



PATIENT

King Laricchivta

SPECIES

Canine

BREED

Pit Bull x

SEX

Male

AGE

11

WEIGHT

47

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward
Animal Hospital

REFERRING VET

Dr. Lara Oms

INVOICE

73660

DATE

3/13/26

PRESENTING CLINICAL SIGNS

2/21/26-Presented for vomiting on /off for a month but recently vomiting daily. Hx FBE., losing weight quickly. On PE Hm 2/6 , bcs 4/6. 53 # Plan: Cerenia and famotidine, Kangaroo diet rx'd. Per O P got lethargic on meds and then discontinued. After discontinued meds vomiting restarted. On 3/6 47 # Seen again for dark stools, possible melena detected. Rx Sucralfate, famotidine, fenbendazole and RP RC. 3/12-not eating, vomited night before and diarrhea liquid brown 2 day duration. Rx. Visbiome, tylan, and entyce. Prednisone 1mg/kg bid.

Abnormal PE/Chem/CBC/UA Results: 2/21/26 Radio Consult Radiographic

Conclusions/Recommendations: 1. 19 mm soft tissue opacity within the pyloric region of the stomach may represent food or lucent foreign material. Comments: Nonobstructing gastric foreign material could be causing gastric irritation be contributing to this patient's vomiting. There is no evidence of an obstruction. Nonspecific gastroenteritis or pancreatitis or metabolic disease as a cause of vomiting is also possible. 2/21/26 Cbc- Hct-34 L,Mcv-53 L Chem- Tprot- 4.6 L, Alb-2.3 L,Calcium-8.8 corrected Cal 8.8L, Amylase 1381 H U/a- Sp G 1.046, prot 2+ Fecal PCR- all undetected 3/12/26- Cbc HCT- 23.6 L, Hgb- 8.6 L,WBC- 37.34 H, Nos- 34.50 H, Lymph- 0.81 L,Mono- 1.92 H, PCV 30 TS 4.4 Chem- Tp- 5.1 L, Alb 2.2 L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine present. Minor bladder thickening and polypoid changes.

The **prostate** was uniformly enlarged (4.9 cm) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.

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. Left kidney measured 7.24 cm. Right kidney measured 6.87 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. Right measured 0.70 cm at the cranial pole and 0.67 cm at the caudal pole. Left measured 0.58 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen



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or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The stomach itself was unremarkable. Variable intestinal thickening noted with reactive surrounding mesentery and muscularis hypertrophy. Reactive mesentery extended from the GI tract into the pancreatic region. An overt intestinal mass was noted measuring approximately 3.0 cm x 6.0+ cm.

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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.

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Free Abdomen

Mesenteric lymph node masses noted in this patient, measuring up to 6.8 cm.

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ULTRASONOGRAPHIC FINDINGS

- Intestinal mass and variable other intestinal thickening.
- Mesenteric lymph nodes masses.
- Minor bladder wall thickening.
- BPH prostate.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric round cell neoplastic pattern. FNA of the lymph nodes, intestinal mass, spleen and liver for screening purposes indicated. Immediate chemotherapeutic intervention warranted. Chest radiographs warranted to assess for comorbidities/metastatic disease.

