



**PATIENT**

Lucy Butler

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

60 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Black River Veterinary  
Hospital

**REFERRING VET**

Dr. Hewitt

**INVOICE**

72452

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

V+, increased opacity caudal to stomach Current meds: Cerenia, Metronidazole  
Abnormal PE/Chem/CBC/UA Results: BUN 6, rest WNL

**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 were noted. Ureteral papillae were normal.

The iliac trifurcation was unremarkable.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortex 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 capsule was acceptably uniform without significant irregularities. Left kidney measured 5.1 cm.

Multiple mixed hypoechoic lymph node masses noted involving the area of the **right kidney**. A definitive right kidney was not visualized yet was likely obscured or involved in a neoplastic process.

**Adrenal Glands**

The **left adrenal gland** was 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. Left measured 0.50 cm.

The **right adrenal gland** was obscured by lymph node pathology.

**Spleen**

The **spleen** was enlarged with subtle heterogeneous parenchymal changes with scalloping contour. Enhanced mesentery noted.

**Liver**

The **liver** presented increased portal markings and swollen, hypoechoic parenchyma. Mild to moderate remodeling noted. The gallbladder was unremarkable. Multiple enlarged, irregular, hypoechoic hepatic lymph nodes masses were noted deviating the portal vein. Significant inflammation and undifferentiated tissue noted around the liver and portal hilus.

**Gastrointestinal**

The **stomach** itself was unremarkable. Variable intestinal thickening noted, consistent with infiltrative disease.

An undifferentiated mesenteric **lymph node** mass was noted with distorted, swollen, irregular contour, measuring 2.9 cm x 6.1 cm with hyperechoic pericapsular inflammation. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell



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neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

**Pancreas**

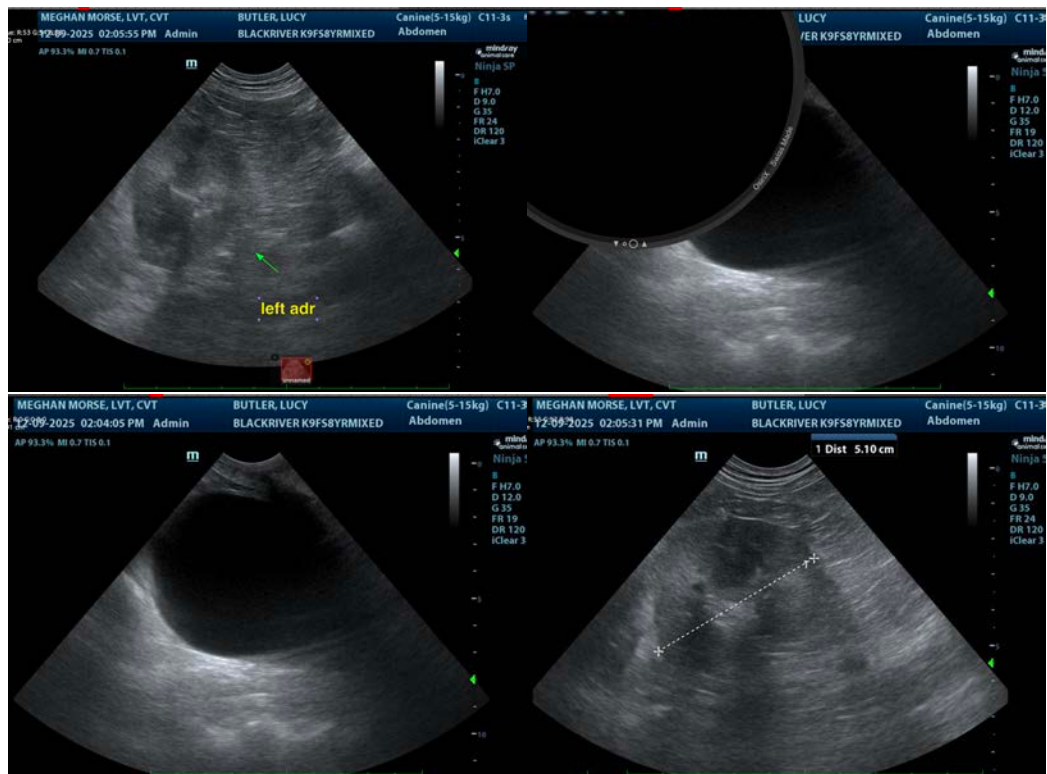
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric round cell neoplastic pattern involving likely spleen, liver, GI tract, lymph nodes, with regional inflammation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of any of the accessible pathologies recommended for definitive diagnosis. Immediate chemotherapeutic intervention necessary.





