



PATIENT

Smokey Geissingner

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

10 years

WEIGHT

97.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

71117

DATE

2/2/26

PRESENTING CLINICAL SIGNS

Hx sternal lymphadenopathy per previous IDX Thoracic X-ray report

HX: LH TPLO

Hx increased liver enzymes which are worsening despite liver supplementation

X-rays to IDX 10/2025 CONCLUSIONS:

Moderate rounded splenomegaly could be associated with sedation, if used. However, given the history of anemia and thrombocytopenia, round cell neoplasia, other types of neoplasia, tickborne disease, or another infectious process should also be strongly considered. There is no evidence of peritoneal effusion.

Tickborne disease is a much less likely differential for the stifle joint effusion, but it cannot be definitively excluded as concurrent pathology.

The abdomen otherwise has an unremarkable postprandial appearance.

Moderate sternal lymphadenopathy may be reactive or metastatic to the abdominal pathology.

There is no nodular pulmonary metastasis.

The mild diffuse bronchointerstitial pattern most likely represents chronic allergic bronchitis or chronic aging change, and is of unknown clinical significance in the absence of coughing or other respiratory clinical signs.

Abnormal PE/Chem/CBC/UA Results: BAR. Caution. ABD = TTP. Hx increased liver enzymes. Heart/Lungs = NSF. Overweight: BCS 7/9; RH NWB lameness +/- cranial drawer under sedation. Decreased ROM bilateral hips. Hx LH TPLO. External LNs = NSF. • (10/23/25) nonregenerative anemia thrombocytopenia mediastinal lymphadenomegaly increased LES enlarged rounded spleen (R/o artifact of sedation vs true). suspect RH CCL tear. UTI (11/5/25) no remaining anemia or thrombocytopenia persistent LES elevation slight high K (12/30/25) electrolytes WNL KES NSF proteins NSF Persistent increased LES despite denamarin usage ALT = 570 (ref 10-125); 11/5/25 = 274, 10/23/25 = 176, 12/2/24 = 71 --> PROGRESSIVE ALP = 1038 (ref 23-212); 11/5/25 = 594, 10/23/25 = 443, 12/2/25 = 186 --> PROGRESSIVE GGT = normal 4 (ref 0-11); stable compared to prev eval.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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



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cortex and no evidence of pelvic dilation was present. The left kidney measured 6.82 cm. The right kidney measured 7.9 cm.

The iliac trifurcation was unremarkable with no evidence of pathology.

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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was enlarged and measured up to 2.83 cm. The spleen was folded upon itself cranially with subtle, micronodular changes.

Liver

The **liver** revealed slight, increased portal markings. This is consistent with remodeling, yet non-specific. 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 past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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.



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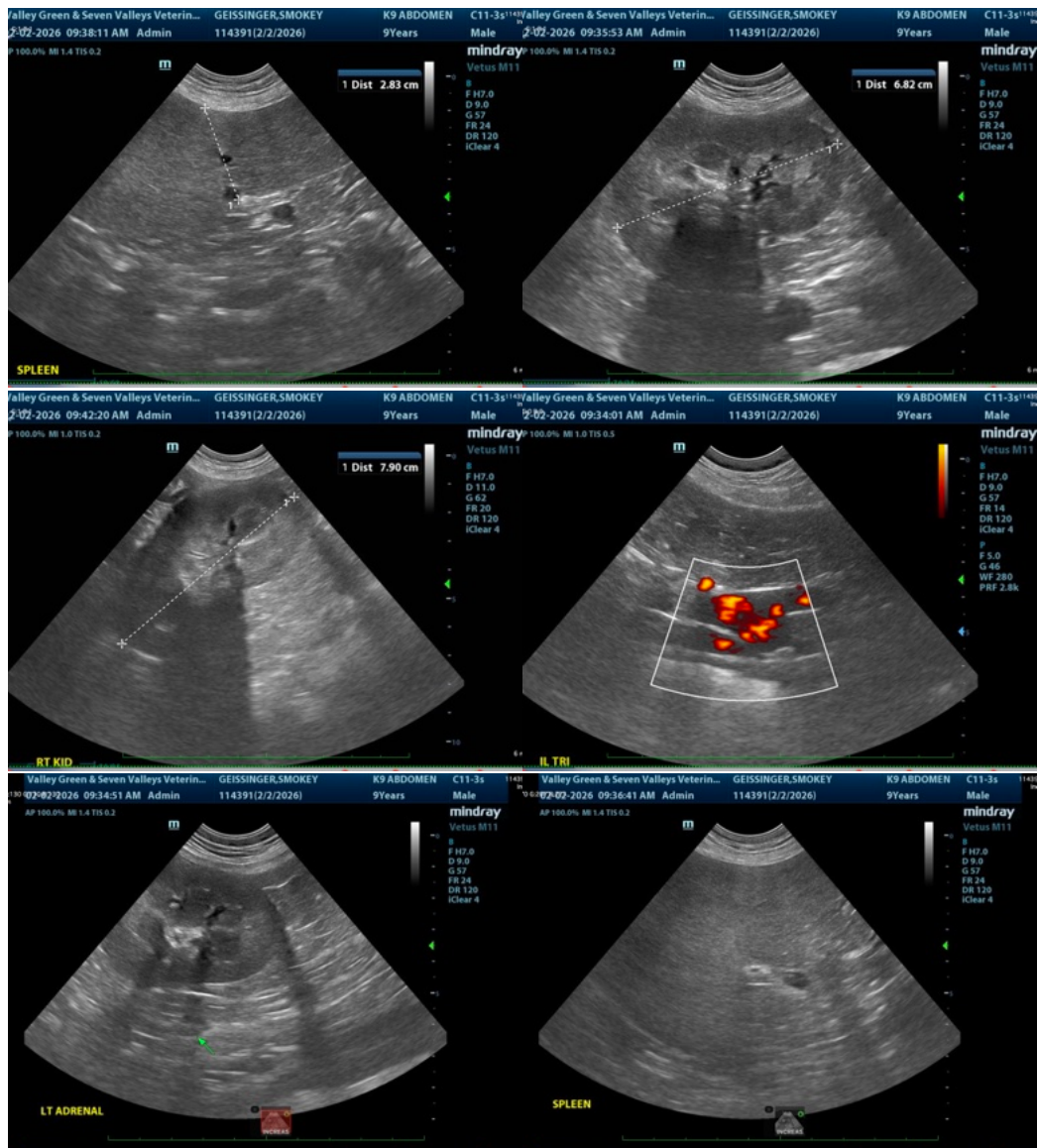
ULTRASONOGRAPHIC FINDINGS

