



PATIENT

Stella Garvin

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

8 years

WEIGHT

60 lbs

PRESENTING CLINICAL SIGNS

History: Patient presented ADR, PU/PD. Palpable abdominal mass effect. Radiographs show concern for neoplasia in the abdomen, peritoneal effusion, and pleural effusion. Biventricular scan to further assess.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 6.48 cm. The right kidney measured 6.73 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Salapack

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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 2.45 x 0.6 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 2.13 x 0.45 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

The **spleen** presented multiple, mixed hypoechoic masses measuring up to 4.0 cm. Reactive surrounding mesentery was noted as well as regional free fluid.

Liver

The **liver** revealed multi-focal, hypoechoic nodules up to 2.9 cm and 1.6 cm. The hepatic nodules disrupted architecture. A 5.4 cm left-sided liver mass was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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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 **pancreas** was obscured by multiple omental changes and remodeling. This is consistent with neoplastic spread.

Free Abdomen

Multiple lymph nodes are enlarged and rounded. Nodular omental changes were noted.

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

Pleural effusion was noted in the thoracic cavity. The omentum appeared nodular, which is suggestive for metastatic disease from the abdomen.

Rapid view of the heart revealed tachycardia without volume overload. No primary cardiac disease is noted. There were areas of lung consolidation.

ULTRASONOGRAPHIC FINDINGS

Dual cavity neoplasia.

Multi-centric round cell neoplastic pattern involving spleen, liver, thorax and lung.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis in this patient is poor. Humane euthanasia should be considered in this patient given the extent and aggressiveness of the presentation.



