



**PATIENT**

Charlie Cline

**SPECIES**

Canine

**BREED**

Cavalier King Charles

**SEX**

Neutered Male

**AGE**

13.9 Years

**WEIGHT**

13.9 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ginny Dodd, DVM,  
 ABVP-CFP

**HOSPITAL NAME**

Steele Creek Animal  
 Hospital

**REFERRING VET**

Dr. Patricia Young

**INVOICE**

73876

**DATE**

3/20/26

**PRESENTING CLINICAL SIGNS**

Abdominal mass- suspect spleen on palpation and radiographs

Abnormal PE/Chem/CBC/UA Results: PE: r prescap ln>l; popliteal ln CBC- mild anemia, lymphocytes 4635, plt 135>; HGB 10.4, HCT 33%, RBC 4.7 CHEM\_ LP 627^, SDMA 26^ RADS abd- splenic mass or gallbladder

**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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 6.0 mm.

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 4.06 cm. Right kidney measured 4.06 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. Left measured 1.9 cm x 0.54 cm at the cranial pole and 0.70 cm at the caudal pole. Right measured 1.7 cm x 0.36 cm at the cranial pole and 0.46 cm at the caudal pole.

**Spleen**

The **spleen** was enlarged, irregular and micronodular with honeycomb-type appearance.

**Liver**

The **liver** was swollen and irregular with isoechoic nodular changes. The gallbladder was unremarkable.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.



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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**

Iliac, inguinal and hepatic **lymph nodes** presented abnormal length to width ratio with distorted, swollen, irregular contour, with iliac measuring up to 1.6 cm and inguinal measuring up to 2.0. 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.

Areas of free fluid noted. Enhanced mesentery noted.

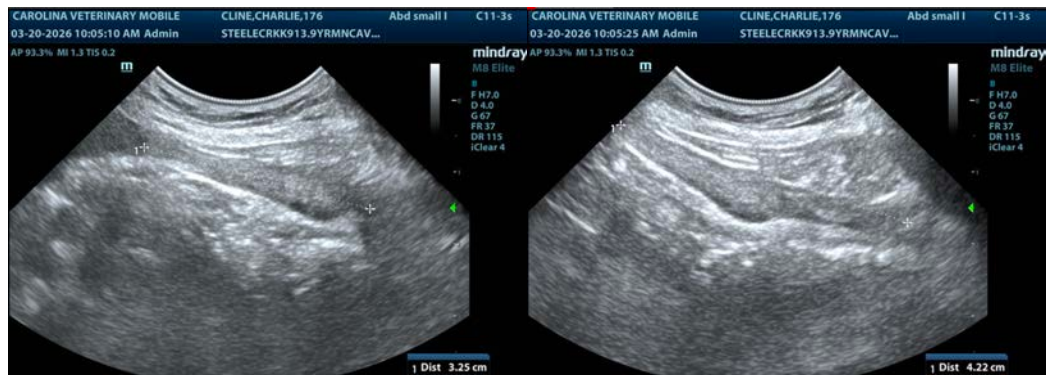
Rapid view of the heart revealed no evident pathology.

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged, micronodular spleen.
- Swollen, irregular, nodular liver.
- Enlarged iliac, inguinal, and hepatic lymph nodes.
- Free fluid and enhanced mesentery.
- IBD GI pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive multicentric round cell neoplastic pattern involving multiple lymph nodes, spleen and liver, potential early GI involvement. FNA lymph nodes, spleen, liver all indicated for staging purposes. Immediate chemotherapeutic intervention recommended. Chest radiographs warranted to assess for metastatic disease/comorbidities.





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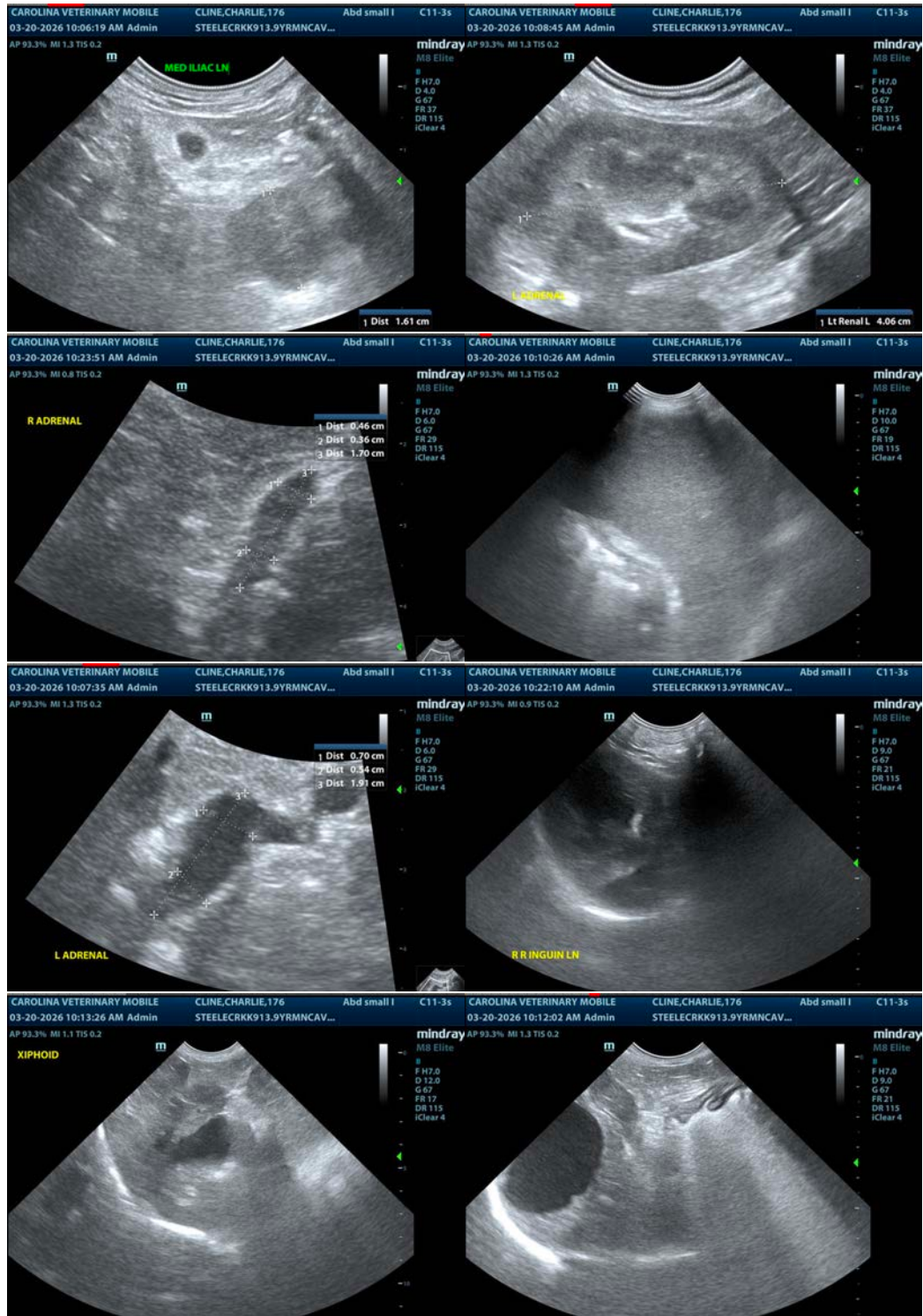
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)