mildly low BUN; rest normal Abdominal radiographs: Generalized decrease in serosal detail. Large (30 x 15 cm) bilobed mass in the mid abdomen, displacing the intestines laterally, dorsally, and caudally. Mild spondylosis at T12/T13.

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.

The **kidneys** were partially visible owing to lack of acoustic penetration and interfering pathology.

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** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** in this patient revealed multiple, metastatic target type lesions throughout the liver. There was disruption of architecture similar echotexture to that of the primary mass. Reactive mesentery was noted around the mass. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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Gastrointestinal

Portions of the **gastrointestinal tract** appeared fairly normal, yet I cannot rule out potential involvement of the neoplastic process.

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 slight amount of free fluid was noted.

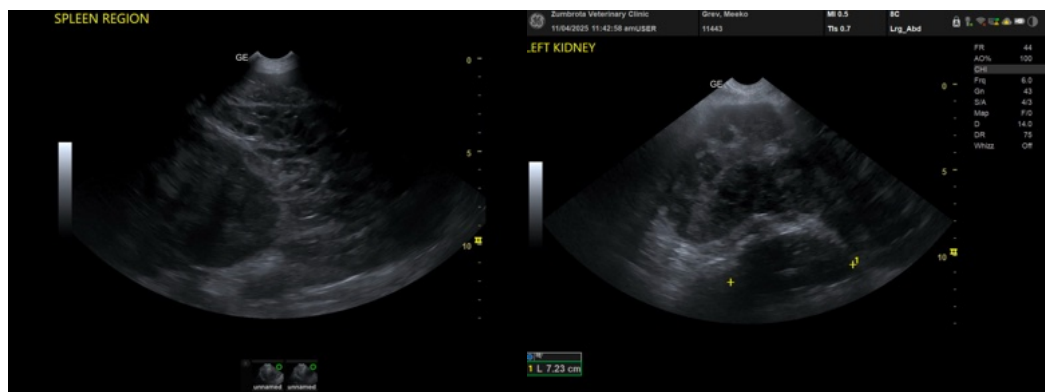
An undifferentiated, mixed hypoechoic 15+ cm mass was noted in the mid cranial abdomen. Given the pattern of the mass there is concern for primary splenic tumor or possible adrenal tumor/pheochromocytoma deviating organs out of the way. The metastatic pattern is noted to the liver.

ULTRASONOGRAPHIC FINDINGS

- Extensive abdominal neoplasia involving undifferentiated cranial abdominal mass.
- Metastatic pattern to the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. Hospice management is recommended.





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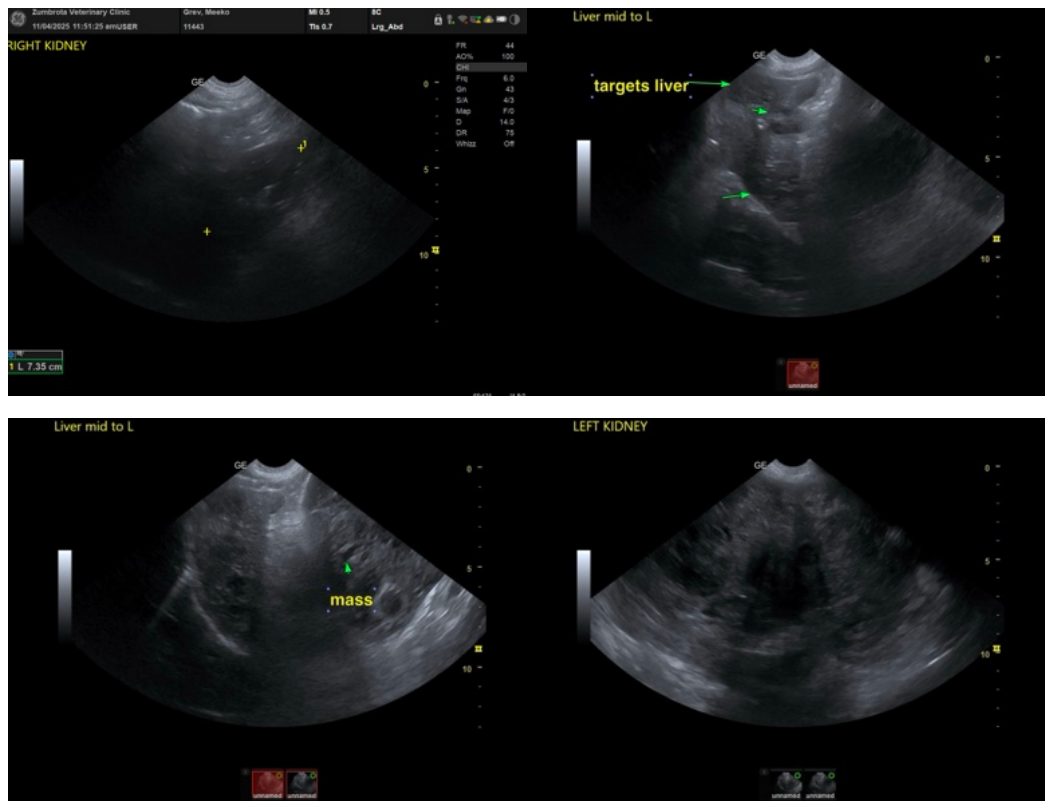
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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