



PATIENT

Tank Walsh

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

14 years

WEIGHT

58 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Jutras

INVOICE

71122

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Recent mid-abdominal mass palpated on examination. Purpose of sonogram is to evaluate abdomen for neoplastic criteria. Surgery is currently under consideration for splenectomy/explore 2/3/2026.
- No clinically significant findings on recent CBC/Chemistry.

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. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.2 cm. The left kidney measured 7.4 cm.

The iliac trifurcation was unremarkable.

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 right adrenal gland measured 2.5 x 0.57 cm at the caudal pole and 0.5 cm at the cranial pole.

Spleen

The **spleen** revealed an expansive, mixed hypoechoic, irregular nodular parenchymal mass that measured 8.0 cm without cavitation. Micronodular changes were noted throughout the spleen. There was no evidence of splenic torsion at the time of the sonogram. The vascularity appeared normal with some minor, intraparenchymal congestion. Enhanced mesentery was noted associated with the splenic mass.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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



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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

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Expansive, mixed, hypoechoic, irregular and nodular splenic mass. Micronodular changes noted elsewhere in the spleen.

Age related hepatic and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of metastatic disease in the liver; however, micrometastasis is always a potential in these cases. Screening FNA of the splenic mass and liver, 22-gauge to the liver and 25-gauge to the splenic mass is indicated. Chest radiographs are warranted to assess for metastatic disease. Otherwise, direct exploratory surgery with splenectomy, liver inspection and biopsy is indicated.

Hemangiosarcoma versus round cell neoplasia with a possibility of benign hyperplasia of the spleen. However, the spleen was highly precarious in its current presentation. Surgical intervention is warranted unless metastatic disease is noted in FNA of the liver screening.



