



**PATIENT**

Braxton Mazzola

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

19.25 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Vetco Total Care  
(Teterboro)

**REFERRING VET**

Dr. Beeber

**INVOICE**

73628

**DATE**

3/12/26

**PRESENTING CLINICAL SIGNS**

Anemia. Increased renal levels. Phenobarbital

Abnormal PE/Chem/CBC/UA Results: Mild anemia, azotemia, nucleated RBCs

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 5.8 cm. Left kidney measured 5.25 cm.

**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. Left measured 1.07 cm x 0.36 cm at the caudal pole and 0.48 cm at the cranial pole. Right measured 2.06 cm x 1.19 cm at the cranial pole and 0.48 cm at the caudal pole.

**Spleen**

The **spleen** was enlarged, hypoechoic and swollen with scalloping contour, strongly suggestive for infiltrative disease.

**Liver**

The **liver** was swollen with multifocal hypoechoic nodular changes and irregular contour. The gallbladder was unremarkable.

Comet tail lung pattern noted through the diaphragm.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.



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**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**

Iliac lymph nodes were enlarged, hypoechoic and irregular. Largest node measured 2.8 cm x 1.4 cm. Regional inflammation noted.

Multiple enlarged, rounded lymph nodes noted throughout the mid abdomen. Lymphadenitis versus round cell neoplasia.

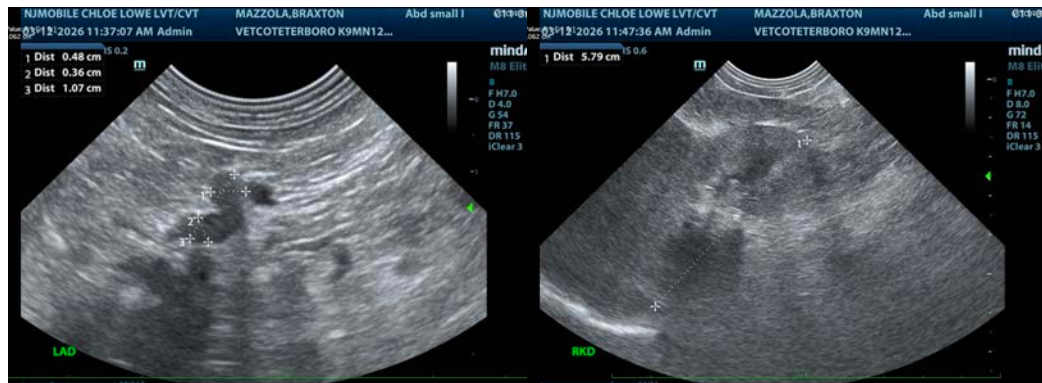
Reactive mesentery noted throughout the mid abdomen secondary to the lymphoproliferative expansive process.

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric lymphoma pattern involving lymph nodes, spleen and liver, with possible emerging gastrointestinal involvement.
- Age related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the lymph nodes, spleen and liver would be ideal. CBC path review +/- bone marrow aspirate and immediate chemotherapeutic intervention recommended.





