



## PATIENT

Hank Passerelle

## SPECIES

Canine

## BREED

Boxer

## SEX

Neutered male

## AGE

9 years

## WEIGHT

81.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Chelsea Pastor

## HOSPITAL NAME

Fredon AH

## REFERRING VET

Dr. Grau

## INVOICE

72084

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

- Lethargy, falling down, pale/tremors
- PE: very subdued, some bloating to abdomen, very pale pink gums, h/l mild increase in rate, abd has fluid wave, weak but can walk Xray: lateral abdomen, loss of detail, mid abdominal mass Lateral chest, volume contracted cardiac silhouette, no metastatic disease

## 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** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.0 cm. The right kidney measured 7.2 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

A mixed, hypoechoic expansive mass was noted and measured 6.0 cm with cavitations and parenchymal changes. The mass derived from the cranial aspect of the **spleen** with regional, hyperechoic adhesion/inflammation. There was a trace amount of free fluid.

### Liver

The **liver** revealed slight, hypoechoic nodules in the left caudal liver. Minor, heterogenous changes were noted elsewhere. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

### 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.

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Splenic mass with history of likely rupture.

**AGE**

9 years

Slight nodule in the left caudal liver and minor, heterogenous hepatic changes. Differentials include hemangiosarcoma, histopathologically benign mass with history of rupture.

**WEIGHT**

81.2 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Rapid echocardiogram is recommended to ensure that pericardial effusion and right auricular masses are not present followed by chest radiographs and then exploratory surgery. I cannot rule out early metastatic disease.

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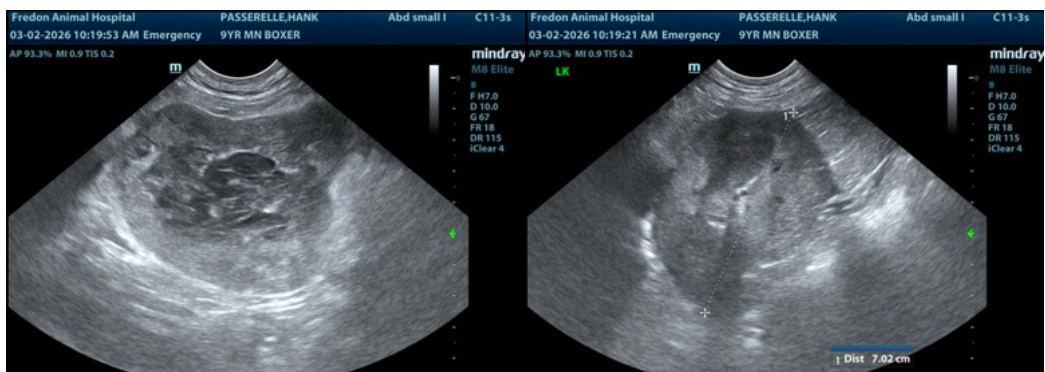
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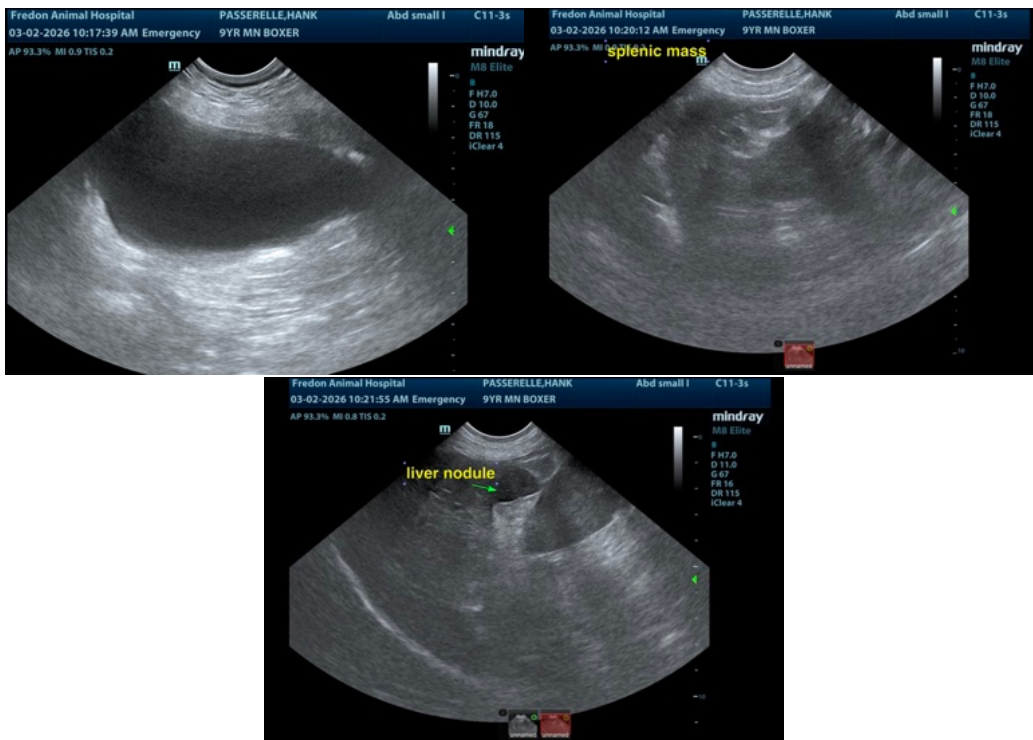
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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