



DATE PRESENTING CLINICAL SIGNS

12/14/25

PATIENT

Chester Steinberg

SPECIES

Canine

BREED

Rottweiler x

SEX

Neutered Male

AGE

11/1/16

WEIGHT

94 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Willer

INVOICE

72556

Patient History: Lethargy since Wednesday night - Decreased appetite Thursday night, anorexia Friday - Ate small amount of boiled chicken Friday night, subsequently vomited throughout the night - Drinking water - Progressive lethargy over past 12 hours - Owner noted abnormal breathing pattern since last night - Previous coughing episode in October with negative workup: - Thoracic radiographs (reviewed by radiologist): no pneumonia - Infectious disease panel: negative - Ruled out allergies - Treated with cough suppressant for one week, resolved - Previous benign mass excision from right front leg - No known toxin exposure - Stays in house during day when owners not home, nothing out of place noted - Only has access to black Kong toys (destroys other toys).

Current Medications: Butorphanol, Pantoprazole, Ondansetron.

Labwork Results: Labwork submitted and attached. On radiographs large globoid heart, no obvious pulmonary changes. Abdomen decreased abdominal detail, difficult to see the borders of the liver/spleen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Dvm requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

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 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. Slight cortical heterogeneity noted in the cortex of the right kidney. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 8.56 cm. Left kidney measured 7.93 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. Right adrenal gland measured 0.54 cm at the caudal pole and 1.0 cm at the cranial pole. Left adrenal gland measured 2.95 cm x 0.73 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

The **spleen** presented slight hypoechoic, irregular contour.

Liver

The **liver** was swollen and presented multifocal disruptive nodular changes measuring 0.80 cm and 1.83 cm with surrounding free fluid. The gallbladder was unremarkable. No evidence of passive congestion. Hepatic veins and vena cava were not dilated.

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.

Other

Pleural effusion and ascites noted in this patient.

Rapid view of the heart revealed no overt masses. However, trace pericardial effusion noted with some minor nodular tissue in the pericardium. The tip of the right auricle was irregular.

