



PATIENT

Roxie Lylander

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

9 ½ years

WEIGHT

47.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

Alpine 24/7/ER Doctor

INVOICE

69570

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Recent diagnosis: Low-grade mast cell tumor on the throat, diagnosed ~2 weeks ago and surgically removed; reported as localized. Medications: Metronidazole. Subjective Findings Intermittent abdominal bloating for ~1 month, occurring in cycles (bloating for 3–4 days, then normal for several days). One brief episode of diarrhea 8–10 days ago (lasting 1 day). Transient increase in water intake (2–3× normal) during the diarrhea episode. No vomiting reported. Mild lethargy described as “hungover” this morning; otherwise bright, content, and comfortable.

Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):122, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT < 2 sec, Mentation: BAR, Hydration: Adequate, BCS (scale 1 to 5): 3.5/5, Distended firm and painful abdomen

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 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. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.8 cm. The left kidney measured 7.7 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.

Spleen

The **spleen** in this patient revealed a complex, mixed hypoechoic 14 cm mass and a large amount of free fluid. Other smaller splenic masses were noted. The pathology extended into the cranial abdominal omentum and region of pancreas.

Liver

The **liver** revealed multiple hepatic masses with disrupted architecture and irregular contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Roxie Lylander

The **gastrointestinal tract** was unremarkable, yet enveloped by the abdominal pathology.

SPECIES

Pancreas

Canine

The splenic pathology extended into the region of the **pancreas** and liver.

BREED

Labrador Retriever

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed female

Abdominal neoplasia, likely deriving from the spleen with spread into the omentum and metastatic pattern to the liver.

AGE

9 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

47.4 kg

Hemangiosarcoma pattern was noted. The prognosis is poor.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

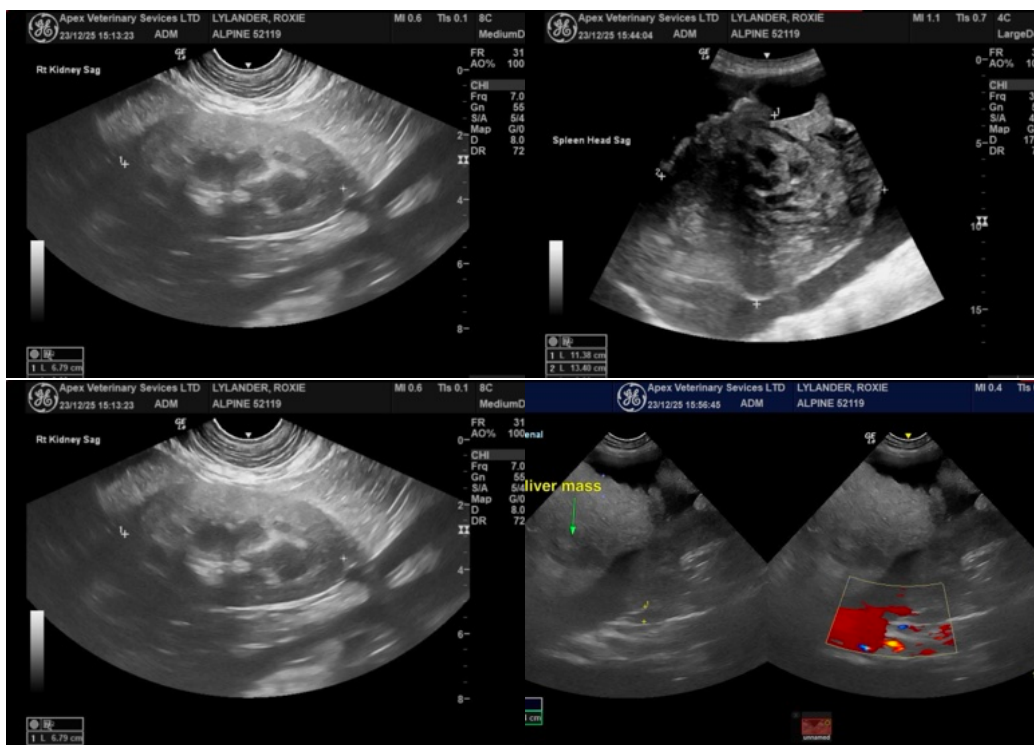
Alpine 24/7/ER Doctor

INVOICE

69570

DATE

12/23/25





PATIENT

Roxie Lylander

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

9 ½ years

WEIGHT

47.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

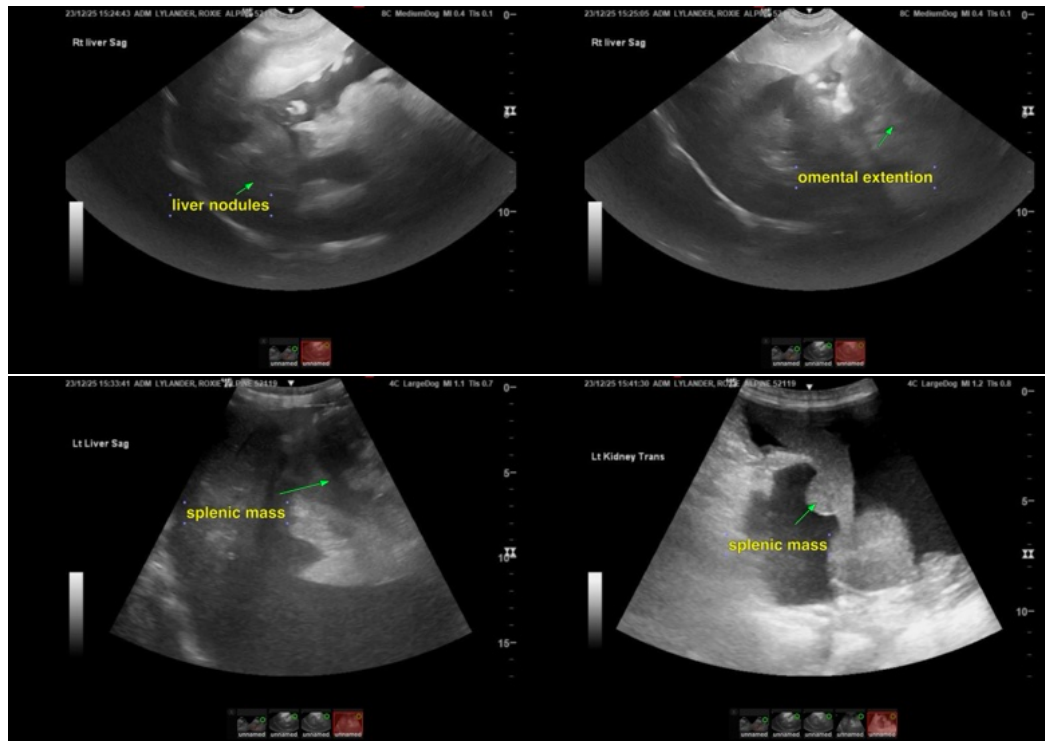
Alpine 24/7/ER Doctor

INVOICE

69570

DATE

12/23/25



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

info@SonoPath.com