



PATIENT

Rebel Boryszewski

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

8 ½ years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IUUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

69412

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Rebel is an 8 year 11 month old mn lab who presents for AUS. He is 68.2# and has lost 7# since September. He was previously diagnosed with pancreatitis and elevated liver enzymes. He is PUPD and he has generalized muscle wasting. Hepatomegaly was noted on PE. His appetite is normal, and he has no vomiting or diarrhea. He has a history of Lyme disease (now negative) and anaplasma(anaplasma PCR negative). Blood work was repeated last week and his liver enzymes have increased (he has been on Denamarin and credelio quattro). His cPL is now elevated again (it was normal a few weeks ago after being elevated prior to that). His has some mild changes in his WBCs. Metronidazole and enrofloxacin were started last week. Consider leptospirosis testing depending on ultrasound findings
12/10/25: ALT=410, AST=50, ASP=6,241, GGT=122 BW attached FYI

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 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. The left kidney measured 7.96 cm. The right kidney measured 7.64 cm.

Adrenal Glands

The left adrenal gland was mildly enlarged and measured 2.7 x 0.66 cm at the cranial pole and 0.96 cm at the caudal pole. The right adrenal gland measured 3.19 x 1.93 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** in this patient revealed a 3.0 cm, mixed echogenic, irregular target type mass at the mid cranial body. Multi-focal, nodules were noted throughout the spleen. This is suggestive for multi-centric process.

Liver

The **liver** revealed heterogenous, multi-focal non-disruptive nodular changes and remodeling. An overt right medial liver mass was noted and measured approximately 8.7 cm at the caudate process. However, the margins were ill-defined. Minor gallbladder sand was noted.



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Gastrointestinal

The **stomach** revealed some shadowing material measuring up to 3.0 cm. The material was progressively shadowing and was non-obstructive. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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

Ill-defined right liver mass/base of the caudate process.

Separate splenic mass and multi-focal nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-centric round cell neoplasia is suspected or possible two separate neoplastic events in the spleen and liver. Screening ultrasound-guided FNA of both lesions in the spleen and liver are recommended. for further definition. The prognosis is guarded.





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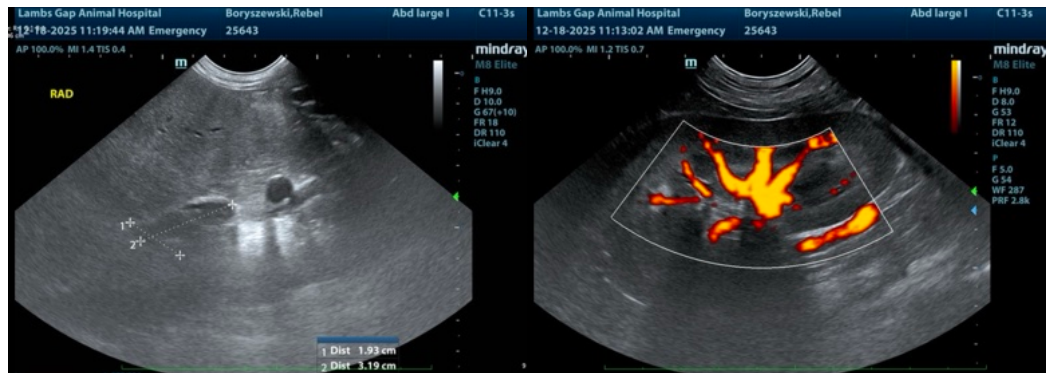
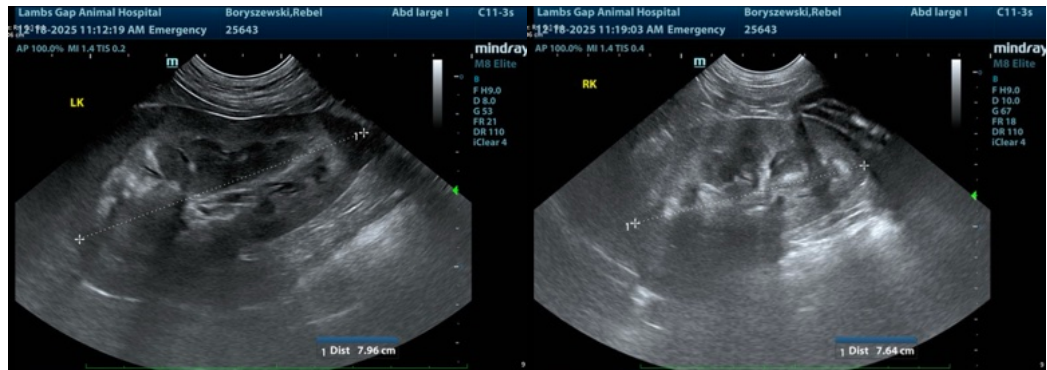
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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