



PATIENT

Suzy Dunnigan

SPECIES

Canine

BREED

American Staffordshire
 x

SEX

Spayed Female

AGE

11 Years 8 Months

WEIGHT

98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Santo

INVOICE

72661

DATE

12/17/25

PRESENTING CLINICAL SIGNS

R/o metastasis- soft tissue sq mass of RT antebrachium consistent w/ mesenchymal proliferation and PLN. Large firm SQ mass FNA mostly blood cytology shows concern for sarcoma. Meds- Telmisartan 50mg sid clop 75mg sid

Abnormal PE/Chem/CBC/UA Results: UPC-4.6 USG-1.027 HCT-37.1 SDMA-15 AMYL-1,754 Lipase-918 Sodium-153 Potas-5.6 NAKratio-27 ALP-600

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 **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. Right kidney measured 7.66 cm. Left kidney measured 8.02 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. Left measured 2.68 cm x 0.68 cm at the cranial pole and 0.70 cm at the caudal pole. Right measured 2.76 cm x 1.2 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** was slightly heterogeneous and mildly enlarged, folded upon itself cranially. A focal 2.4 cm nodule was noted at the mid cranial body. Minor heterogeneous changes noted elsewhere, including a 2nd nodule in the mid body measuring 2.2 cm.

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

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

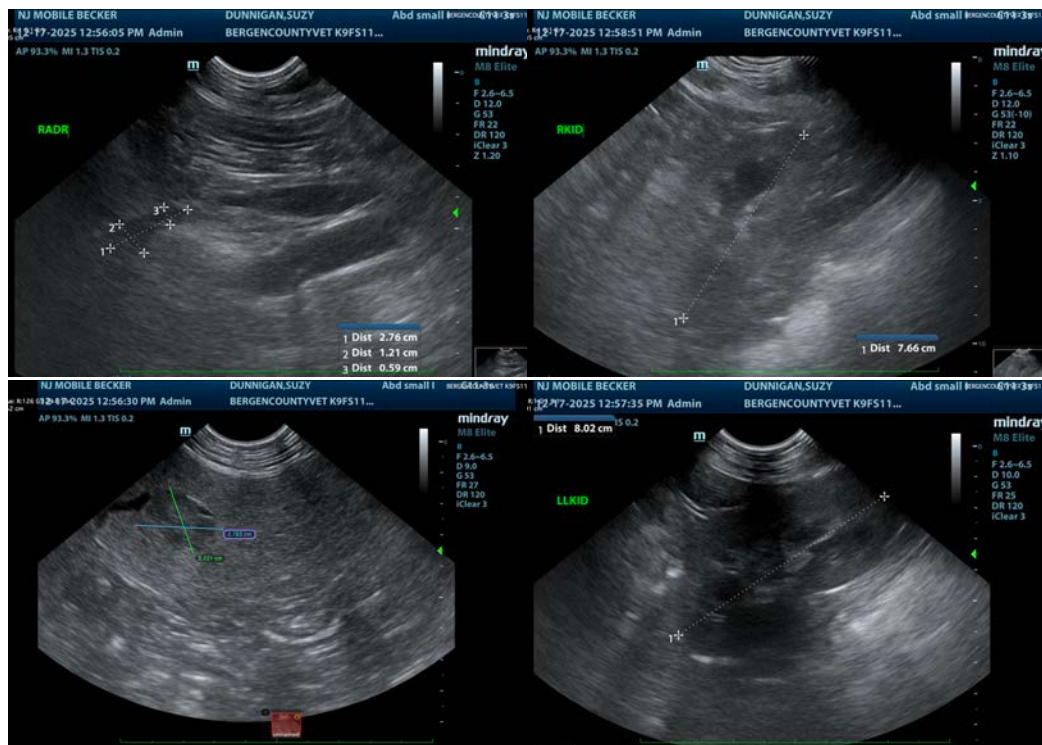
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules – round cell neoplasia, hyperplasia, hemangiosarcoma all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen indicated under sedation to assess for related disease to the mesenchymal neoplasia, and/or recheck sonogram in 3-4 weeks. If the nodules are growing, then proactive splenectomy indicated.





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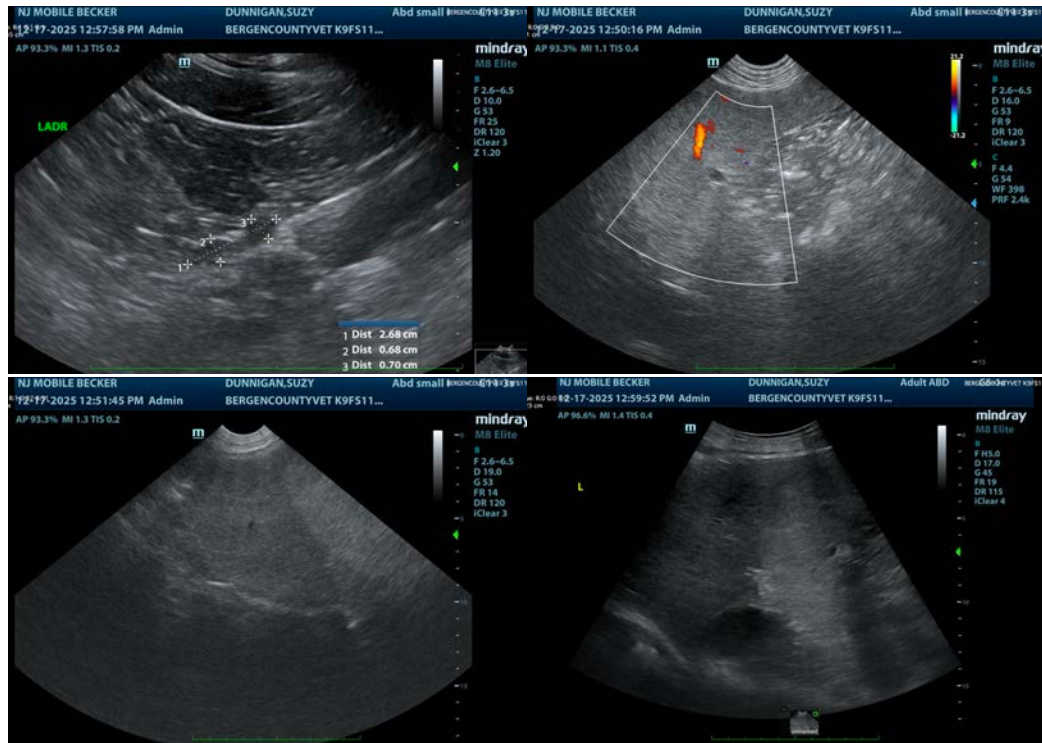
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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