

**PATIENT**

Prince DeBesis

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

108 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

**HOSPITAL NAME**

Animal Hospital of  
 Sussex

**REFERRING VET**

Dr. Obsharski

**INVOICE**

14290

**DATE**

03/12/26

**PRESENTING CLINICAL SIGNS**

- Not eating much (interested in food, takes a bite, doesn't eat again.)
- Lost 12lbs in 2wks.
- O stating wobbly in hind end
- Current medications - Convenia 3/10, Dexamethasone 3/11

Abnormal PE/Chem/CBC/UA Results: ALT 152, ALP 571, SDMA 23.4, Cal 14.1, WBC 3.2, Platelets 86, 4DX - Anaplasma , USG 1.007

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **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. The left kidney measured 7.8 cm in length. The right kidney measured 6.36 cm in length.

**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 2.23 cm x 0.73 cm width at the cranial pole and 0.73 cm width at the caudal pole. The right adrenal gland measured 3.18 cm x 1.17 cm width at the cranial pole and 0.70 cm width at the caudal pole.

**Spleen**

The **spleen** revealed mild enlargement and subtle micronodular changes with swollen contour.

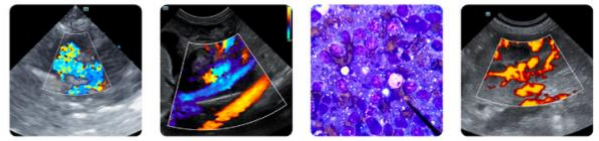
**Liver**

The **liver** presented mildly heterogenous with coarse architecture and slight increased portal markings. The gallbladder and common bile duct 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**



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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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**Free Abdomen**

Enlarged cluster of mesenteric **lymph nodes** were present measuring 4.0 cm x 5.7 cm. Other smaller lymph nodes were present as a cluster as well.

**BREED**

Rottweiler

**ULTRASONOGRAPHIC FINDINGS**

- Early hepatosplenic and lymph node infiltrative patterns.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the spleen, liver and lymph nodes is recommended for further definition with strong concern for round cell neoplasia. Chest radiographs are warranted to assess for comorbidities.

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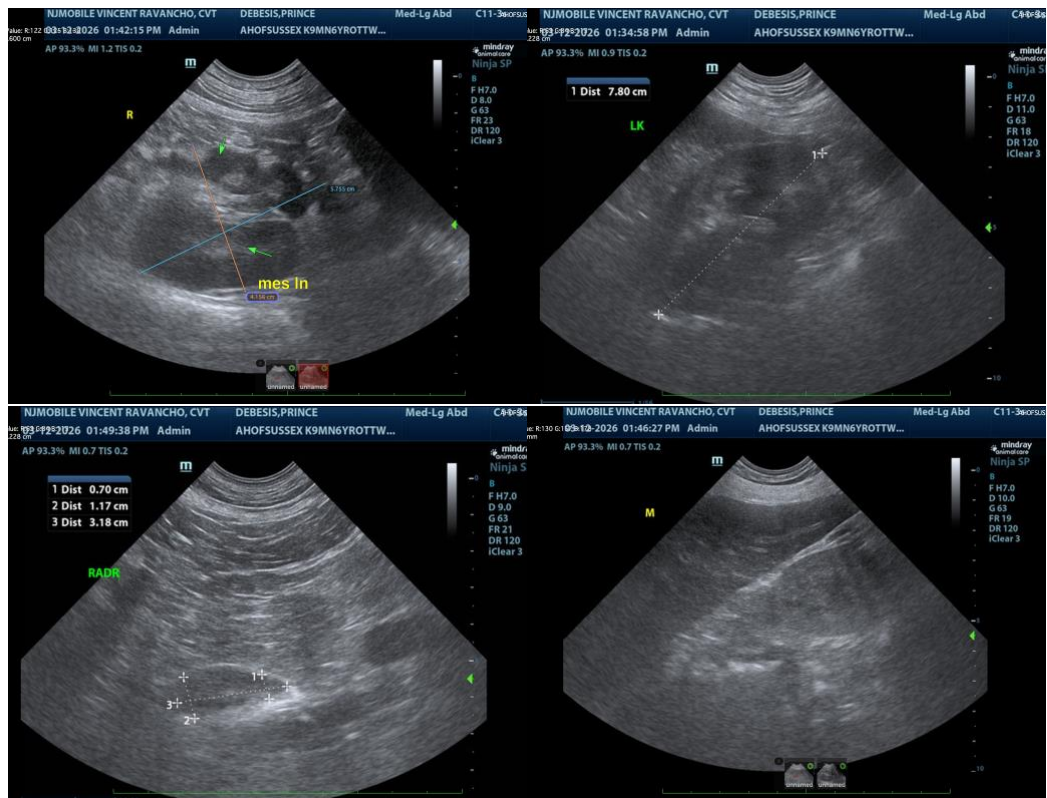
Dr. Obsharski

