



## PATIENT

Shatzie Hawkswell

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered male

## AGE

11 years

## WEIGHT

89 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Ryan VanVliet

## HOSPITAL NAME

VC Hardyston

## REFERRING VET

Dr. VanVliet

## INVOICE

71769

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- January 2026 pDVM suspected enlarged spleen and recommended monitoring. Patient presented to us on 2/18/26 for enlarged abdomen. Tap of abdomen showed ascites (yellow clear in color). Patient BAR otherwise. Radiographs showed VHS of 11.1. AFAST showed concerns for neoplasia. History of elevated liver values over the past several years fluctuating. 2700mL tapped from abdomen post ultrasound
- 1/14/26 - ALT 227, 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 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. Subtle, heterogenous parenchymal changes were noted in the kidneys. The left kidney measured 5.9 cm. The right kidney measured 3.7 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

The **spleen** in this patient was significantly enlarged with multi-focal, nodular changes with disrupted architecture. The contour was swollen and irregular. An overt mass was noted and measured 3.7 cm.

### Liver

The **liver** was riddled with multiple, disruptive nodular changes. The liver revealed generalized enlargement. Hepatic vein dilation was not present and there was no evidence of passive congestion. The gallbladder and the common bile duct 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.



**PATIENT**

Shatzie Hawkswell

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

89 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ryan VanVliet

**HOSPITAL NAME**

VC Hardyston

**REFERRING VET**

Dr. VanVliet

**INVOICE**

71769

**DATE**

2/19/26

**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**

Omental nodular changes were noted with a moderate amount of ascites.

**ULTRASONOGRAPHIC FINDINGS**

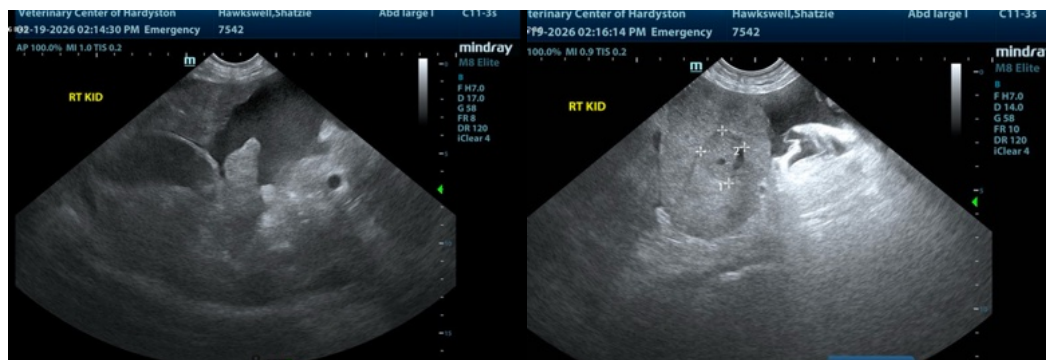
Diffuse, infiltrative, nodular parenchymal pattern in the spleen, liver and omentum.

Splenic mass.

Heterogenous parenchymal renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the spleen, liver and abdominocentesis and cytospin are all indicated. An abdominal neoplastic process primarily involving the spleen and liver. There is a mild potential for hepatic cirrhosis with secondary portal hypertension. However, this is less likely. Sampling is recommended for further definition. Prognosis is poor long term.





