



## PATIENT

Tulip Frey

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Spayed female

## AGE

10 years

## WEIGHT

44.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Iacovides

## HOSPITAL NAME

Tuxedo AH

## REFERRING VET

Dr. Rebizant

## INVOICE

68415

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

History: Patient brought in for decreased appetite, abnormal behavior, thinks the belly appears distended. Started to notice more the past week or so.

Abnormal PE/Chem/CBC/UA Results: Distended abdomen CBC: HCT 0.317 (0.373-0.617) MCV 60.7 fL (61.6-73.5) MCH 21.1 pg (21.2-25.9) Retic 168.1 K/uL (10-110) Retic 3.2% WBC 15.14 x10e9/l (5.05-16.76) Mono 1.29 (0.16-1.12) Plt 59 (148-484) (no clumps on smear) MPV 16.7 fL (8.7-13.2) Plcrt 0.1% (0.14-0.46) CHEM: ALP 297 u/l (23-212) Abdominal Rads: -decreased detail -hepatomegaly and possible mass caudal to it -tail of spleen in caudal position

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.26 cm. The right kidney measured 8.7 cm.

### Adrenal Glands

The right **adrenal gland** had an enlarged cranial pole that measured 1.8 cm and the caudal pole measured 1.07 cm. The left adrenal gland was enlarged and measured 1.75 cm at the caudal pole and the cranial pole measured 1.9 cm.

### Spleen

The **spleen** was enlarged irregular and hypoechoic with expansive nodular changes with an infiltrative pattern with reactive surrounding mesentery.

### Liver

The **liver** revealed generalized enlargement and swelling with nodular changes. Increased portal markings were noted. Micro and macronodular changes were noted. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes were severely enlarged and measured 4.0 x 3.0 cm. Multi-focal lymphadenopathy was noted elsewhere in the abdomen.



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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

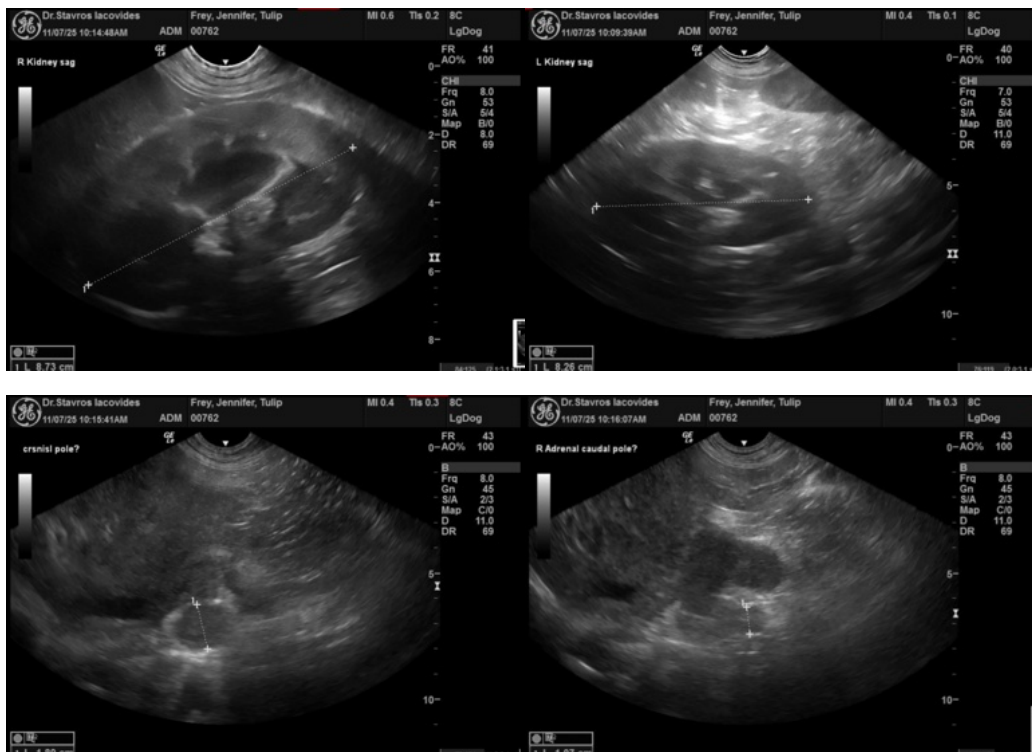
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Multi-focal round cell neoplastic pattern involving the spleen, liver and lymph nodes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver should prove definitive regarding diagnostics. Immediate chemotherapeutic intervention is recommended. Ultrasound-guided FNA of the hepatic lymph nodes would also be considered.