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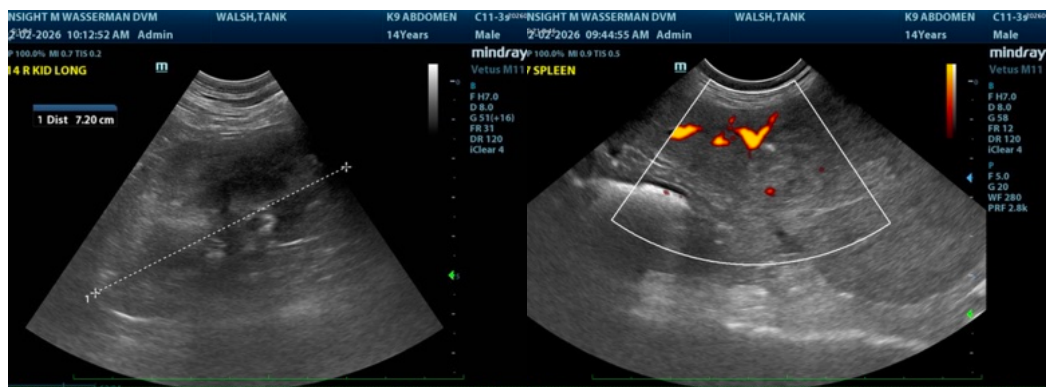
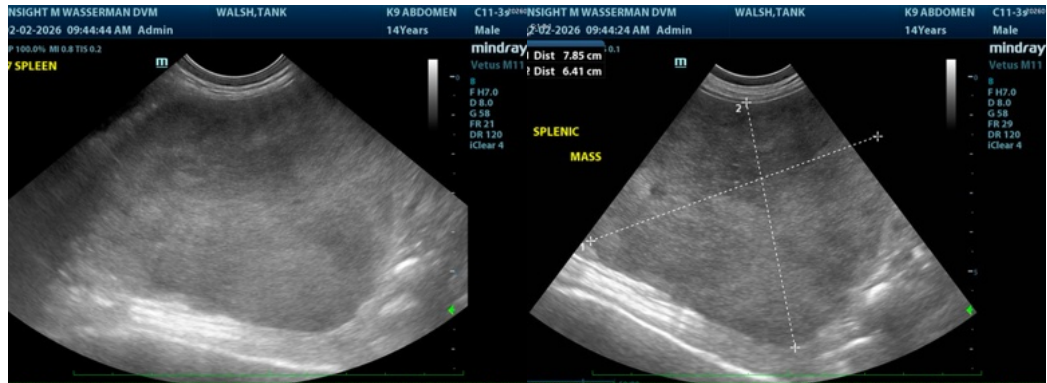
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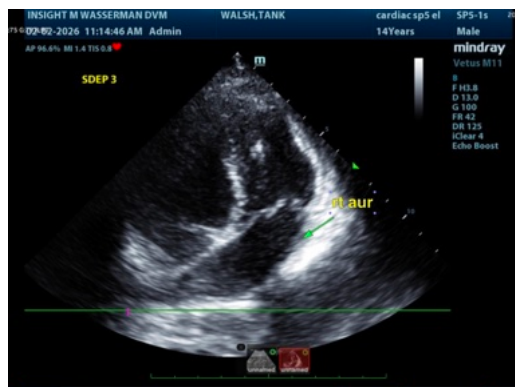
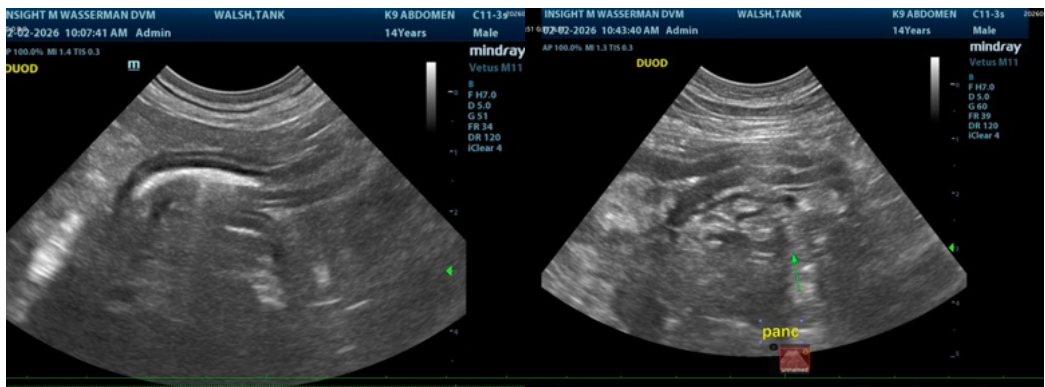
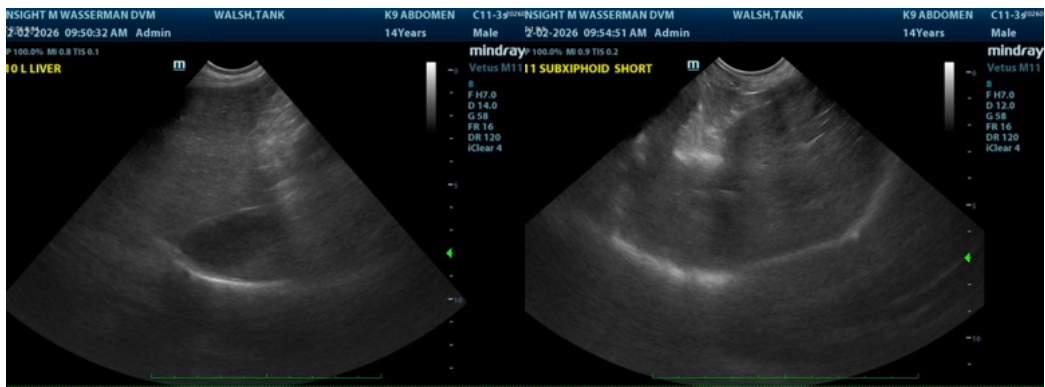
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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