



PATIENT

Fritz Hegyi

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

11 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park Vet
Hospital

REFERRING VET

Dr. Shokoff

INVOICE

13728

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- mass on right side of abdomen wall. Hx of pancreatitis, variable appetite currently. Approx 10 cm mass effect on right cranial abdomen wall/abdomen
- meds: Simparica Trio, Famotidine, Gabapentin

Abnormal PE/Chem/CBC/UA Results: Inc. Glob 3.8, Inc. BUN 32, Inc. Tri 651, Inc. Amylase 1465

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm 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 residual prostate was uniform measuring 0.80 cm. The post-prostatic urethra measured 3.0 cm.

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 4.6 cm in length. The right kidney measured 5.2 cm in length.

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 1.43 cm x 0.32 cm width at the cranial pole and 0.49 cm width at the caudal pole. The right adrenal gland measured 1.33 cm x 0.65 cm width at the cranial pole and 0.29 cm width at the caudal pole.

Spleen

The **spleen** was folded upon itself caudally with a uniform parenchyma and minor swelling. Normal splenic vascularity was present. No evidence of thrombosis. A mixed hypoechoic approximately 8.0 cm mass was present and appeared to be likely attached to the spleen, however, direct attachment could not be made and superimposes the left pancreatic limb. Trace amounts of free fluid were noted. Both parenchymal and cystic components are present.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. 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



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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. Deviation of the GI tract owing to the splenic mass appears to be present.

Pancreas

The right **pancreatic** limb was unremarkable.

Free Abdomen

Rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium function. Contractility is subjectively normal.

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated sarcomatous type mass, presumed to be splenic in origin yet superimposes the pancreas- hemangiosarcoma versus possible abscessation or necrosis. The lesion appears to be subjectively isolated.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is recommended.





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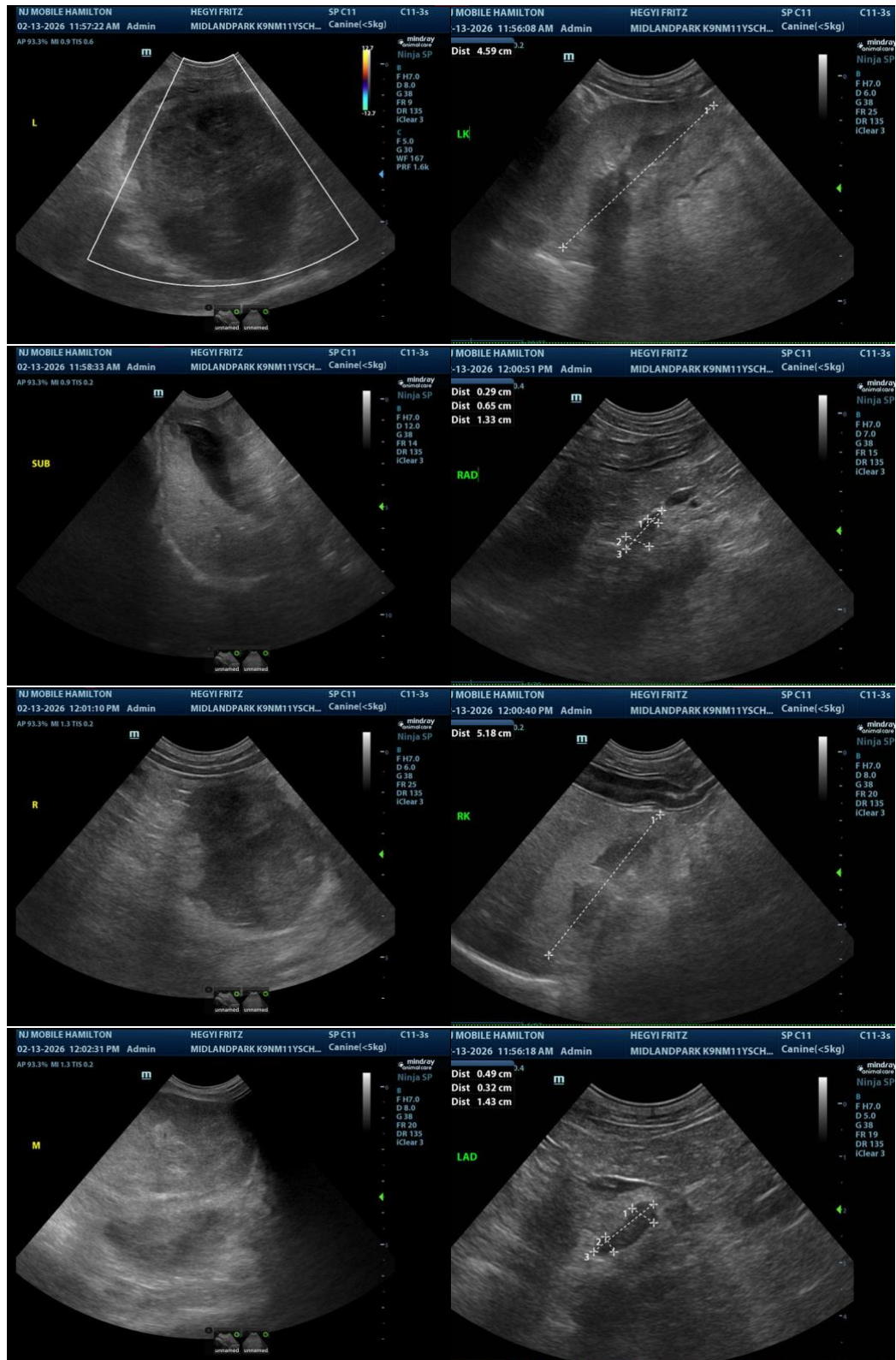
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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