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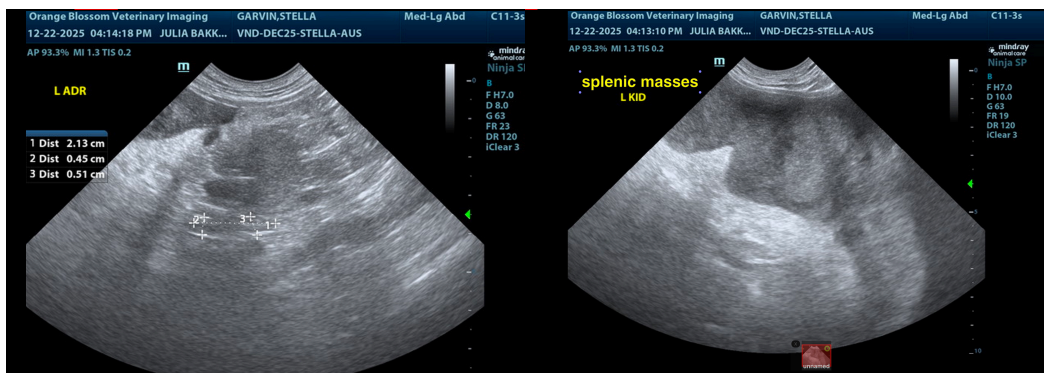
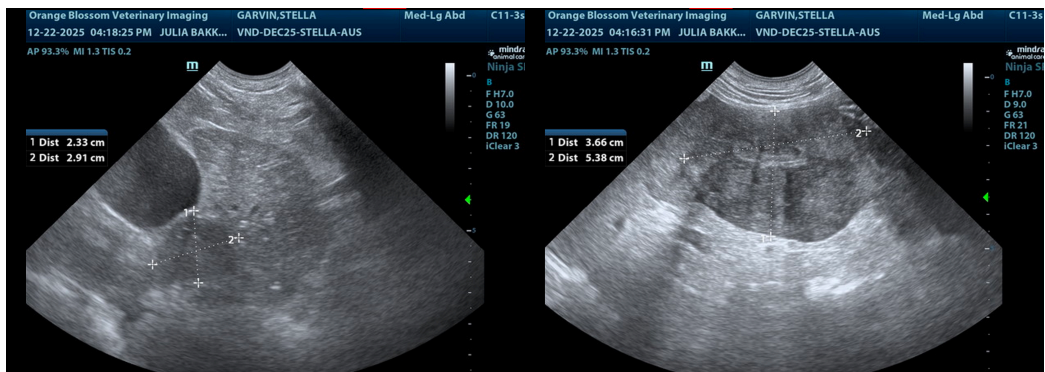
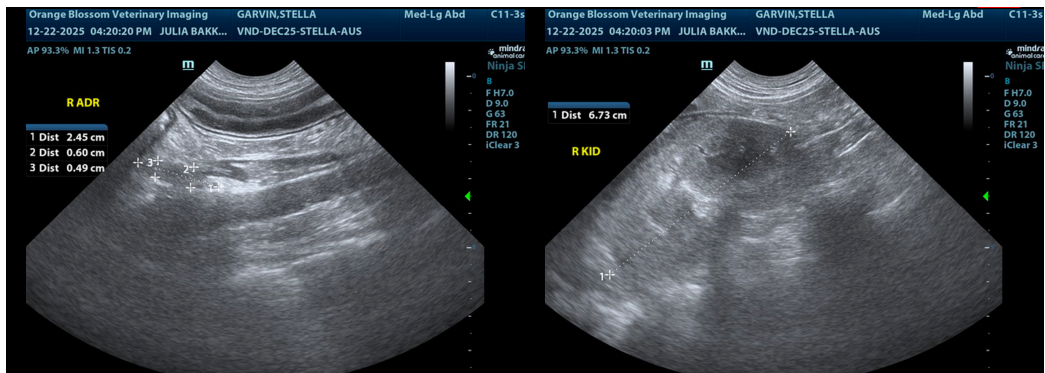
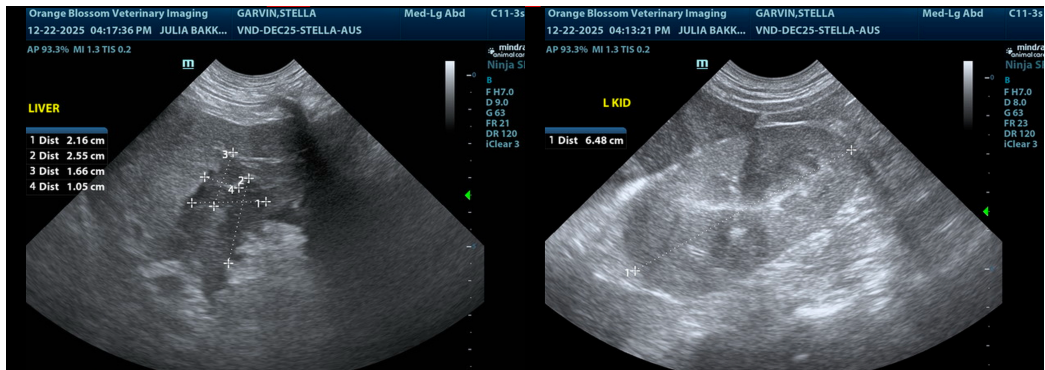
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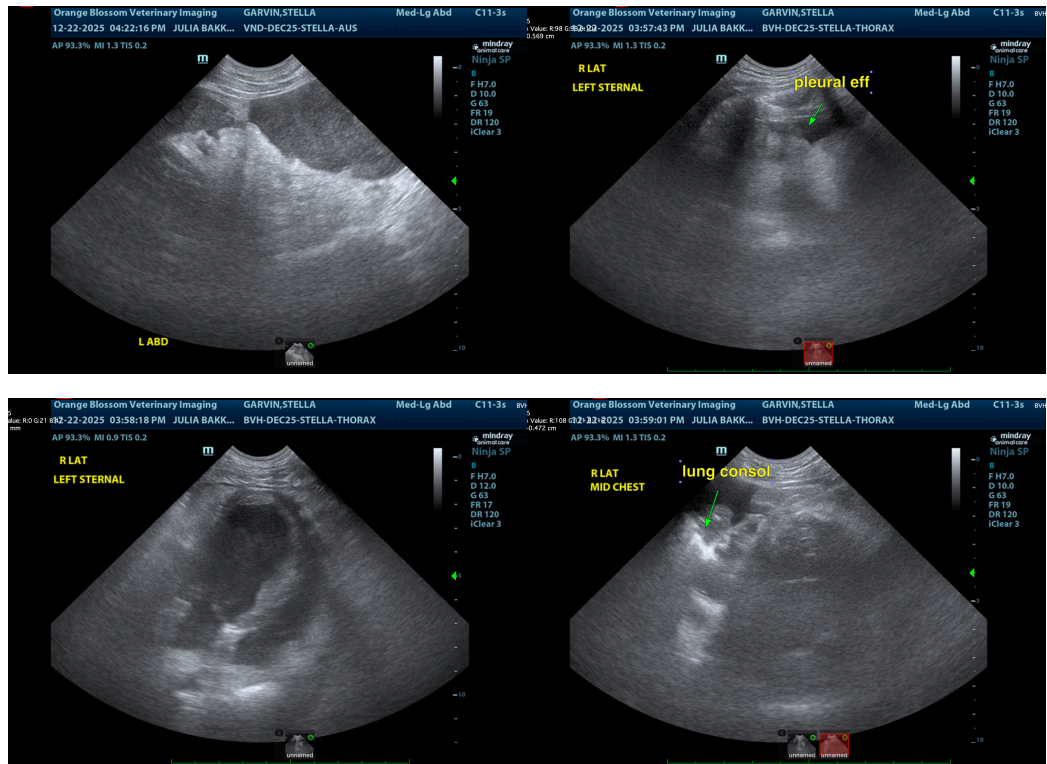
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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