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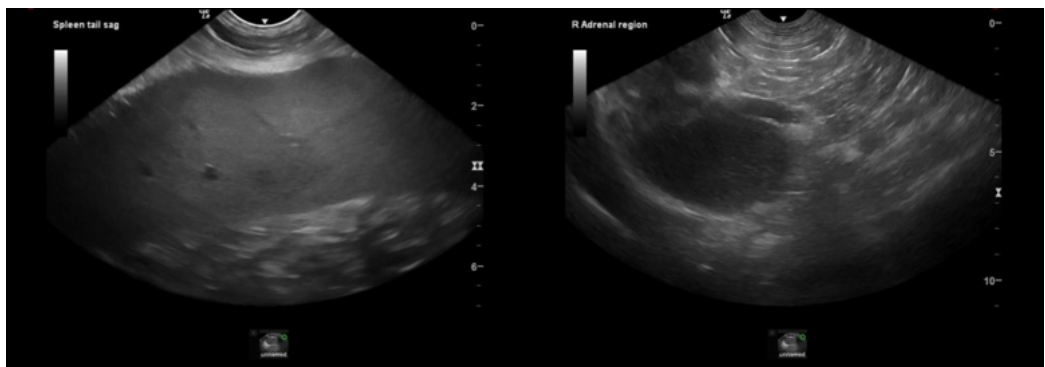
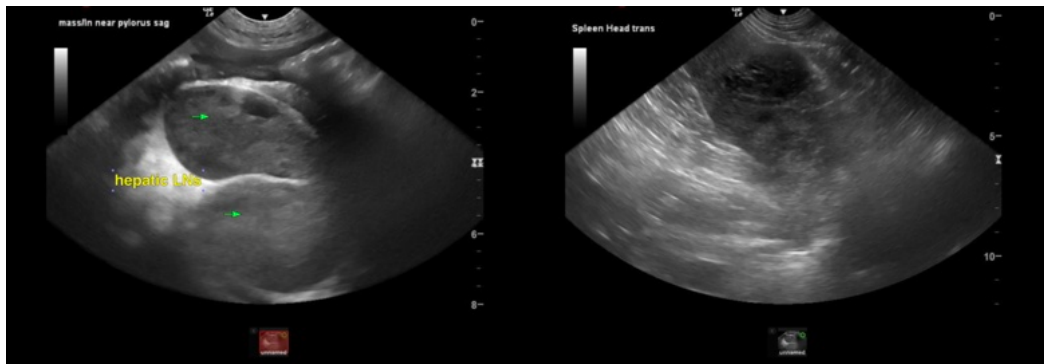
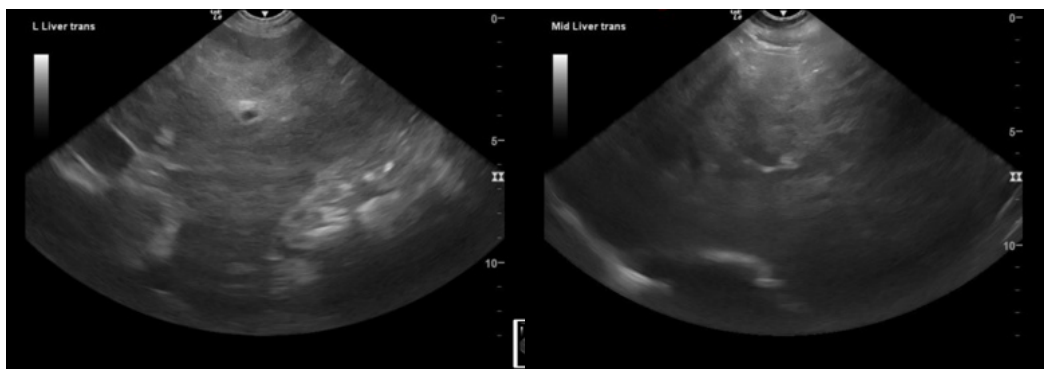
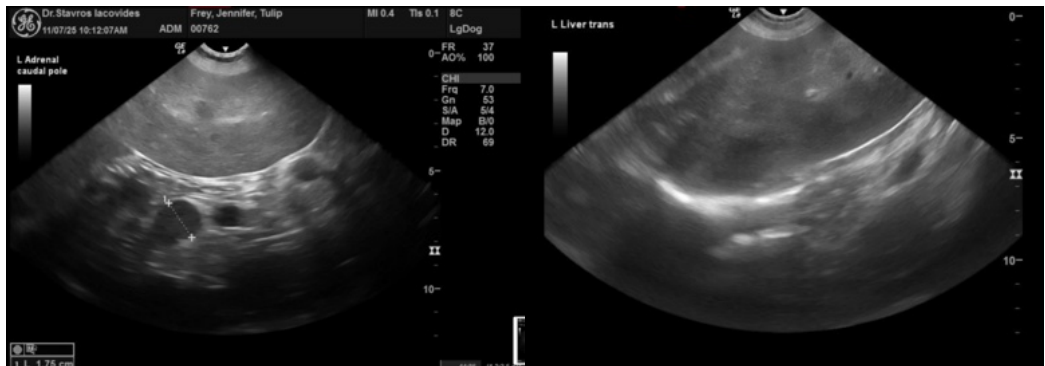
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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