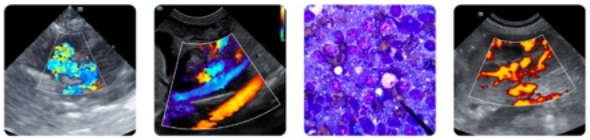


PATIENT

Brock Lindsell

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered male

AGE

6 years

WEIGHT

85 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Kluchurosky

INVOICE

69624

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: abdominal mass, RF limb lameness
Abnormal PE/Chem/CBC/UA Results: firm abdominal mass palpated; chest films WNL, shoulder/elbow/carpal films WNL; abdominal film - large soft tissue opacity in region of spleen CBC: regenerative anemia, neutrophilia Chem: mild hypoglycemia (66)

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 6.9 cm. The right kidney measured 7.0 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

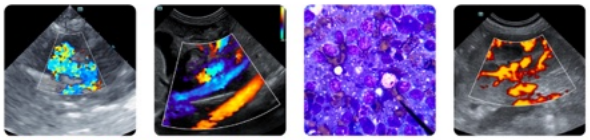
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm.

Spleen

The **spleen** revealed a complex, 10+ cm microcavitated parenchymal mass was noted with regional inflammation. The spleen was occupied by multiple, coalescing masses with regional inflammation. Multiple masses were present in the regional omentum owing to tumor escape from the spleen.

Liver

The **liver** was swollen, hypoechoic and irregular. 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.



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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 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.

Free Abdomen

Slight areas of free fluid were noted.

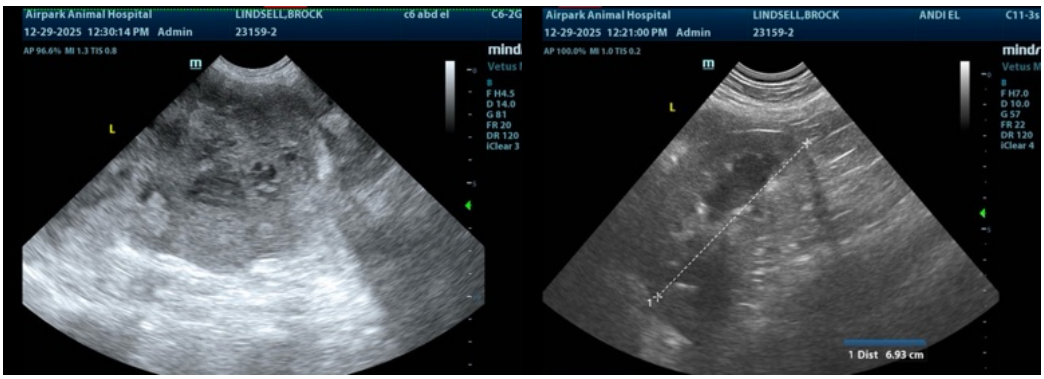
Transdiaphragmatic view revealed comet tail lung patterns strongly suggestive for alveolar disease.

ULTRASONOGRAPHIC FINDINGS

Multiple coalescing splenic masses with likely omental involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted to assess for metastatic pattern. Hemangiosarcoma is likely given the pattern and multiple lesions. Exploratory surgery could be considered in this patient. However, clean resection is unlikely. Oncological intervention is recommended. However, the prognosis long term is guarded to poor. Rapid echocardiogram is recommended to assess for concurrent metastatic disease in the right auricle or pericardium.



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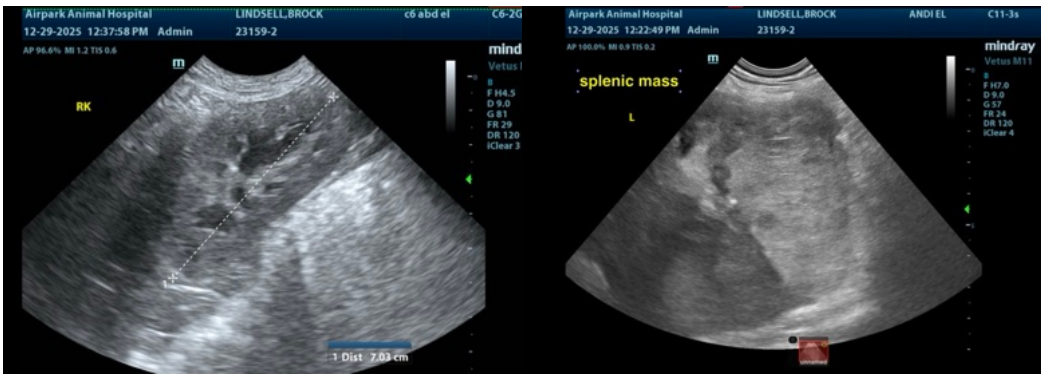

