



## PATIENT

Linus Monk

## SPECIES

Canine

## BREED

Bernadoodle

## SEX

Neutered male

## AGE

12 years

## WEIGHT

27.64 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Trudeau

## HOSPITAL NAME

Vetcetera AH

## REFERRING VET

Dr. Trudeau

## INVOICE

71796

## DATE

2/23/26

## PRESENTING CLINICAL SIGNS

- referral for staging for lymphoma
- generalized lymphadenopathy
- recently developed gel-like hematochezia
- Elevated ALP/ALT and GGT as per the referral chest x-rays - suspicious of the sternal LN being enlarged; large metastasis noted

## 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 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. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 6.5 cm. The right kidney measured 6.16 cm.

### Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 0.84 cm at the caudal pole and 0.85 cm at the cranial pole. The right adrenal gland measured 0.99 cm at the cranial pole and 0.79 cm at the caudal pole.

### Spleen

The **spleen** revealed diffuse, micronodular, honeycomb type appearance and generalized splenomegaly.

### Liver

The **liver** revealed subtle, hypoechoic nodular changes measuring up to 1.5 cm. The gallbladder and common bile duct were unremarkable. Separate macronodular changes were noted in the left liver measuring up to 2.23 cm.



**PATIENT**

***Gastrointestinal***

Linus Monk

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. The mesenteric lymph nodes are enlarged, hypoechoic and irregular measuring up to 2.0 cm.

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***Pancreas***

Bernadoodle

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.

**SEX**

Neutered male

**AGE**

***Free Abdomen***

12 years

Sublumbar lymph node enlargement was noted. The lymph nodes were distorted, hypoechoic and irregular measuring up to 5.8 x 3.2 cm.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Multi-focal, infiltrative lymphoproliferative pattern involving lymph nodes, spleen and likely liver with nodular changes.

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Trudeau

Screening FNA of the lymph nodes, spleen and liver are all indicated.

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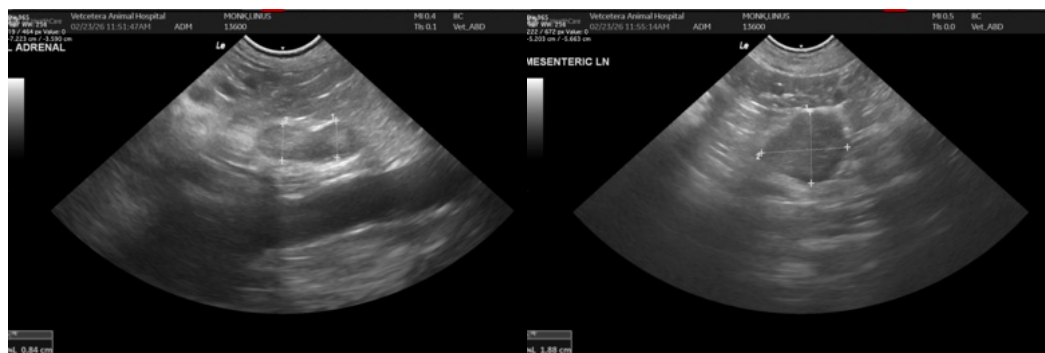
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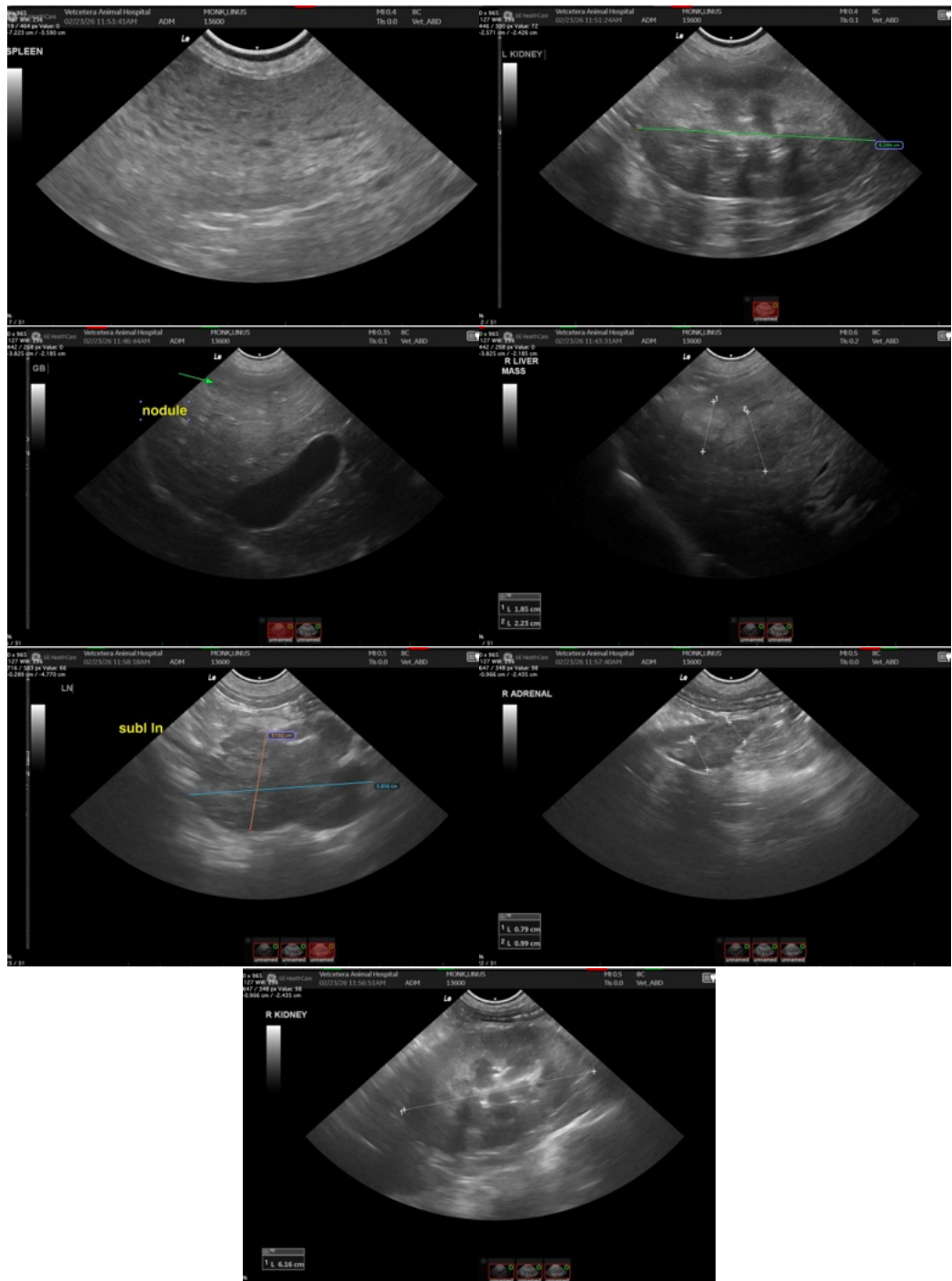
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance please contact me.

Linus Monk

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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[info@SonoPath.com](mailto:info@SonoPath.com)

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