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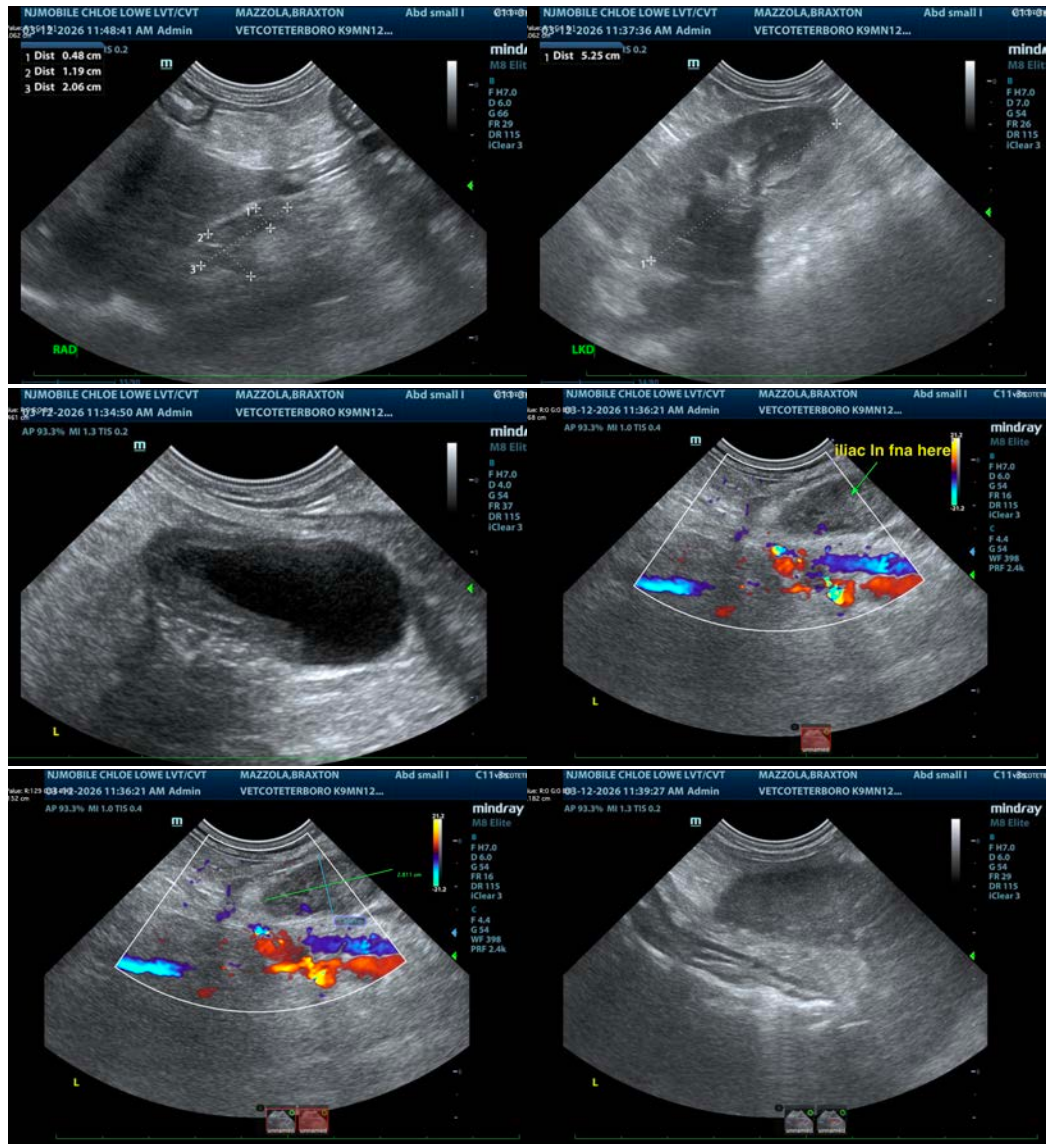
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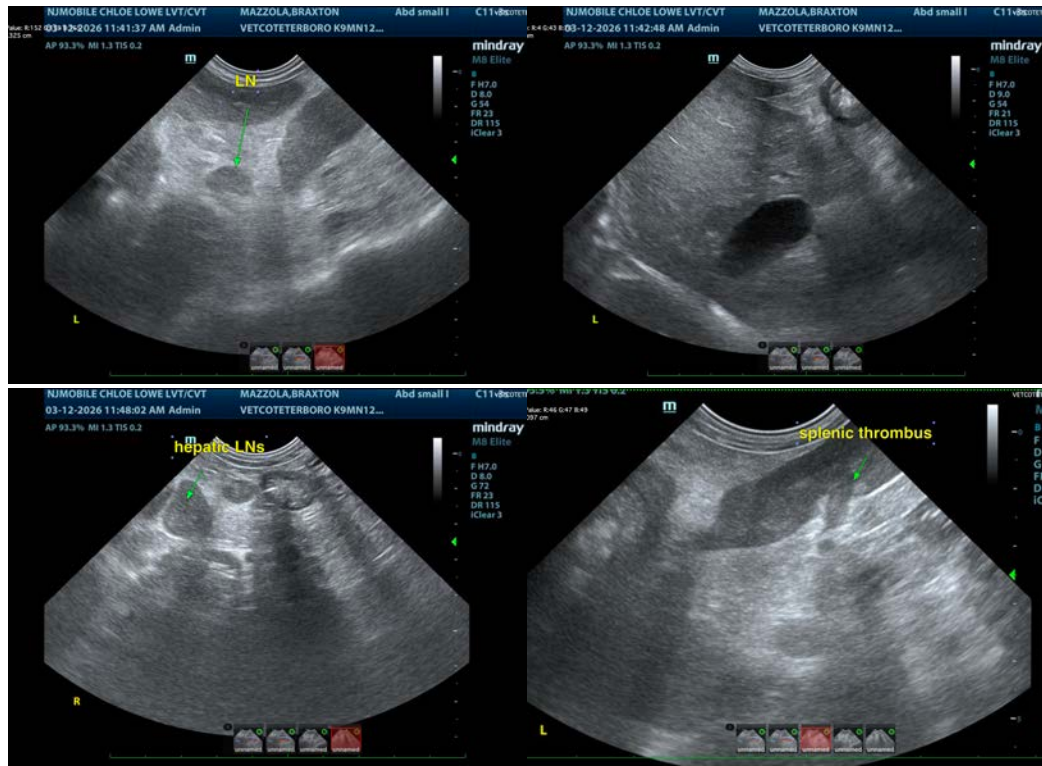
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)