



PATIENT

Samson Billings

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

9 Years

WEIGHT

52.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Leann Murphy, VMD

INVOICE

71662

DATE

11/7/25

PRESENTING CLINICAL SIGNS

Not eating much all week, vomited once on Tuesday and had soft stool. Lethargic. Treated outpatient at RDVM (Cerenia, Famotidine, Entyce) with no improvement. Huffing cough intermittently has been going on for a few months. History of GDV 10/2022. Nauseous on abdominal palpation, mild pain on cranial abdominal palpation, regurgitated after exam Intermittent huffing cough, mild increase in abdominal respiratory effort, decreased lung sounds on right

Abnormal PE/Chem/CBC/UA Results: RDVM 11/4/25: Chem: AST 70 H, SDMA 17.5 H PSL: 367 CBC: Neutrophils 11.8K H 11/7/25: EPOC: Lactate 3.74 CBC: Neut 12.89K H, Mono 1.21K H Chem15: NSF CPL: 784 H UA: USG >1.050, protein 3+, blood 2+, bilirubin 2+, urobilinogen 3+, RBC 13/hpf xrays CONCLUSIONS: 1. Peritoneal effusion with serosal mottling concerning for neoplasia 2. Scant pleural effusion with suspect mediastinal effusion/mediastinitis 3. Possible pulmonary arterial bulge may be due to prior/current heartworm infection or artifact due to the upright nature of the cardiac silhouette. 4. Similarly right atrial bulge may be benign due to his cardiac cycle or indicative of a small mass e.g. hemangiosarcoma. 5. Multilobar alveolar pattern r/o atelectasis vs. effusion vs. pneumonia 6. Equivocal non-specific hepatomegaly

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 **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. Anechoic cyst noted in the caudal cortex of the left kidney measuring 2.0 cm. The left kidney measured 7.2 cm. The right kidney measured 6.3 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. The right adrenal gland measured 0.60 cm. The left adrenal gland measured 0.60 cm.

Spleen

The **spleen** revealed irregular contour and mixed hypoechoic nodular changes with disrupted architecture. Splenic thrombosis noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Slight areas of free fluid noted between liver lobes.

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

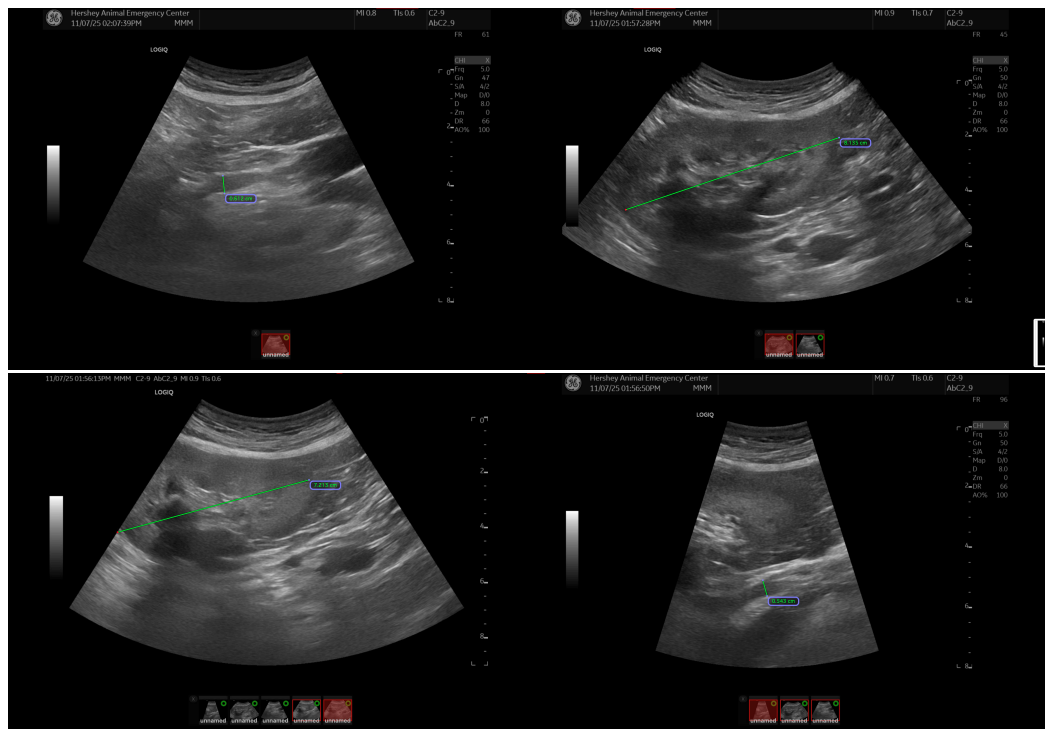
The left **pancreatic** limb revealed hypoechoic, irregular, nodular changes with surrounding free fluid. An overt pancreatic mass was noted with nodular, irregular spider web type infiltrative pattern throughout the cranial omentum.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic mass with infiltrative nodular omentum.
- Splenic thrombus.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Carcinomatosis/lymphomatosis type presentation involving nodular omentum. Ultrasound guided FNA of the hypoechoic nodules in the omentum recommended for definitive diagnosis. Prognosis is poor.





