



PATIENT

Lincoln Hurley

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

5

WEIGHT

36.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kaitlyn Rudie DVM

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Kaitlyn Rudie DVM

INVOICE

13999

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- Several week history of decreased appetite which improved temporarily with change in diet (to RC GI low fat). P is still interested in treats. Single episode of vomiting, but no diarrhea. His energy is slightly lower than normal.

Abnormal PE/Chem/CBC/UA Results: Underweight; no discomfort on abdominal palpation. Mild SDMA elevation (16); ALT (215) and AST (79) elevations on BW performed 2/24. Remainder of BW normal. Normal temp today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively minor thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation may be owing to active UTI or residual from prior history of UTIs. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The iliac lymph nodes were enlarged and hypoechoic measuring up to 3.2 cm x 1.3 cm.

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. Slight pinpoint mineralizations were noted in the pelvis. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.9 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** presented with subtle micronodular changes and mild irregular swelling.

Liver

The **liver** presented swollen with increased portal markings and mild irregular contour. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes were enlarged and somewhat rounded.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.



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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.

Free Abdomen

Mesenteric **lymph nodes** presented enlarged and hypoechoic with moderate distortion of architecture. The largest mesenteric lymph node measured approximately 2.7 cm in width.

ULTRASONOGRAPHIC FINDINGS

- Multifocal lymphoproliferative pattern involving multiple lymph nodes (spleen, liver).
- Chronic cystitis pattern.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of accessible lymph nodes (spleen and liver) is indicated along with cytology and culture. Systemic infection is possible, however, round cell neoplasia is a primary concern. Sampling is considered essential. Chest radiographs to assess for comorbidities or metastatic disease is indicated if not already performed.



