



PATIENT

Max Bello

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

35020

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Acute onset cellulitis of leg, V/D.

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 residual prostate measured 1.9 cm.

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 right kidney measured 7.0 cm. The left kidney measured 7.2 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 0.62 cm at the caudal pole and 1.08 cm at the cranial pole. The left adrenal gland measured 0.71 cm at the caudal pole and 0.54 cm at the cranial pole.

Spleen

The **spleen** revealed a focal hypoechoic nodule. The nodule was undifferentiated, measuring approximately 2.0 cm x 1.9 cm in the mid cranial body. The remainder of the spleen presented largely age-related changes. No evidence of disrupted architecture.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. Biliary mineralization was noted throughout the liver.

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



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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

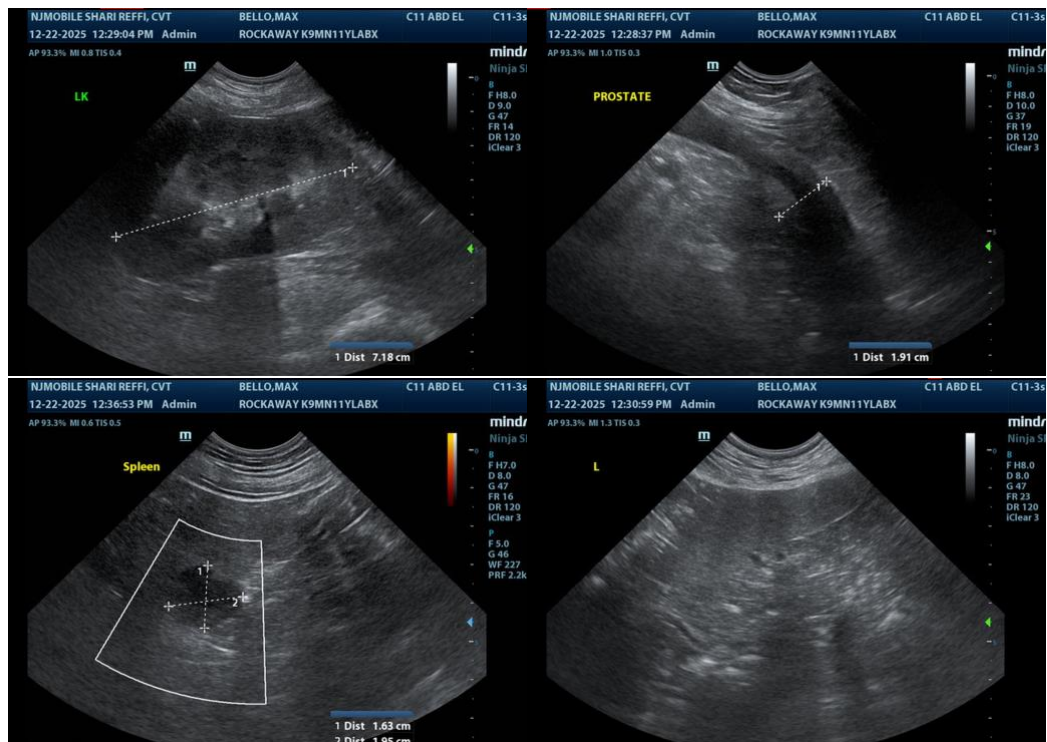
A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Focal splenic nodule- emerging round cell neoplasia or hemangiosarcoma.
- Age-related hepatic changes with biliary mineralization throughout the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule is indicated, or more likely direct splenectomy would be in this patient's best interest. Chest radiographs are indicated to assess for metastatic disease.





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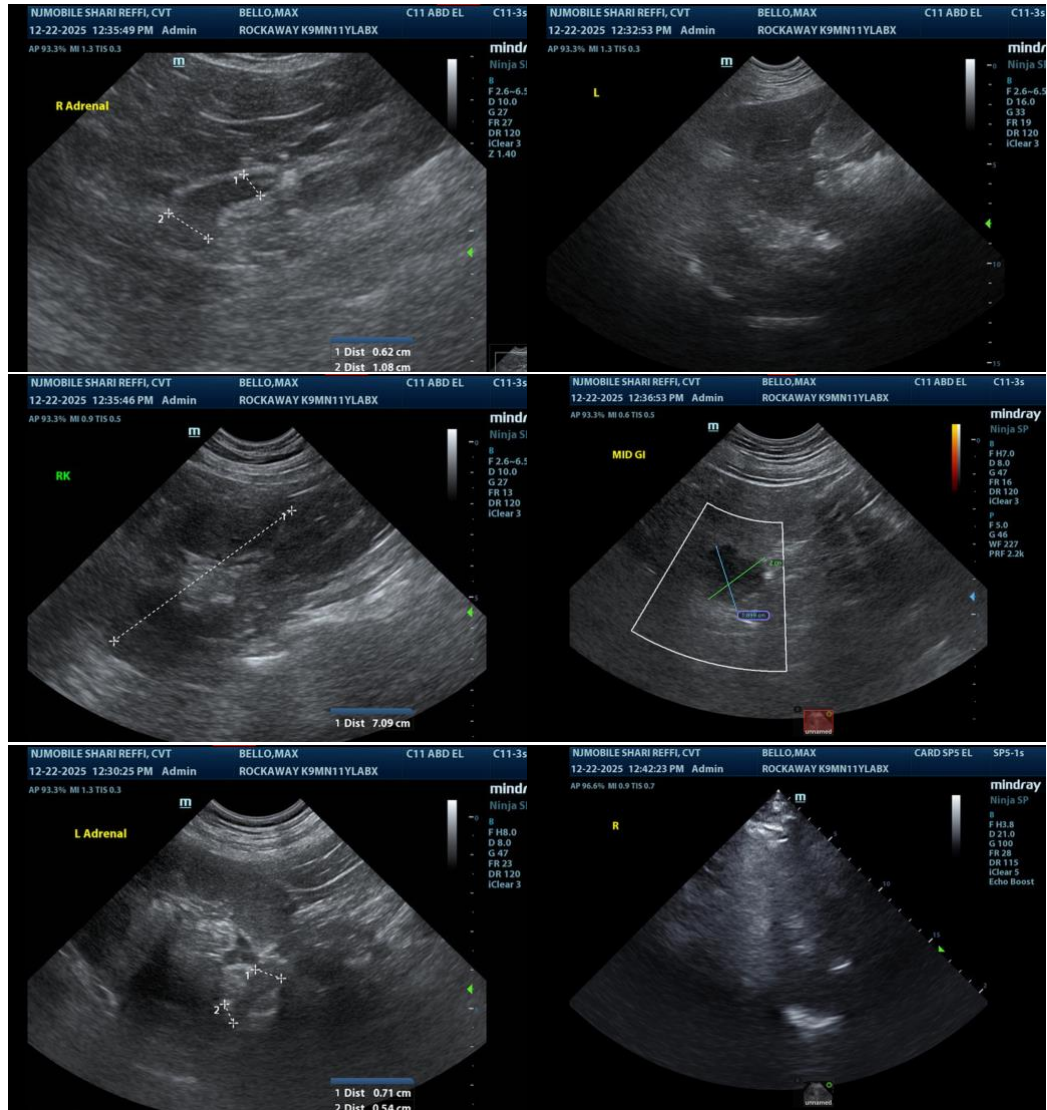
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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