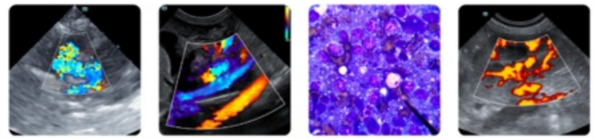


PATIENT

Hercules Beck

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

13 years

WEIGHT

73 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Peng

INVOICE

71352

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Hypercalcemia, Ventricular arrhythmia on ECG. No history of murmur on exam. P has had an anal mass that was removed and came back as a benign adenoma. Sedated thoracic rads with radiology consult performed in 11/2025 showed nsf for heart/lungs but possible enlarged spleen. Other chronic conditions: Osteoarthritis treated with monthly Librela and ketamine injections.
- Severe OA Chem: SDMA 17, Ca 12, ALP 291. Urine is well concentrated with USG 1.035. Ventricular arrhythmia on ECG._

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone presented normal thicknesses and normal tone. The urethra presented a polypoid lesion that measured 2.0 x 0.5 cm. This is strongly consistent with urethral carcinoma. Other polyps were noted. 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. An anechoic cyst was noted in the cranial pole of the right kidney. The right kidney measured 6.05 cm. The left kidney measured 5.76 cm.

The region of the prostate is unremarkable.

Adrenal Glands

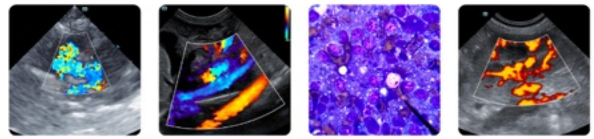
The left **adrenal gland** was mildly enlarged, heterogenous and swollen measuring 2.9 x 0.85 cm at the cranial pole and 0.75 cm at the caudal pole. The right adrenal gland was uniform and measured 2.8 x 0.8 cm.

Spleen

The **spleen** was mildly enlarged with subtle, micronodular changes.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

The **stomach** revealed mild pyloric, luminal shadowing material that measured 2.9 cm. This may be ingesta or a non-obstructive foreign matter. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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

The iliac lymph nodes were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor **mitral** valve insufficiency was noted. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

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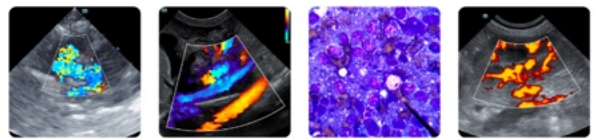

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Educational Teleconsultation Services™

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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.0	-	1.1	1.2	30	90	0.1
CANINE CARDIAC PARAMETERS	**HR (BPM)**	**AV VMAX (m/s)**	**PV MAX (m/s)**	**BODY WEIGHT**	**LA 2D short axis Base view (cm)**	**LVIDd Avg; 2D and m-mode short axis (cm)**	**LVIDs Avg; 2D and m-mode short axis (cm)**
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	80	0.9	-	73 lbs	3.4	3.05	

ULTRASONOGRAPHIC FINDINGS

Mild splenomegaly.

Urethral polyp, strong concern for carcinoma, likely an incidental finding.

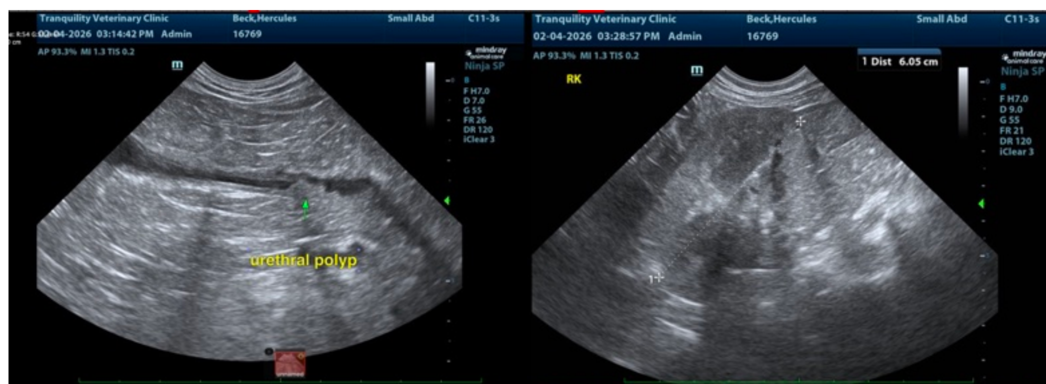
Mildly enlarged left adrenal gland.

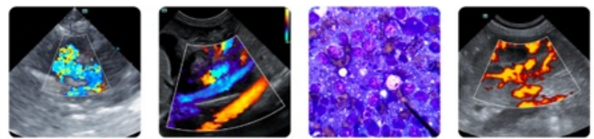
Vacuolar hepatopathy liver pattern.

Stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing is indicated as well as traumatic catheterization of the urethra to assess for underlying carcinoma, yet it is not likely related to the hypercalcemia.





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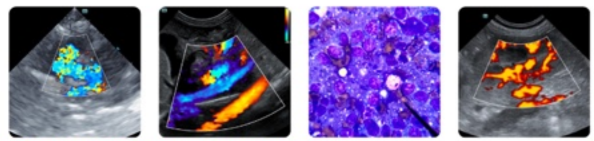

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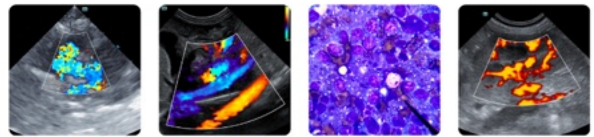

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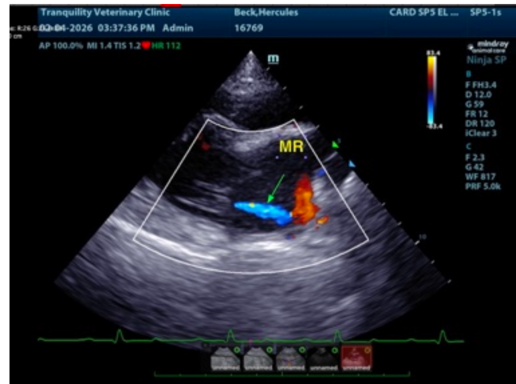

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com