



PATIENT

Odin Black

SPECIES

Canine

BREED

Newfoundland

SEX

Neutered Male

AGE

9 years

WEIGHT

116.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

10693

DATE

11/06/2025

PRESENTING CLINICAL SIGNS

3-4 day history of inappetence and noticeably pale gums No previous medical history Mucous membranes pale pink/moist irregular palpation of abdomen (no distinct mass palpable, though tissue palpates firmer in cranial abdomen).

Abnormal PE/Chem/CBC/UA Results: CBC -- HCT 22.8%, Reticulocytes 220.6, Lymph 0.36K, Platelets < 50k Chem -- Cholesterol 109 (L) EPOC -- HCT 20%, pH 7.48 Radiographs - 3. The liver is enlarged with convex contour. An approximately 3.20 cm x 1.90 cm radiopaque nodule superimposes the caudal ventral hepatic silhouette. Multiple arborizing mineral opacifications are overriding the plane of the hepatic biliary tract 4. Approximately 4.0 cm in diameter round soft tissue opaque mass seen in the mid ventral abdomen adjacent to/abutting the splenic tail on the left lateral view. 5. The stomach is mildly distended with gas 7. The distal colon is distended with heterogeneous soft tissue fecal material admixed with gas. The remaining colon is indistinguishable from the small intestine.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable.

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. Left kidney measures 7.9 cm, and the right kidney measures 8.6 cm.

Adrenal Glands

The right adrenal gland was 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. Right adrenal measures 0.9 cm.

The region of the left adrenal was imaged, no evident pathology.

Spleen

Caudal pole of the **spleen** revealed a hypoechoic infarct, measuring approximately 3.0 cm x 1.5 cm, occupying the caudal pole. The spleen also revealed a focal hypoechoic nodule in the mid body measuring 1.7 cm, and an overt hypoechoic mass measuring 3.0 cm at the mid cranial body and other nodular changes. Multifocal hypoechoic nodular changes in the spleen, with suspected infarct.

Liver

The **liver** presented lobar biliary calculi. Non-obstructive at the time of the sonogram. Generalized hepatomegaly noted with isoechoic nodular changes. The gallbladder and bile duct were unremarkable.



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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.

Free Abdomen

A mesenteric lymph node was slightly enlarged. Hepatic lymph nodes also enlarged.

ULTRASONOGRAPHIC FINDINGS

- Multifocal concerning splenic and hepatic nodular changes.
- Lobar biliary calculi.
- Enlarged mesenteric and hepatic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of hemorrhage. Strong concern for round cell neoplasia, potentially involving the bone marrow. CBC path review, coagulation panel, 25-gauge FNA of the splenic nodules, and hepatic nodules or general parenchyma recommended. Prognosis is extremely guarded. Plasma transfusion may be necessary to reach platelet count >70,000 and acceptable coagulation panel.