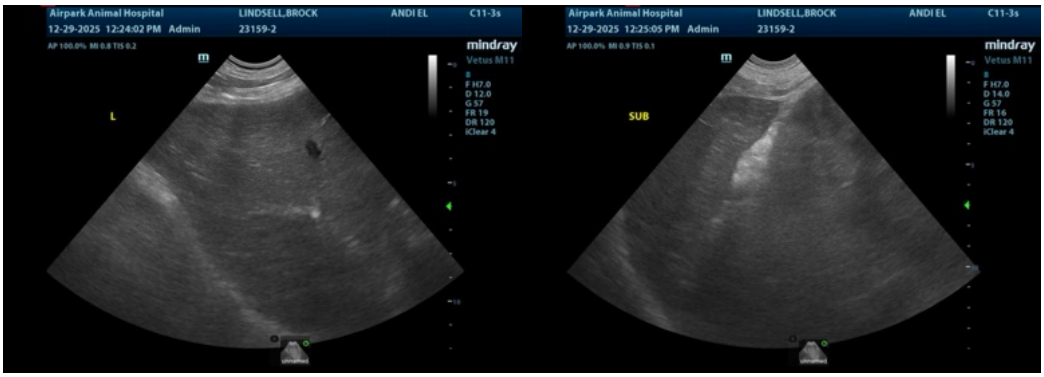

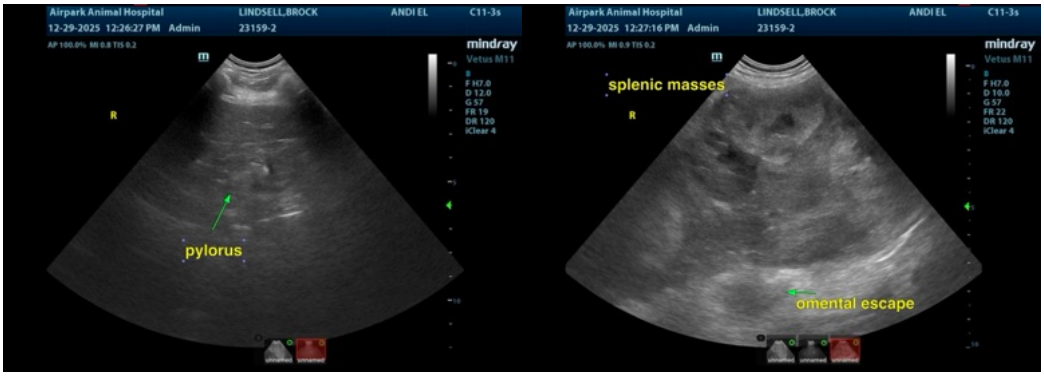

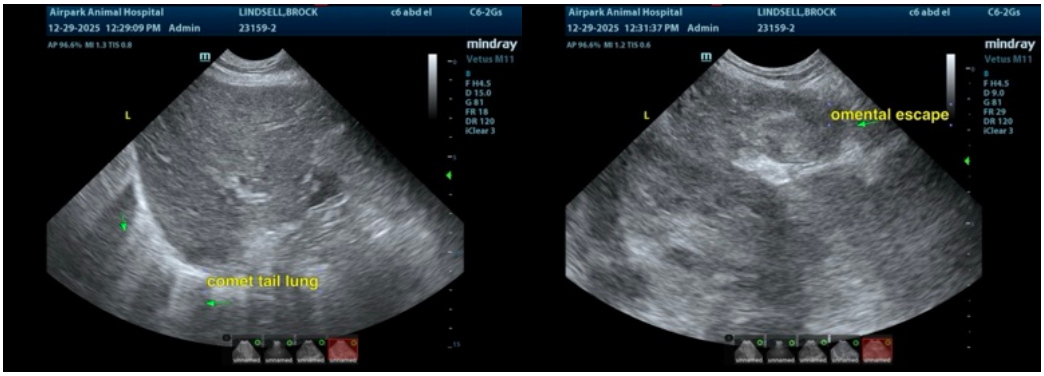

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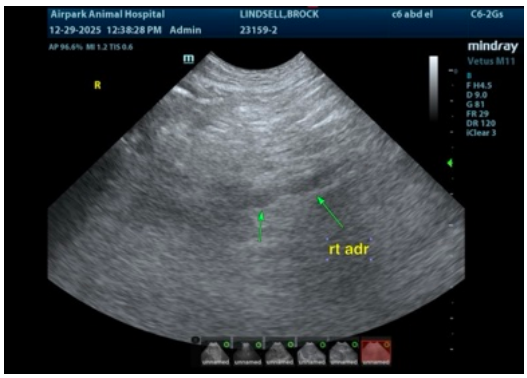

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com