**PATIENT**

Shatzie Hawkswell

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

89 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ryan VanVliet

**HOSPITAL NAME**

VC Hardyston

**REFERRING VET**

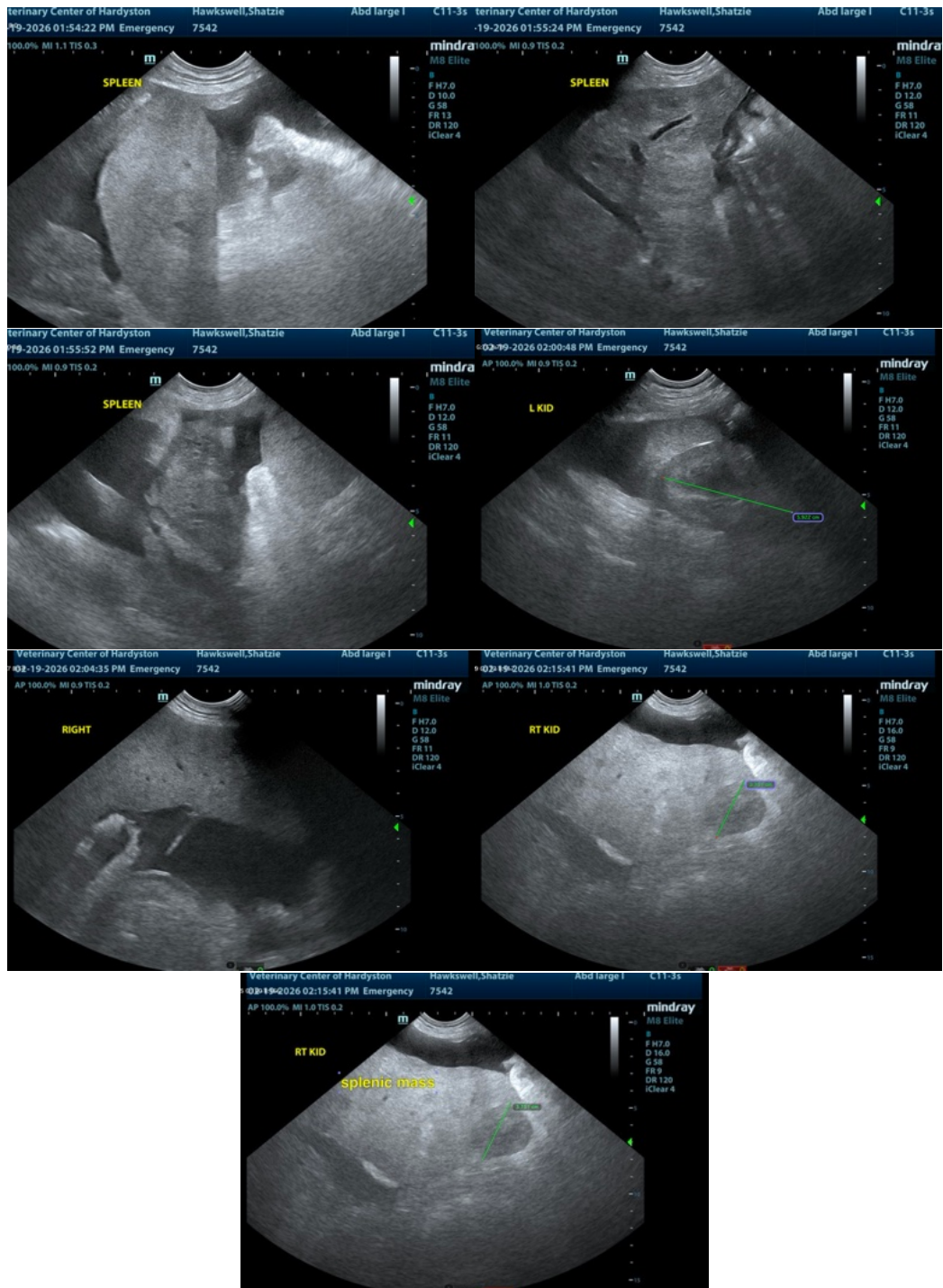
Dr. VanVliet

**INVOICE**

71769

**DATE**

2/19/26



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.



## PATIENT

Shatzie Hawkswell

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered male

## AGE

11 years

## WEIGHT

89 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Ryan VanVliet

## HOSPITAL NAME

VC Hardyston

## REFERRING VET

Dr. VanVliet

## INVOICE

71769

## DATE

2/19/26

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](mailto:info@SonoPath.com)