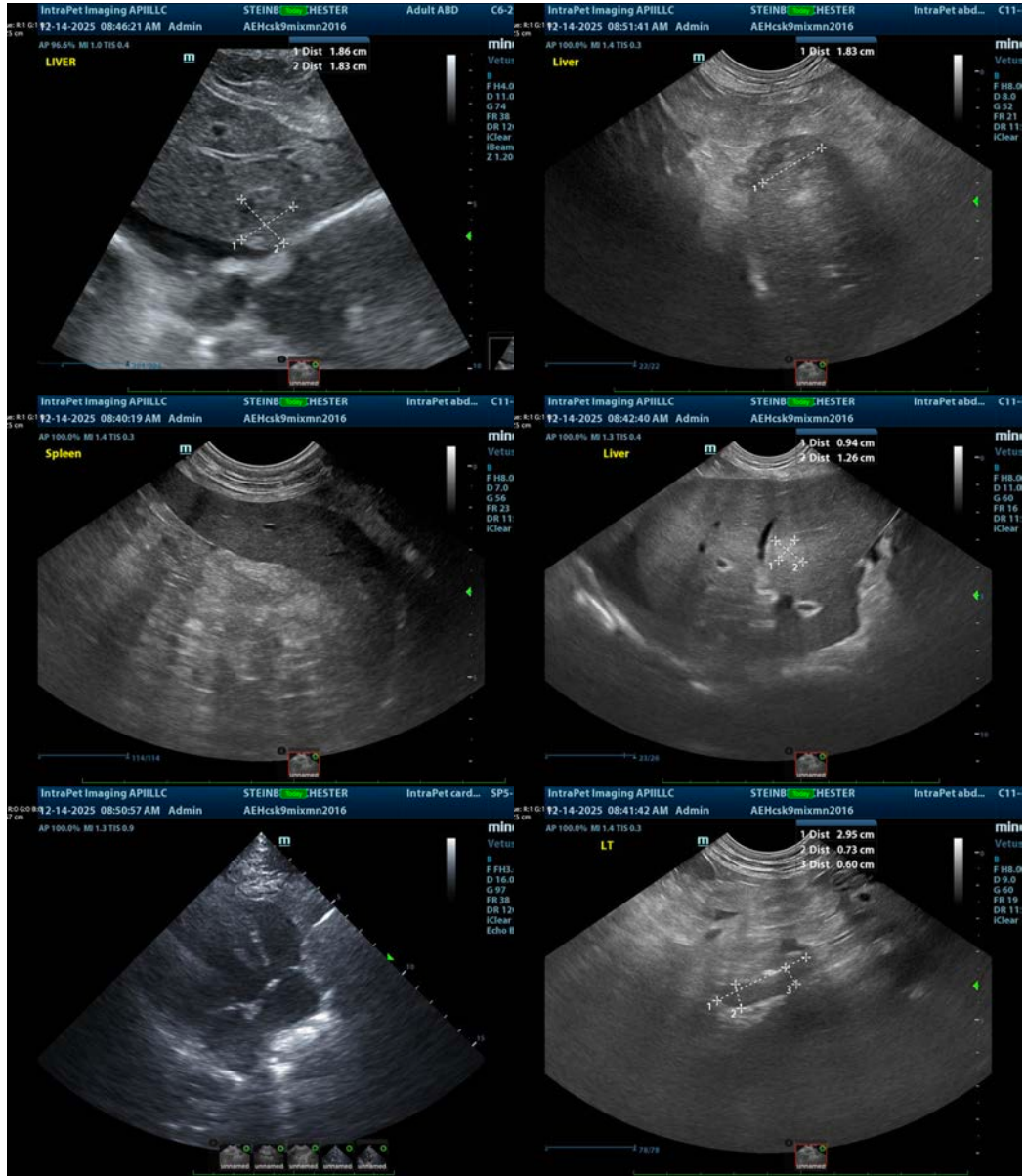
ULTRASONOGRAPHIC FINDINGS

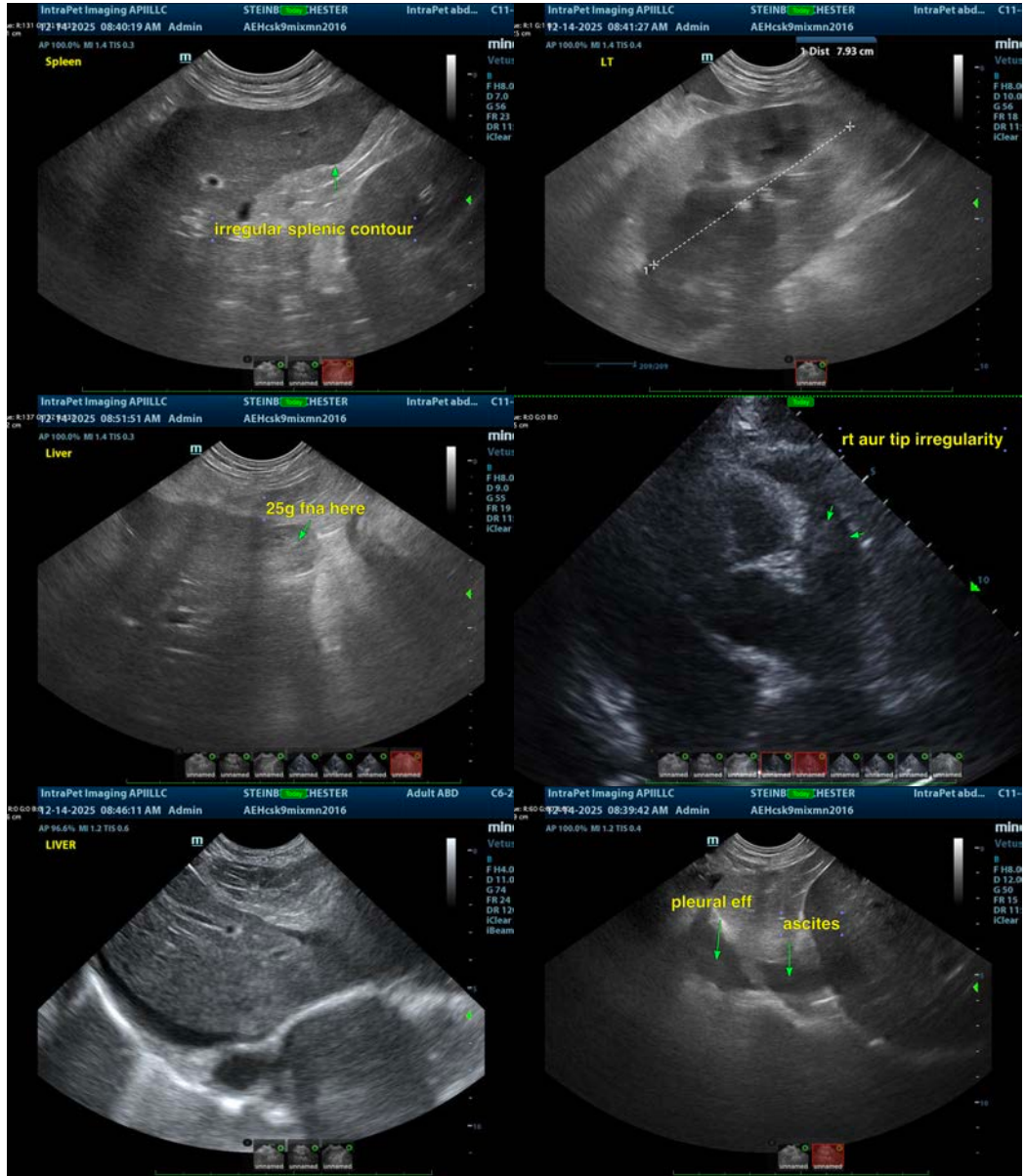
- Ascites and pleural effusion with nodular hepatic changes.
- Hypoechoic, irregular splenic contour.
- Right renal cortical changes (minor).
- Nodular tissue noted in the pericardium and mild amount of pericardial effusion – The nodular tissue may be clots. However, given the abdominal presentation, I'm strongly concerned for a neoplastic process.

