



PATIENT

Maverick Luckett

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

4 Years

WEIGHT

7.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Gill

INVOICE

14352

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- P adopted unsure of age- significant periodontal dz so P may be older
- P presented to E clinic for V/D with blood, HCT previously 56 in January no has decreased from 39-20 over 5 days, Plt 9,000,
- ACTH Stim Pre >2, Post 14

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.

Saddle thrombus was noted at the distal aspect of the aorta measuring 1.16 cm x 0.35 cm. Blood clots were noted in the right ventricle and pulmonary outflow.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.65 cm in length. The right kidney measured 4.56 cm in length. A cortical infarct was present at the caudal pole of the left kidney and appears stable.

Adrenal Glands

The **adrenal glands** appeared moderately 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 3.0 cm x 0.85 cm width at the caudal pole and 0.82 cm width at the cranial pole. The right adrenal gland measured 0.50 cm width.

Spleen

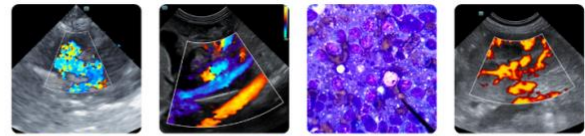
The **spleen** presented swollen and heterogenous. The spleen revealed hypoechoic nodules measuring up to 1.64 cm x 0.70 cm and 1.0 cm at the caudal pole. The lymph nodes presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

Liver

The **liver** was severely enlarged with hepatic lymphadenopathy and variable areas of free fluid. Swollen irregular hepatic contour was noted. 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

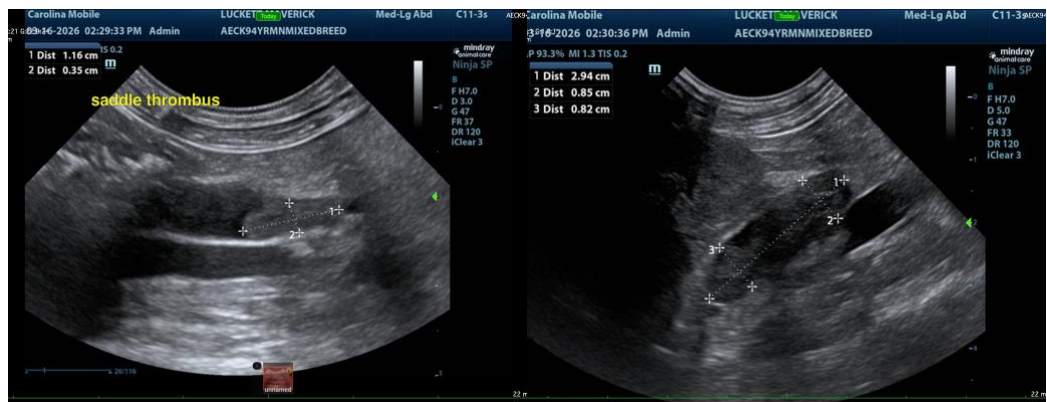
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Multicentric round cell neoplastic pattern involving multiple lymph nodes, liver, spleen and potentially the left adrenal gland involvement with consumptive thrombocytopenia. Metastatic lesion, hyperplasia, carcinoma, pheochromocytoma are all possible.
- Saddle thrombus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Manifesting hypercoagulable state in this patient. If intensive care treatment is desired, I recommend immediate plasma transfusion and chemotherapeutic intervention for round cell neoplasia. Obviously, sampling cannot occur given the assumptive thrombocytopenia, however, presumed round cell neoplasia can be utilized as a point of reference for a CHOP protocol. Prognosis long-term is poor. Plavix therapy is indicated.





