



PATIENT

Patton Wolfgang

SPECIES

Canine

BREED

Doodle

SEX

Neutered male

AGE

9 years

WEIGHT

27.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Moser

INVOICE

73486

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Vomiting/diarrhea, lethargy and poor appetite noticeable since Thurs 3/12, hx of chewing on and eating sheets etc. since young but only recent thing was chewing on edges of pillow case 3 weeks ago, o has noticed recent weight loss, rDVM palp firm structure mid-abd
- Cardiovascular: No murmurs/arrhythmias, pulses sl snappy/synchronous, mild tachycardia
- Abdominal: pendulous abdomen, firm, sl irregular cranial organomegaly, mid abd irregular mass like structure (spleen vs other) palp more prominent on R side of abd, no obv palp FB within intestines, sl nausea w/ abd palp and discomfort
- Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL; sl muscle wasting
- DVM radiographs - poor detail, irregular soft tissue structure mid/caudal abd on R, suspect splenic enlargement, small intestines sl pushed to L of abd Blood work (rDVM) - Plt 133, ALP 516, Amyl 1587 PT/PTT - wnl

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 was noted. Ureteral papillae were normal.

The **kidneys** were both were swollen, irregular in contour and hyperechoic surrounding fat. This is suggestive for inflammation. The right kidney measured 7.3 cm. The left kidney measured 7.3 cm.

The residual prostate was uniform and measured 1.1 cm.

Adrenal Glands

The **adrenal glands** were enlarged, hypoechoic and irregular in contour. The right adrenal gland measured 1.75 cm at the cranial pole and 0.85 cm at the caudal pole. The left adrenal gland measured 1.7 x 0.8 cm at the cranial pole.

Spleen

The **spleen** revealed multiple, mixed hypoechoic masses with loss of structural detail. There were areas of mineralization and target lesions.

Liver

The **liver** revealed target lesions and masses with swollen, irregular contour. There was enhanced surrounding mesentery. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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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

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

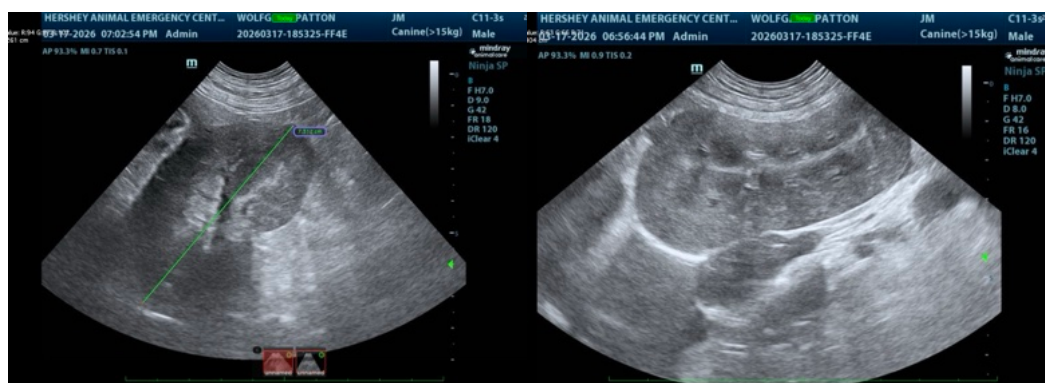
Diffuse hepatic neoplastic pattern.

Adrenal enlargement, may be secondary to metastatic disease.

Gastrointestinal variable thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spleen, liver, kidneys and potentially adrenal glands are all involved in a round cell neoplastic pattern. 25-gauge FNA of the spleen and liver should prove effective on definitive diagnosis. The prognosis is poor.





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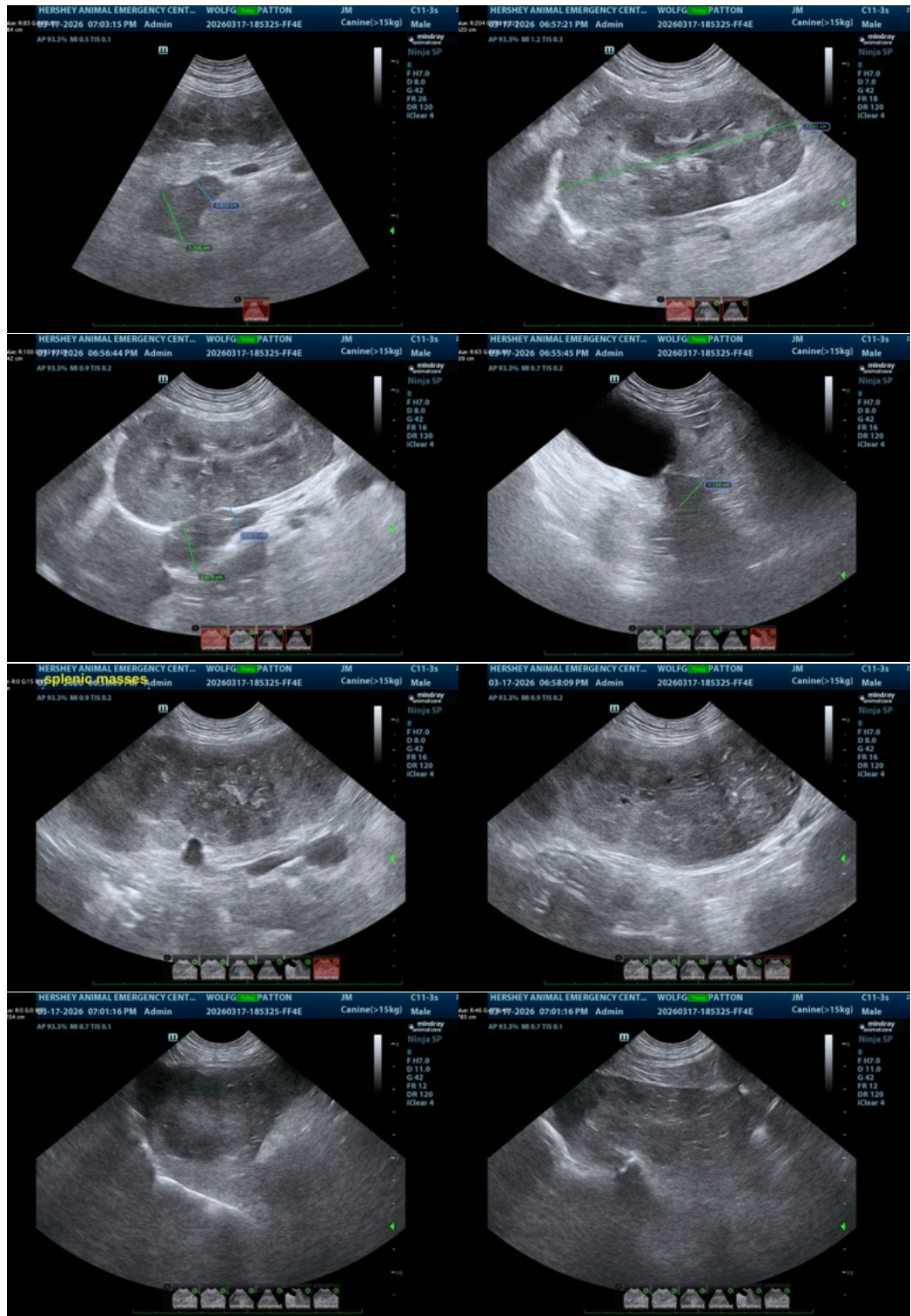
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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