Splenomegaly, reactive spleen, splenitis, round cell neoplasia all possible.

Low-grade inflammatory hepatopathy is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA was performed upon the spleen and liver without complication.





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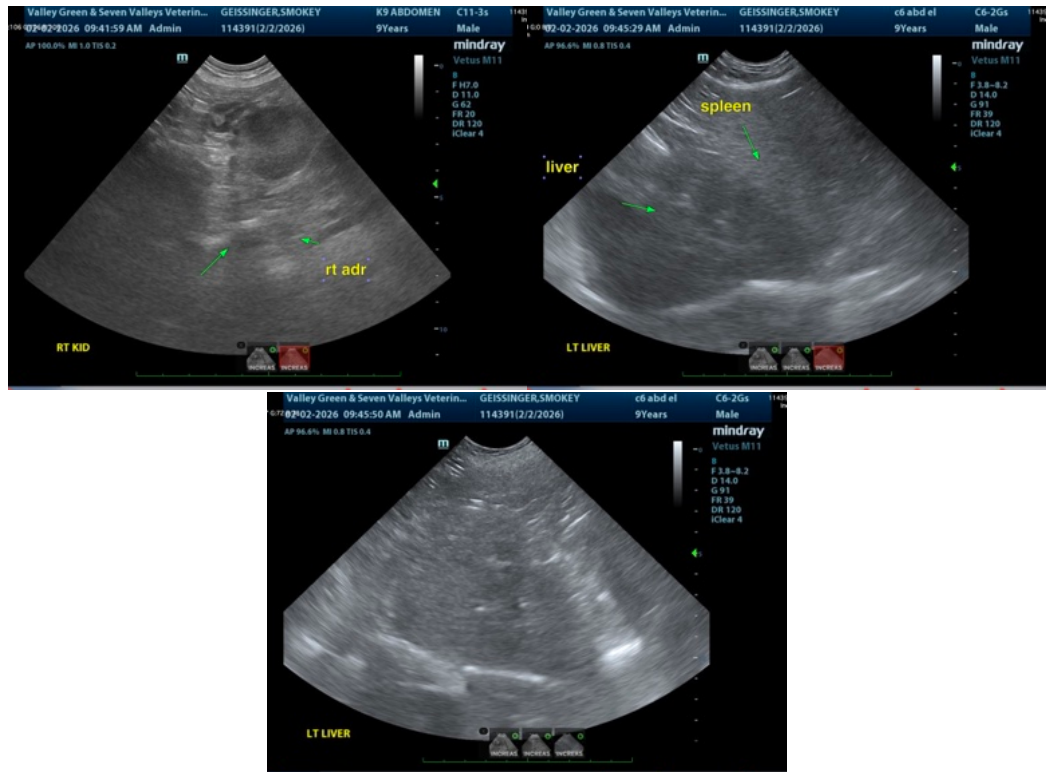
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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