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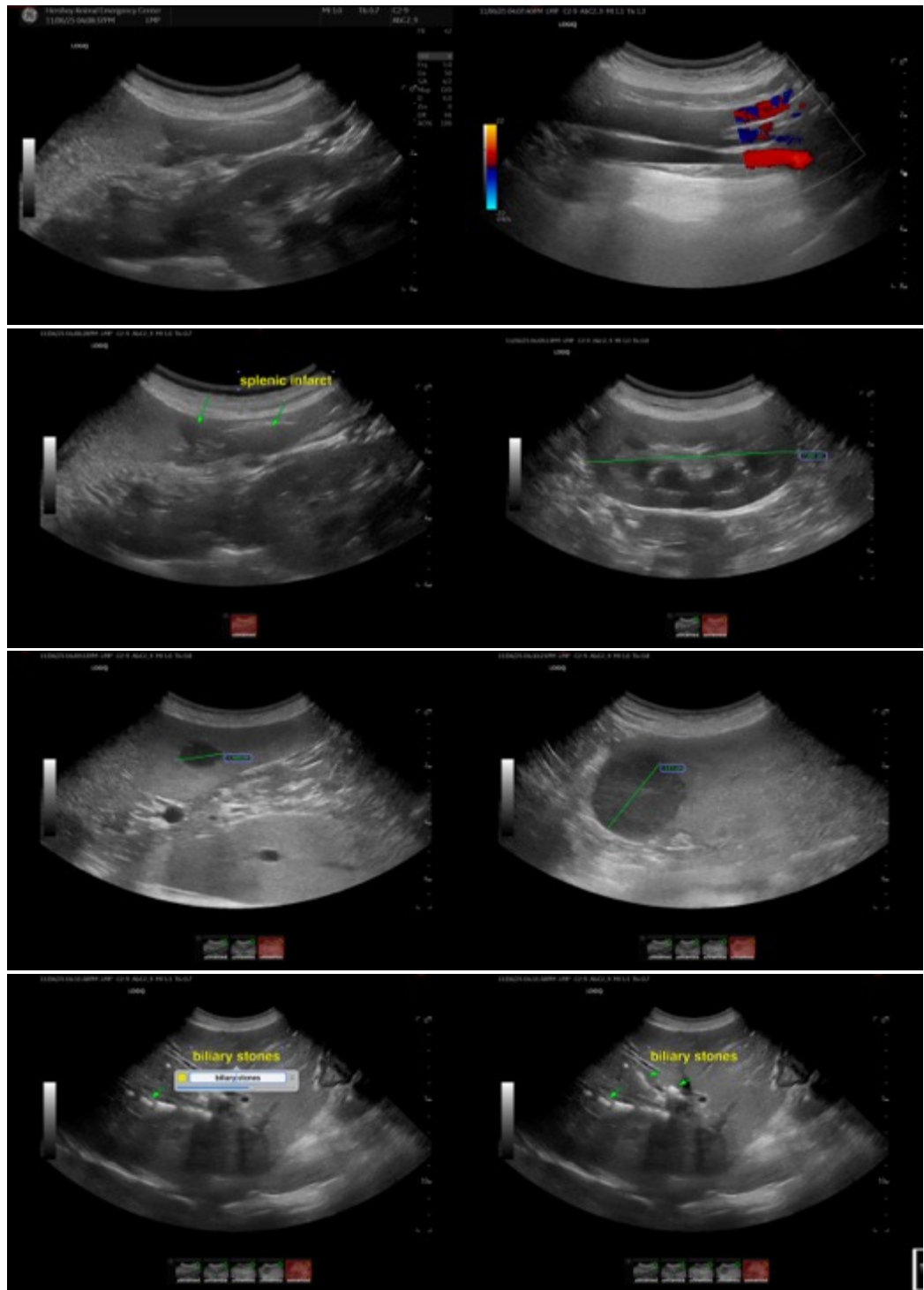
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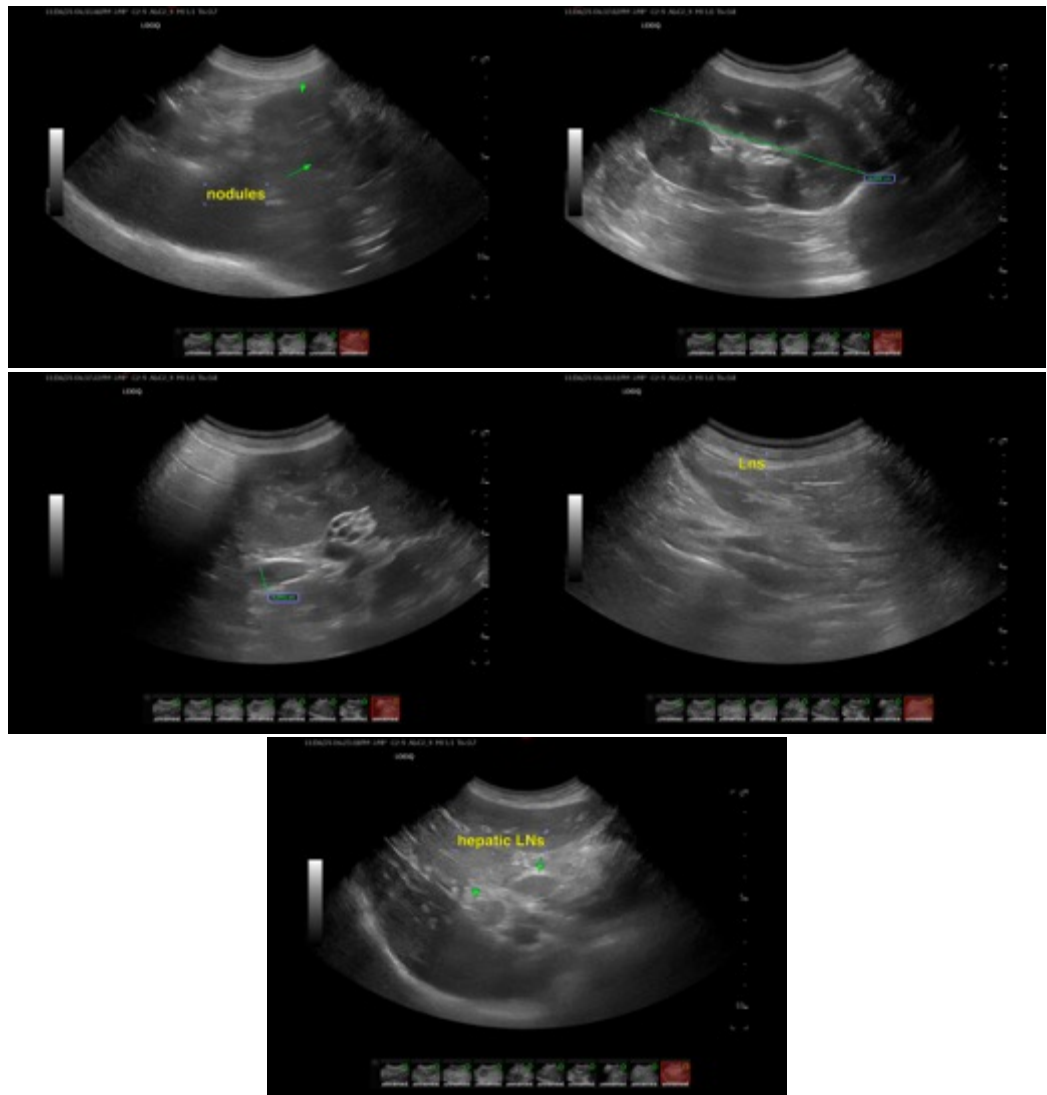
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com