



PATIENT

Roxie Emanuel

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

5 Years

WEIGHT

28.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Kimberly Davidson

INVOICE

13515

DATE

02/01/26

PRESENTING CLINICAL SIGNS

- -2 weeks hx of lethargy, intermittent hyporexia and diarrhea (client noticed melena)
- - Non-responsive to antibiotics, Cerenia, famotidine, bland diet

Abnormal PE/Chem/CBC/UA Results: tacky MM Tense and painful on abdominal palpation Rectal: liquid dark brown stool with no blood on palpation. CBC: WNL Chem: hypocalcemia (7.7), hypoalbuminemia (2.1), ALP 14 cPL: WNL EPOC: 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 **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 7.1 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The regions of the left and right **adrenal glands** were imaged with no evident pathology.

Spleen

The **spleen** presented enlarged with subtle micronodular changes. The spleen was folded upon itself cranially.

Liver

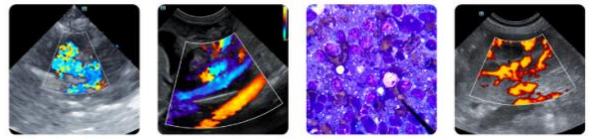
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was fluid filled.

Pancreas

The **pancreas** presented with minor heterogenous parenchymal changes owing to secondary inflammation from the mesenteric lymphadenopathy.



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Free Abdomen

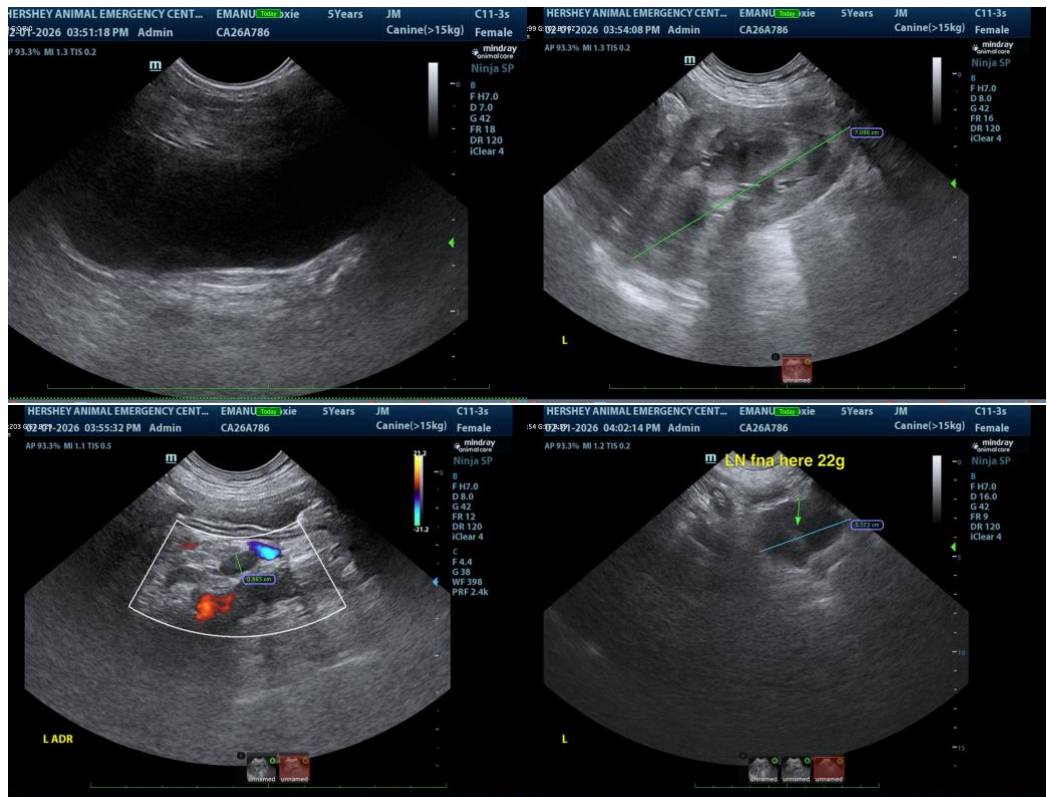
The mid abdomen revealed multifocal hypoechoic lymph nodes with loss of structural detail, the largest of which measured 6.7 cm x 3.7 cm. Reactive mesentery was noted around the lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Multifocal round cell neoplastic pattern primarily involving lymph nodes, however, likely spleen and possibly GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen and lymph nodes is recommended. Chest radiographs are warranted to assess for comorbidities/metastatic disease. Prognosis is very guarded depending upon eventual response to chemotherapy. There is a very minor potential for aggressive lymphadenitis/gastroenteritis owing to infectious agents. Cytology and culture of the lymph nodes is warranted.





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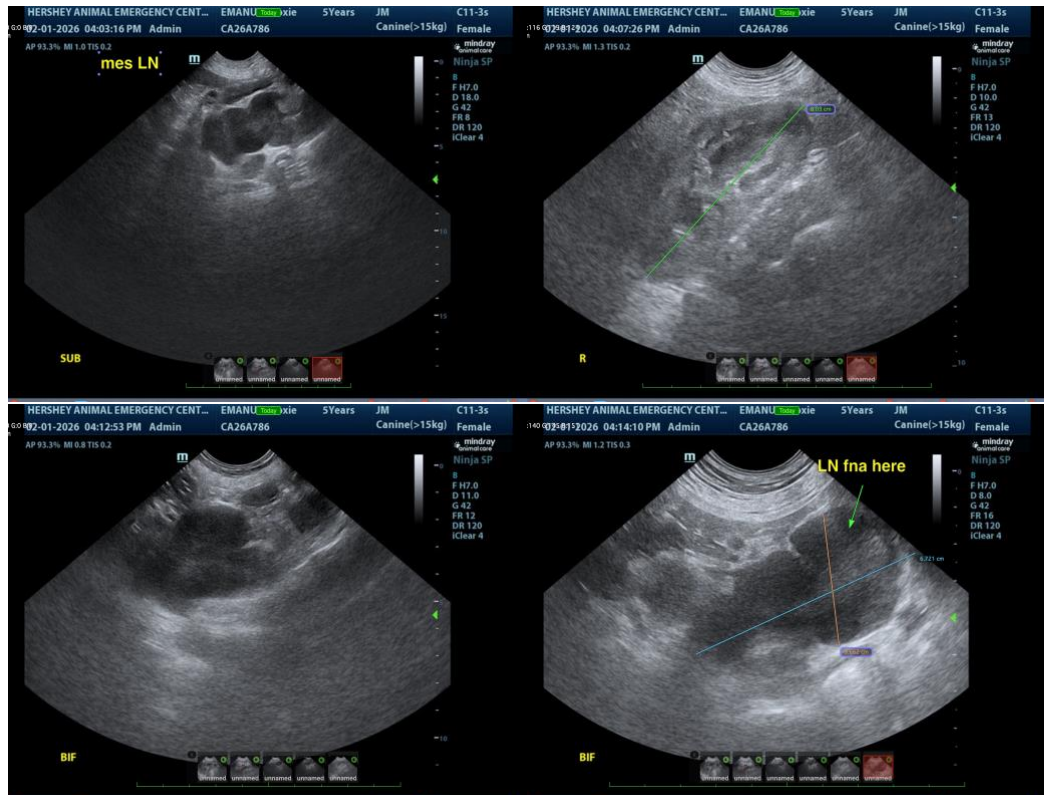
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com