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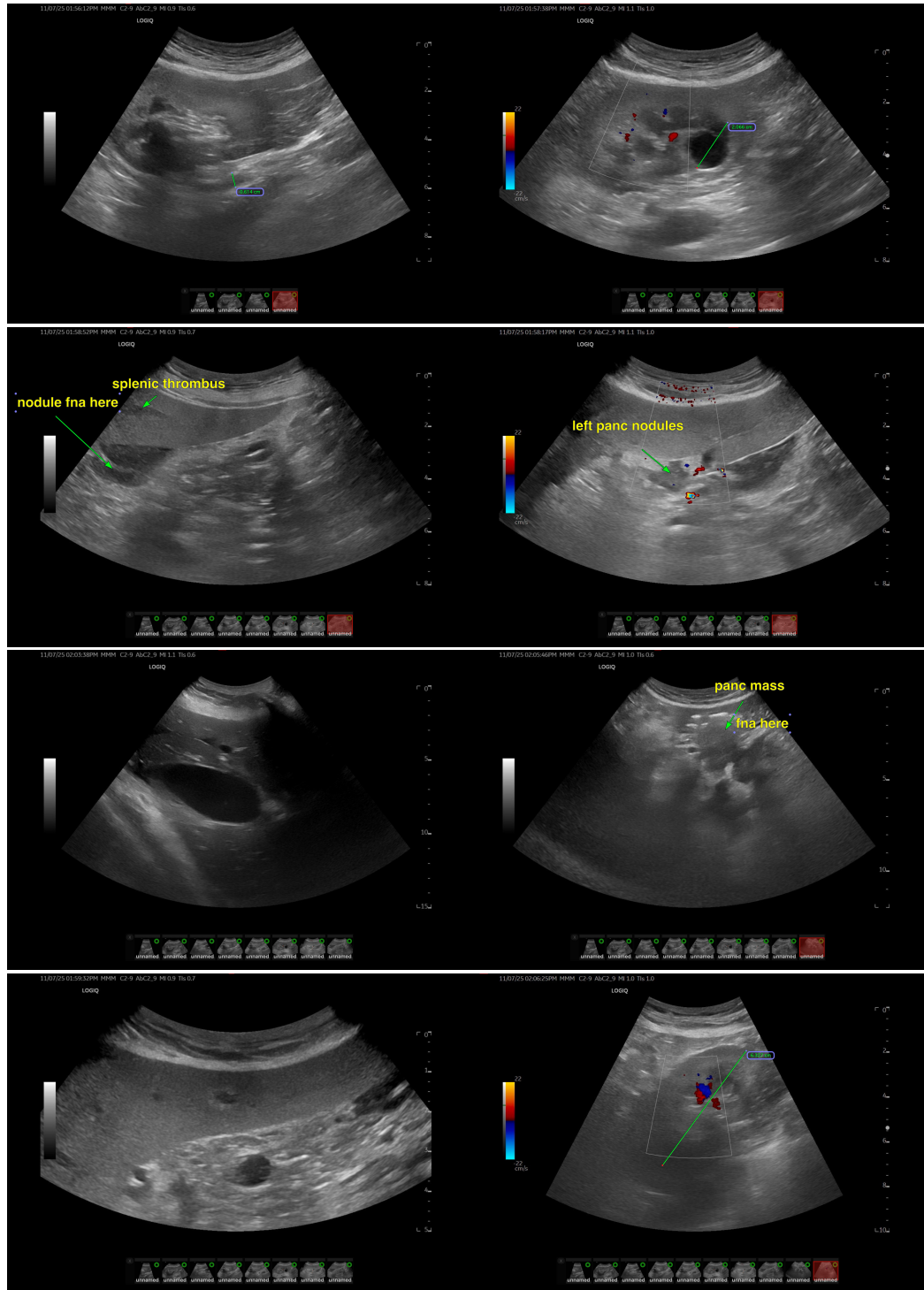
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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