



PATIENT

Max Saenz

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered male

AGE

12 years

WEIGHT

85.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Seth Edgar

HOSPITAL NAME

Overpeck Creek AH

REFERRING VET

Dr. Seth Edgar

INVOICE

69736

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Max is a 12 year old NM Weimaraner presented for shaking and discomfort for the whole day. Due to previous history of a cranial abdominal mass, ultrasound was discussed with owner to rule out occult hemoabdomen, though this was not suspected based on exam and lab work. Owners agreed, and a splenic tail mass was identified. Scant effusion around the mass. Due to position of the mass, FNA was severely difficult, but FNA sampling is pending. Unable to explain the discomfort, he was sent home with gabapentin and amantadine while results are pending. He was also given sc fluids. Pet is currently on Osteo tru Benefits, Omega benefits, and TRP tricox for management of severe arthritis.

Abnormal PE/Chem/CBC/FNA Results: On presentation, we ran in house CBC/CHEM and an ECG immediately due to previous history of hypercalcemia (13.4). His calcium was now within normal limits, with stress leukogram and slight ALP elevation. He also had an elevated temperature of 103.6.

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 7.6 cm. The left kidney measured 7.13 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 left adrenal gland measured 2.5 x 0.69 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 2.25 x 0.9 cm.

Spleen

The **spleen** revealed a mixed, hypoechoic parenchymal mass that measured 5.0+ cm with regional inflammation. The splenic mass derived from the caudal pole of the spleen.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Slight, hypoechoic nodular changes were noted. This may represent



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either metastatic disease or age related changes. 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. Separate nodular changes were noted. This is strongly consistent with a neoplastic process, likely hemangiosarcoma.

Heart

Rapid view of the heart and right auricle reveals no evident pathology

ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass with local hemorrhage.

Undefined nodular hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs, echocardiogram is recommended to assess for metastatic disease followed by immediate exploratory surgery is indicated with the objective of splenectomy, liver inspection and biopsy.



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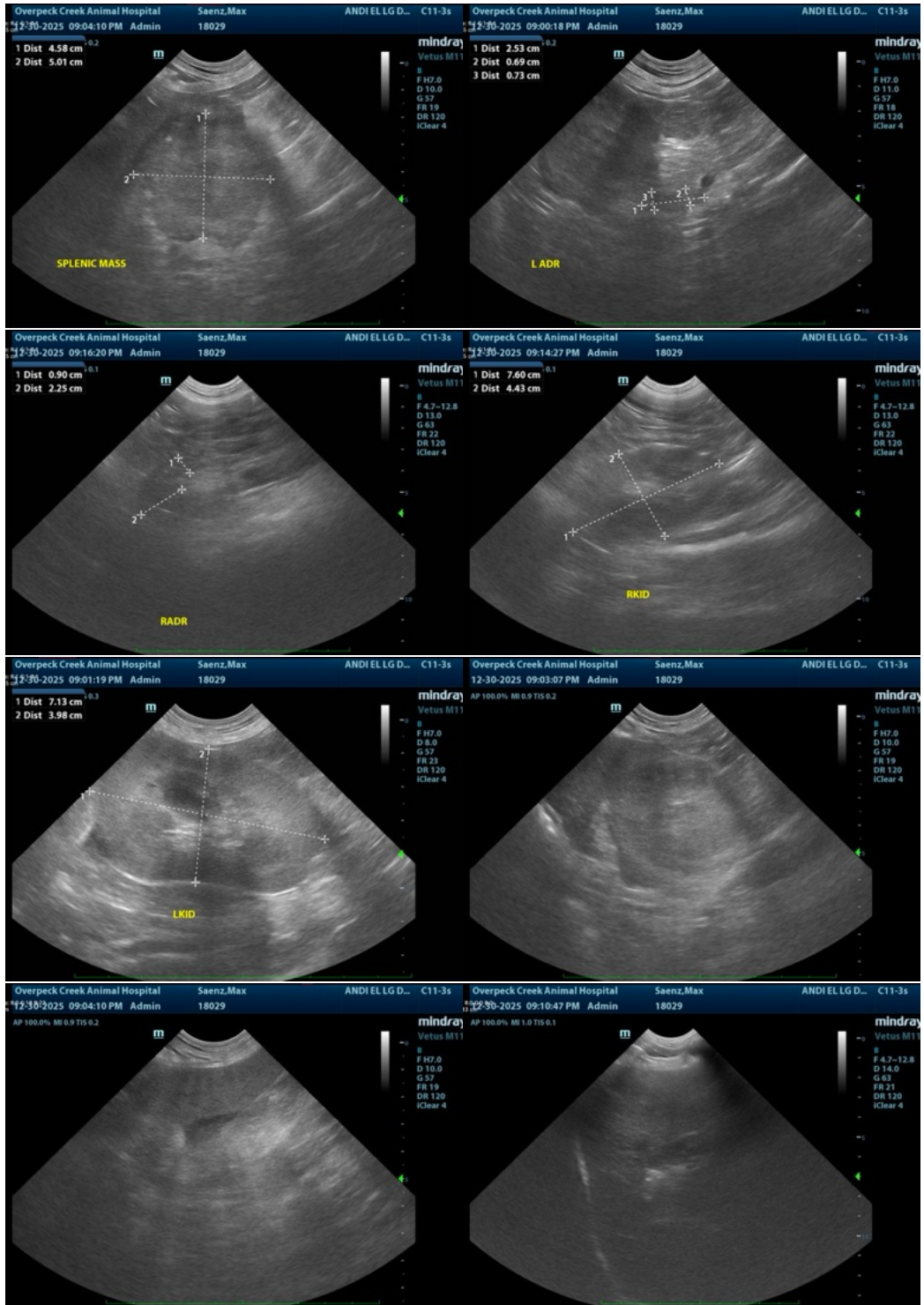
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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