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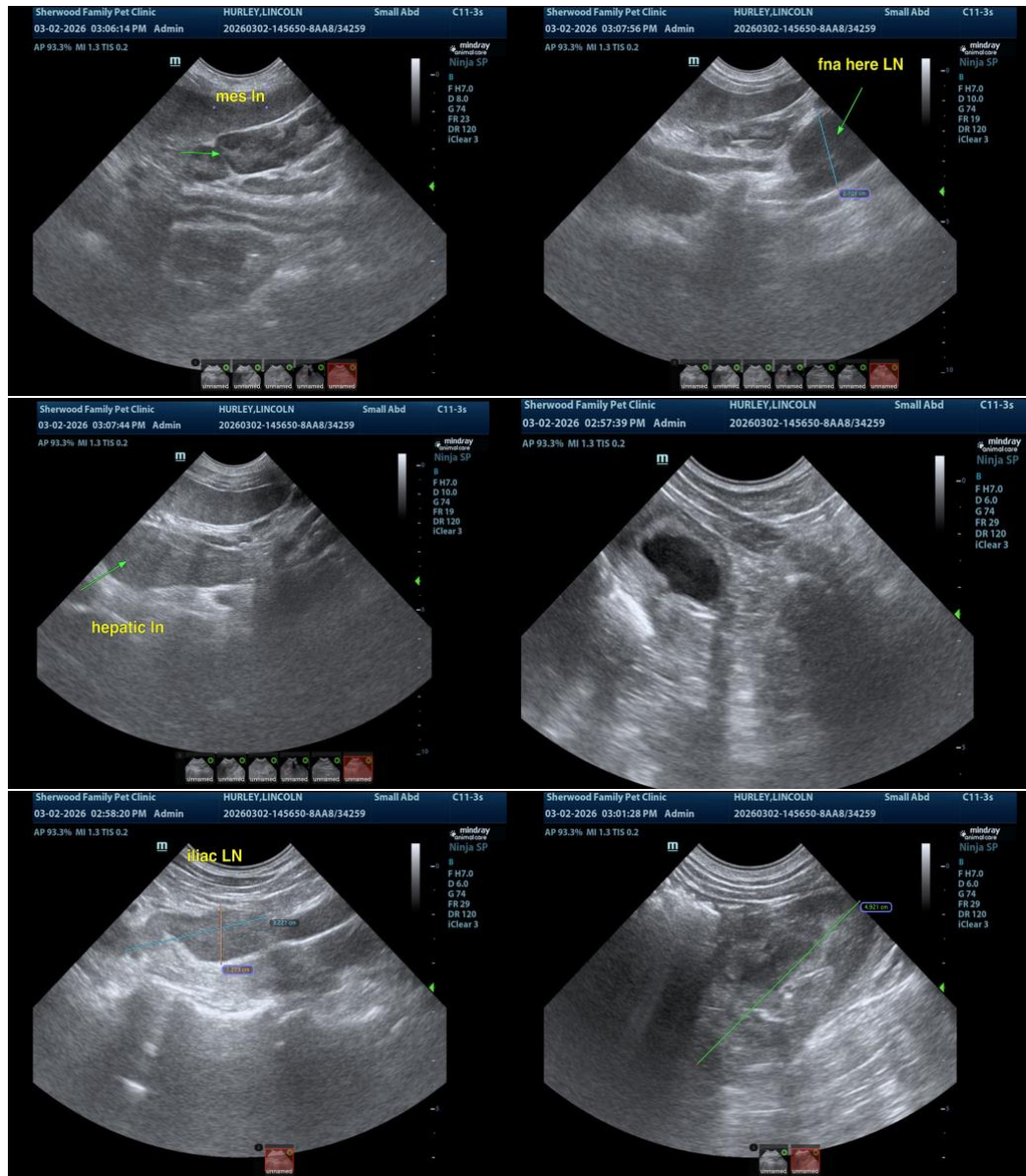
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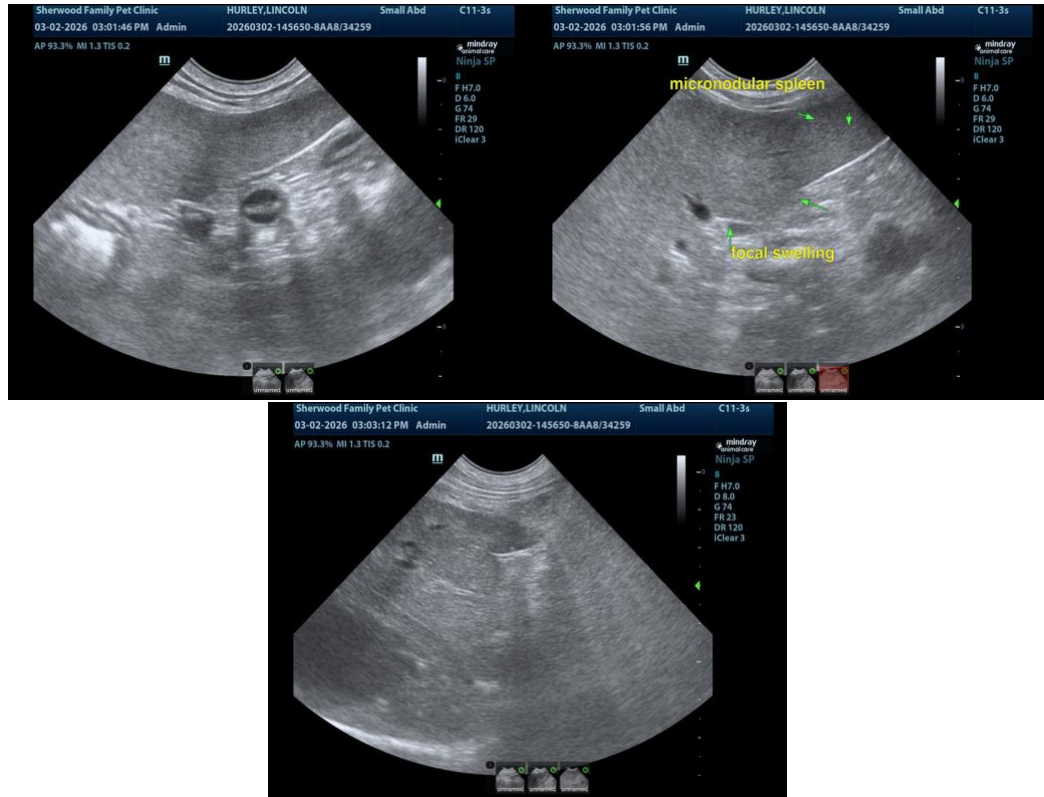
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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