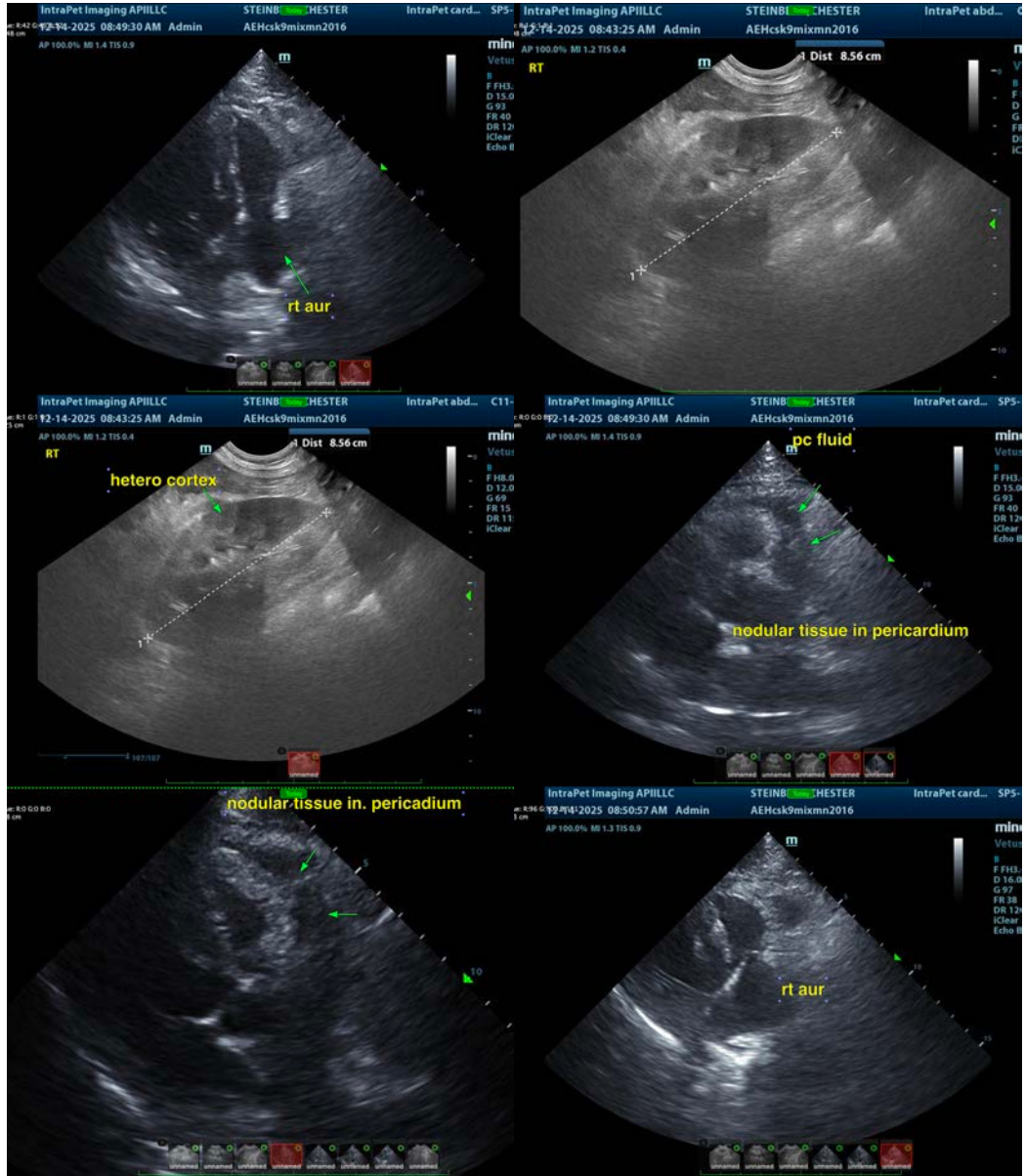
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the pattern there is strong concern for multicentric hemangiosarcoma involving the spleen, liver, and pericardium. Recommend ultrasound guided 25-gauge FNA of the spleen and liver.









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.

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