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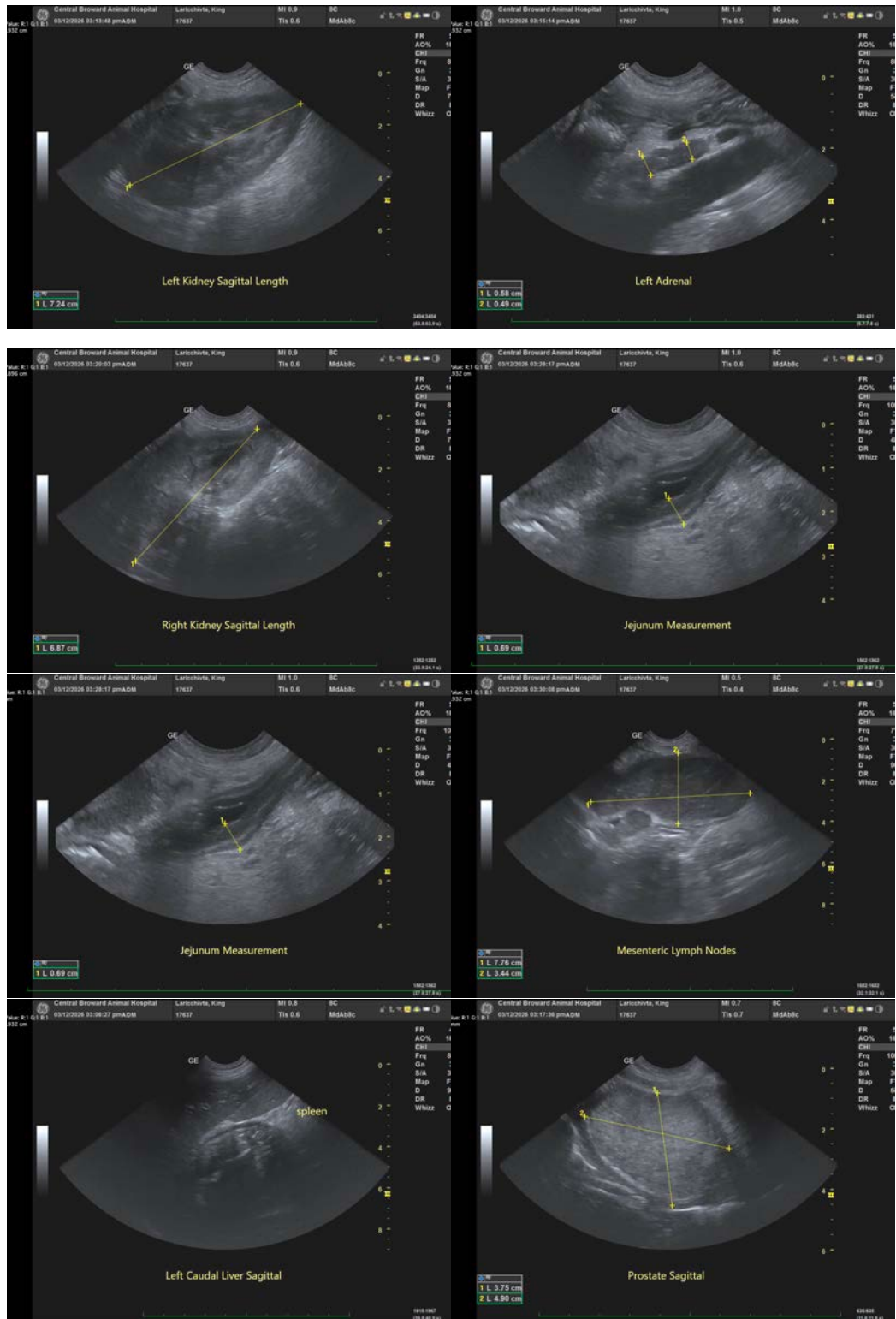
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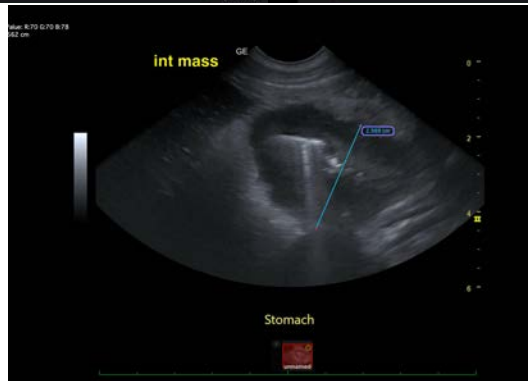
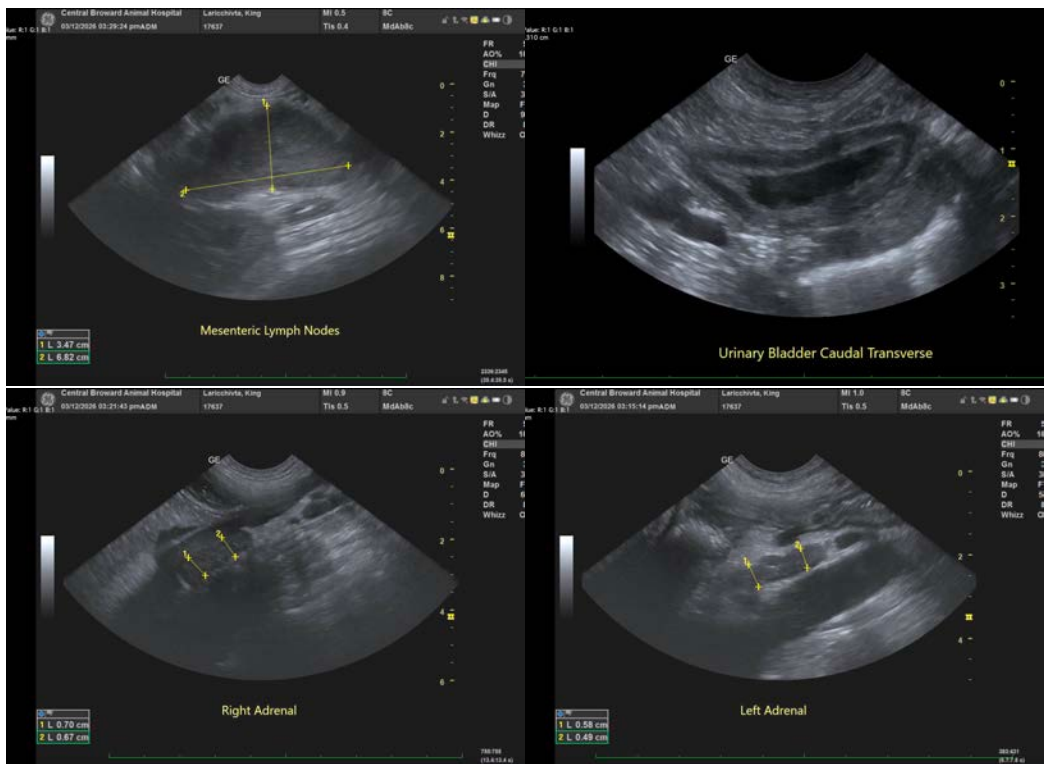
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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