



## PATIENT

Jack Bergin

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered male

## AGE

11 years

## WEIGHT

115 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Striegel

## HOSPITAL NAME

VC Hardyston

## REFERRING VET

Dr. Striegel

## INVOICE

68402

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

History: Presented for defecating and urinating in the house. P also vomited twice but has since been eating and keeping food down normally. O states P does not always seem aware he is eliminating inside. History of a few isolated instances of blood in urine / from prepuce in the last few months. Very large, soft tissue, mid-abdominal mass on palpation. Appears to be compressing and displacing internal organs on xray (report attached). BW & UA not done d/ cost concerns

## 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** 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 and right kidney measured 7.0 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

The **spleen** was mildly swollen, slightly irregular and slightly heterogenous. A 10+ cm mass was deriving from the spleen. Portions of the splenic mass appeared to be cavitated. Regional free fluid was noted around the spleen with nodular, irregular parenchyma.

### Liver

The visible **liver** revealed age related changes. There was no overt metastatic disease; however, given the extent of the splenic pathology micrometastasis is a potential. The gallbladder was not visualized.

### 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**

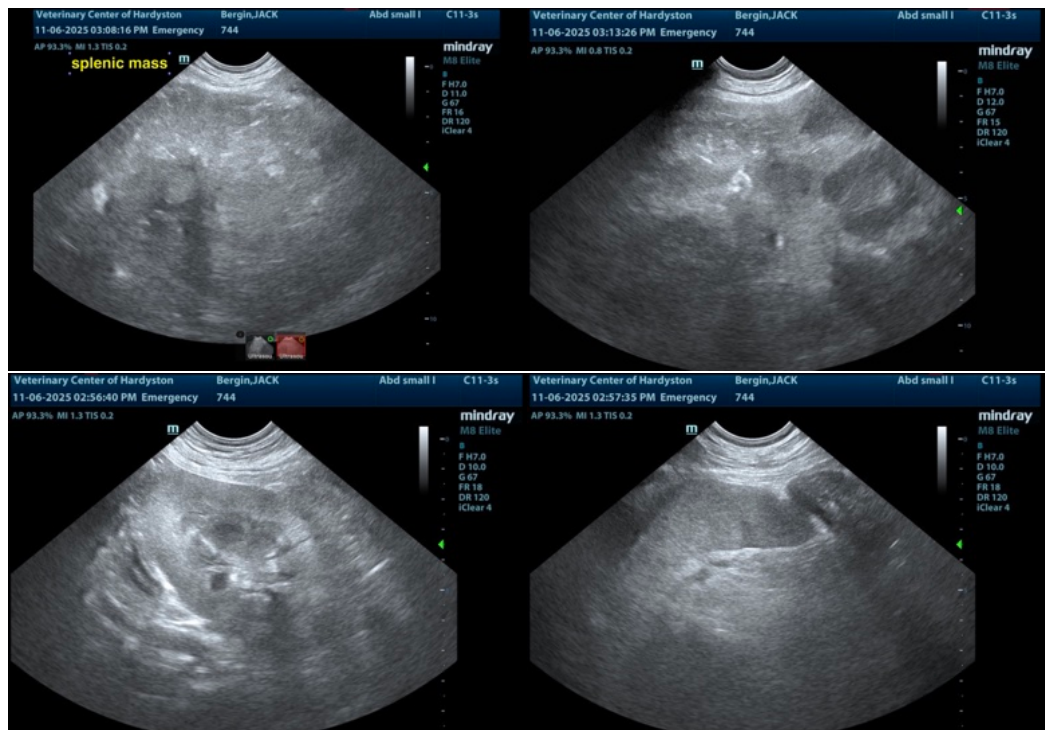
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Extensive splenic mass with cavitation. Reactive mesentery and slight free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An abdominal CT or direct exploratory surgery is indicated. There is concern for spread into the regional omentum. Micrometastasis is possible. Prognosis is very guarded to poor.





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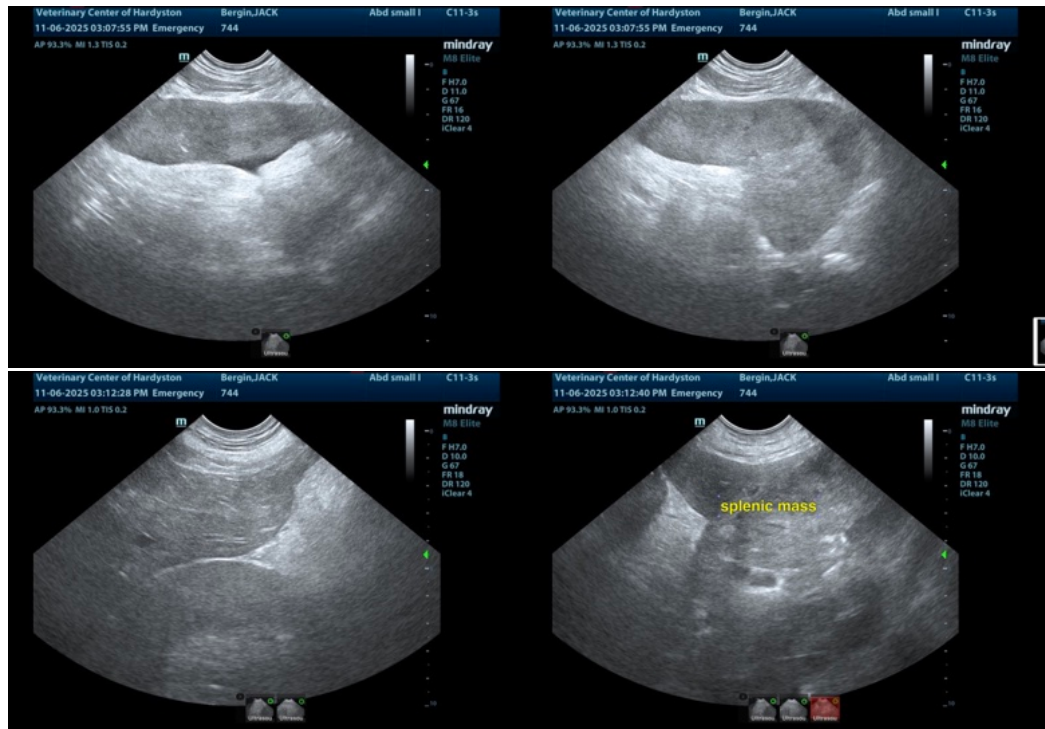
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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