



PATIENT

Tanner Stoppeworth

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

13 years

WEIGHT

27 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Breanna Wokatsch

HOSPITAL NAME

Underdog Pet Rescue

REFERRING VET

Dr. Wokatsch

INVOICE

69717

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Skin mass removed from the left lateral elbow in August 2025. Biopsy confirmed high grade/grade 3 cutaneous mast cell tumor. More masses popping up along the left forelimb and ventral neck. Patient doing well at home overall, but owners concerned about high grade tumor diagnosis and potential metastasis. Patient had splenectomy in June 2025 due to large splenic mass, diagnosed as splenic hematoma. No other masses seen on the spleen at that time and abdominal explore during splenectomy did not reveal any other concerning findings.

Most recent bloodwork below (12/23/25): CBC: Hct 32.8% (non-regenerative) Chemistry: ALT 130 (RI: 10-125), ALP 1313 (RI: 23-212), Amylase 1948 (500-1500), lipase 5365 (RI: 200-1800) ALP, amylase and lipase have been roughly this same elevation since June 2025. Patient has been on Denamarin since splenectomy in June 2025, ALP decreased to ~500 but has since increased again.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. Small calculi was noted. 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. Slight pinpoint mineralization was noted. Microcystic cortical changes were noted on the kidneys. The right kidney measured 6.0 cm. The left kidney measured 5.7 cm.

The residual prostate measured 0.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was not visualized as it was previously removed. The region of the splenic fossa was unremarkable.

Liver

The **liver** presented multiple, hypoechoic, nodular changes. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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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.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Subjectively benign hepatopathy, nodular hyperplasia pattern.
Moderate degenerative renal changes.

27 lbs

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, I cannot rule out metastatic disease, as these nodular changes are common in older dogs and likely benign. FNA would be indicated for further definition. There was no evidence of residual splenic pathology.

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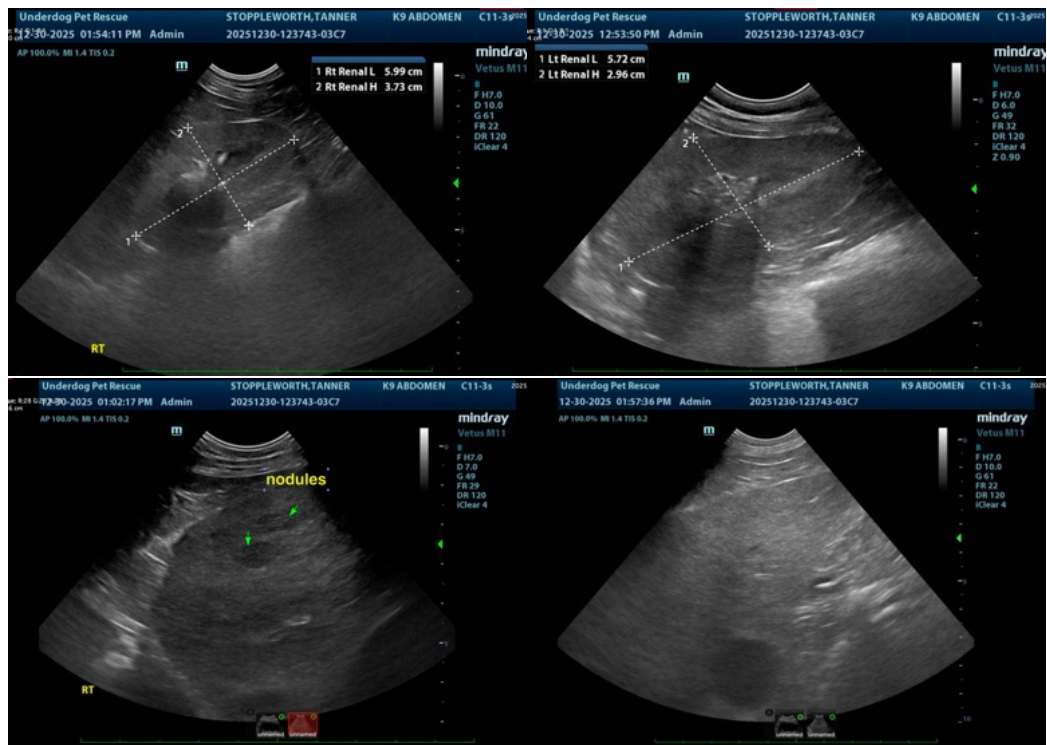
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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