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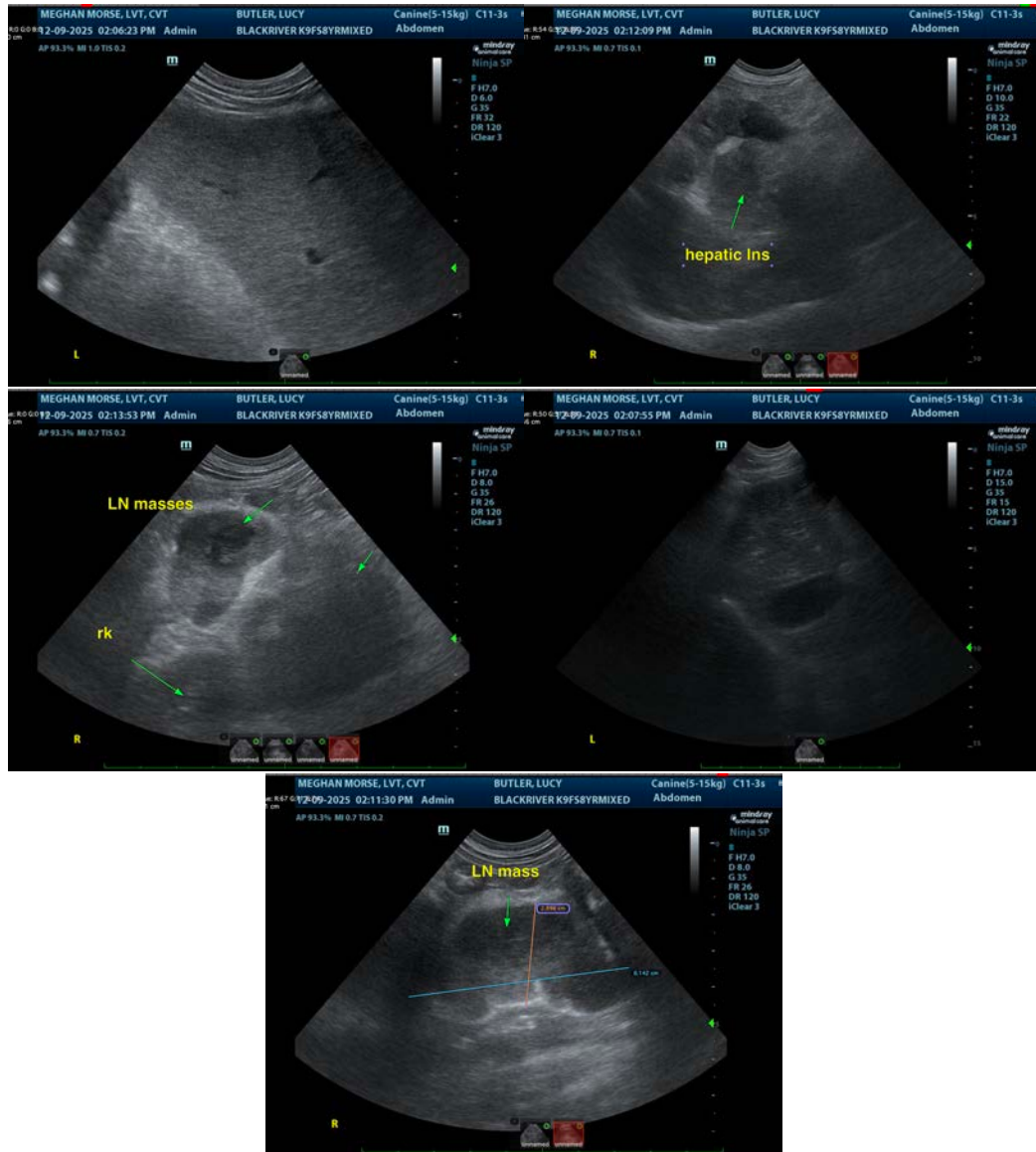
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**  
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