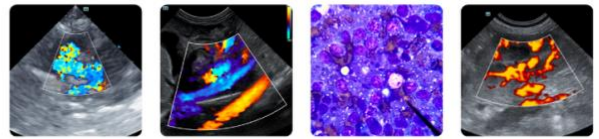
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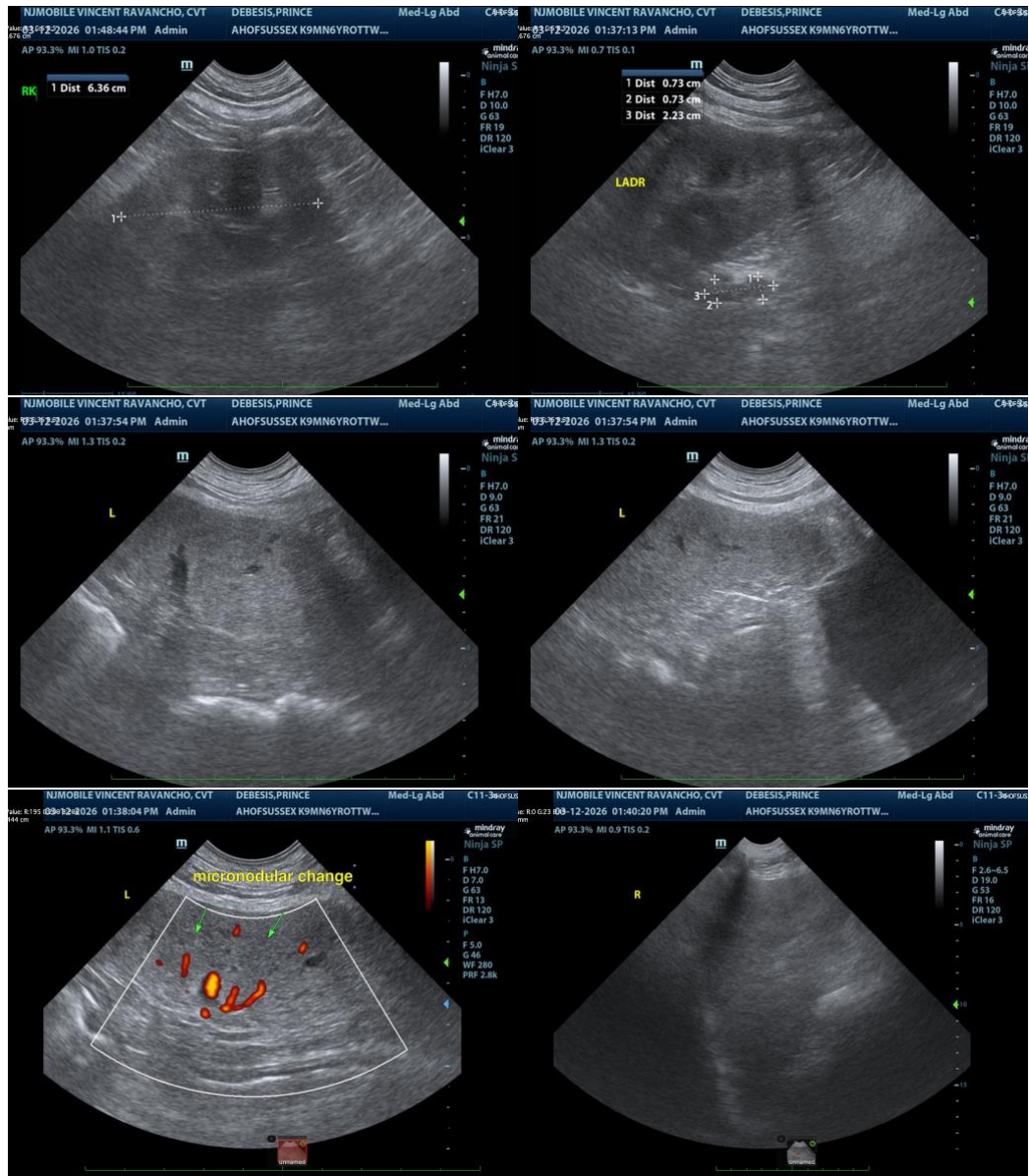
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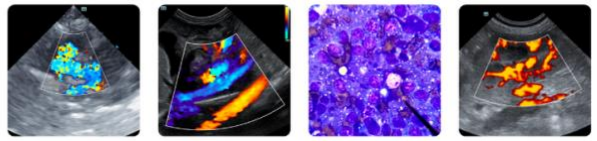
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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