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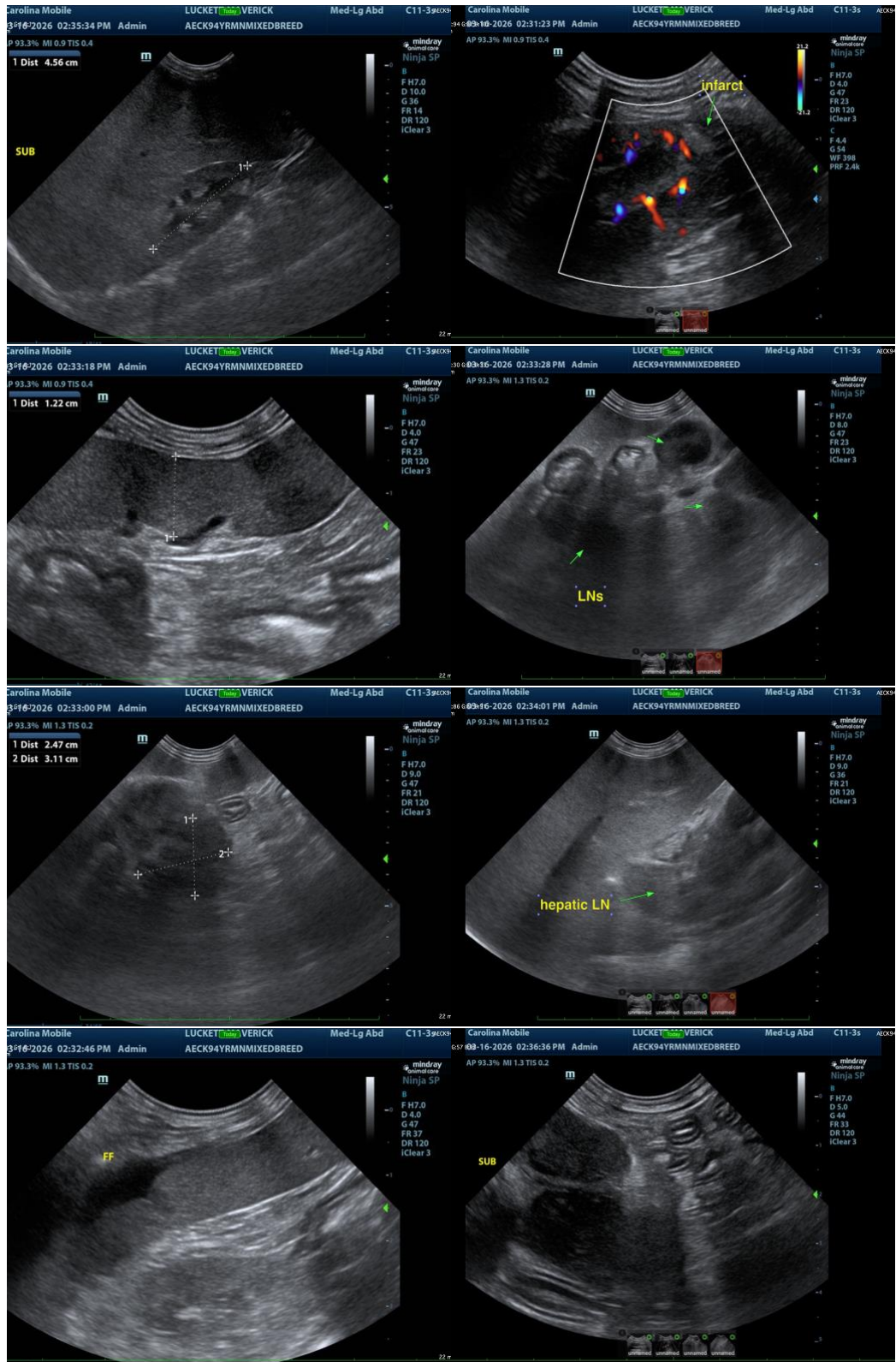
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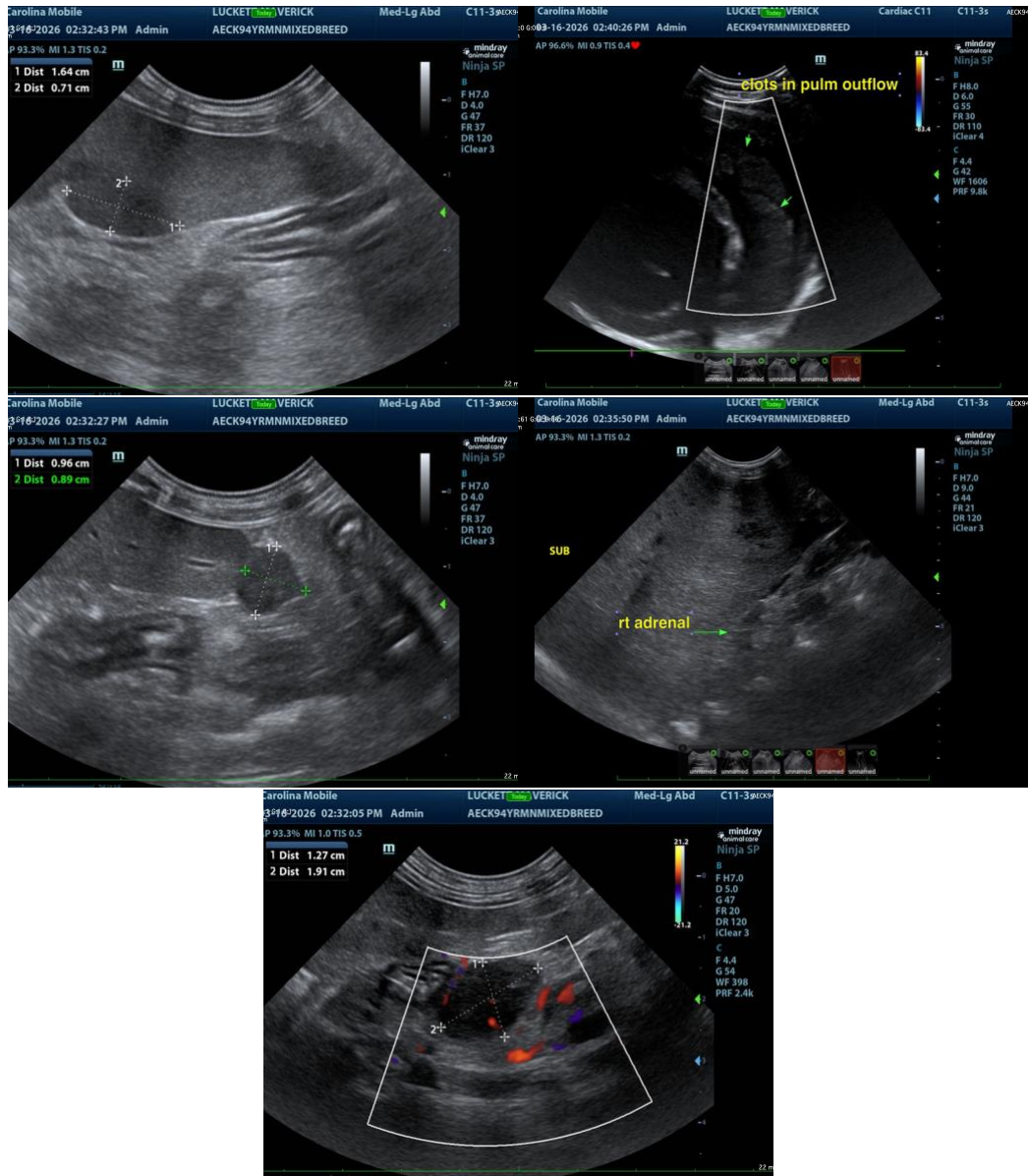
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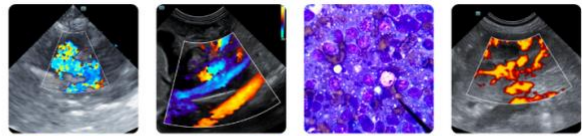
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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

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