



PATIENT

Uma Pierre Louis

SPECIES

Canine

BREED

SEX

Spayed female

AGE

10 years

WEIGHT

44 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kyoung Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Han

INVOICE

69751

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Uma has chronic coughing and examined by the regular vet 12/23/2025. Numerous variably sized soft tissue opaque nodules throughout the lung lobes consistent with pulmonary metastasis. Recommended to assess for possible primary neoplasia. CBC : slightly anemic- regenerative (rbc:5.02/ HCT: 35.8) / elevated liver enzymes (ALT:252 ALP :267 AST: 223)

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 left and right kidney measured 6.5 cm.

Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. A hypoechoic splenic nodule was noted and measured 1.4 cm at the mid caudal body.

Liver

The **liver** was swollen, hypoechoic and irregular. The gallbladder revealed multiple calculi that measured up to 1.3 cm. Comet tail lung pattern was noted through the diaphragm. Hepatic lymphadenopathy was noted. There is a strong concern for infiltrative disease. Comet tail lung pattern was noted.

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



PATIENT

Uma Pierre Louis

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

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.

BREED

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Potential splenohepatic infiltrative disease.

AGE

10 years

Hypoechoic splenic nodule.

Comet tail lung pattern, suggestive for infiltrative disease.

WEIGHT

44 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

FNA of the spleen and liver is strongly recommended for further definition. Prognosis is guarded to poor.

IMAGING PERFORMED BY

Kyoung Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

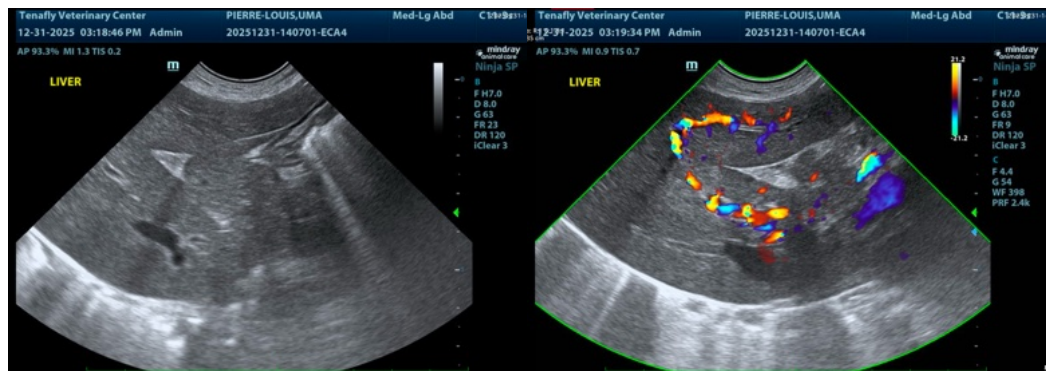
Dr. Han

INVOICE

69751

DATE

12/31/25





PATIENT

Uma Pierre Louis

SPECIES

Canine

BREED

SEX

Spayed female

AGE

10 years

WEIGHT

44 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kyoung Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

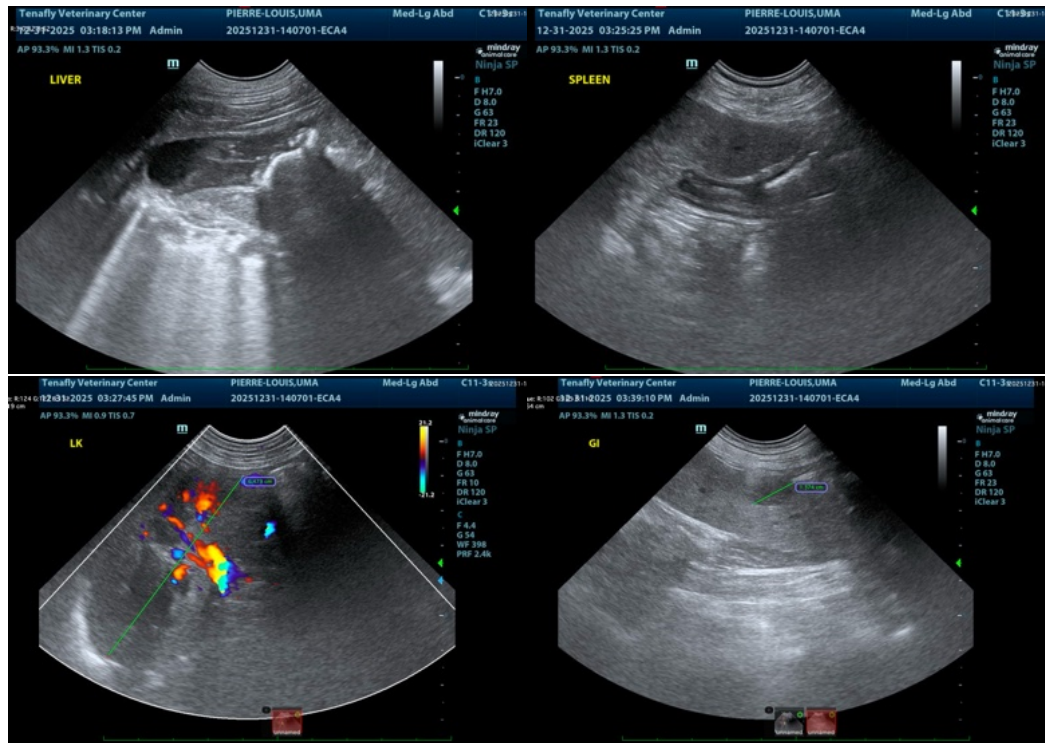
Dr. Han

INVOICE

69751

DATE

12/31/25



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