



## PATIENT

Midnight Scharpf

## SPECIES

Canine

## BREED

Lab

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

60 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch AH

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

36327

## DATE

3/20/26

## PRESENTING CLINICAL SIGNS

Midnight is an 11-year-old FS Labrador retriever. Historically removed, but with narrow margins, soft tissue sarcoma grade 1 on the right antibrachium in the area of the two masses sampled today. Sx July 2025. Historically elevated Alt and Alk phos with liver nodules that were unresectable. Biopsies suggested presumptive nodule hyperplasia (at least 2 distinct areas) and well-differentiated hepatocellular neoplasm (adenoma favored). Pt also has a history of subungual squamous cell carcinoma on the left rear 5th digit (completely excised) in April 2025. All 3 masses fairly new to the O (last few weeks) 3 Sites sampled: Mandibular mass: mostly firm, SQ mass ~3x3x2.5cm on the ventral chin between the mandibles Lateral R antebrachium: lobulated 5x5x3mm mass on the right lateral antebrachium Dorsal antebrachium: ~8x5x5mm intradermal mass on the dorsal antebrachium.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a moderate change. Suspended debris was noted in the bladder. At moderate repletion, the bladder wall measured up to 0.66 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, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.0 cm. The left kidney measured 6.67 cm.

### *Adrenal Glands*

The regions of the **adrenal glands** were imaged, no evident pathology.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### *Liver*

The **liver** revealed diffuse mixed hypoechoic nodular changes, increased portal markings, and remodeling. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

Some shadowing material was noted in the **stomach**. This is consistent with postprandial 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



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associated abnormal lymphatic activity was noted.

## Pancreas

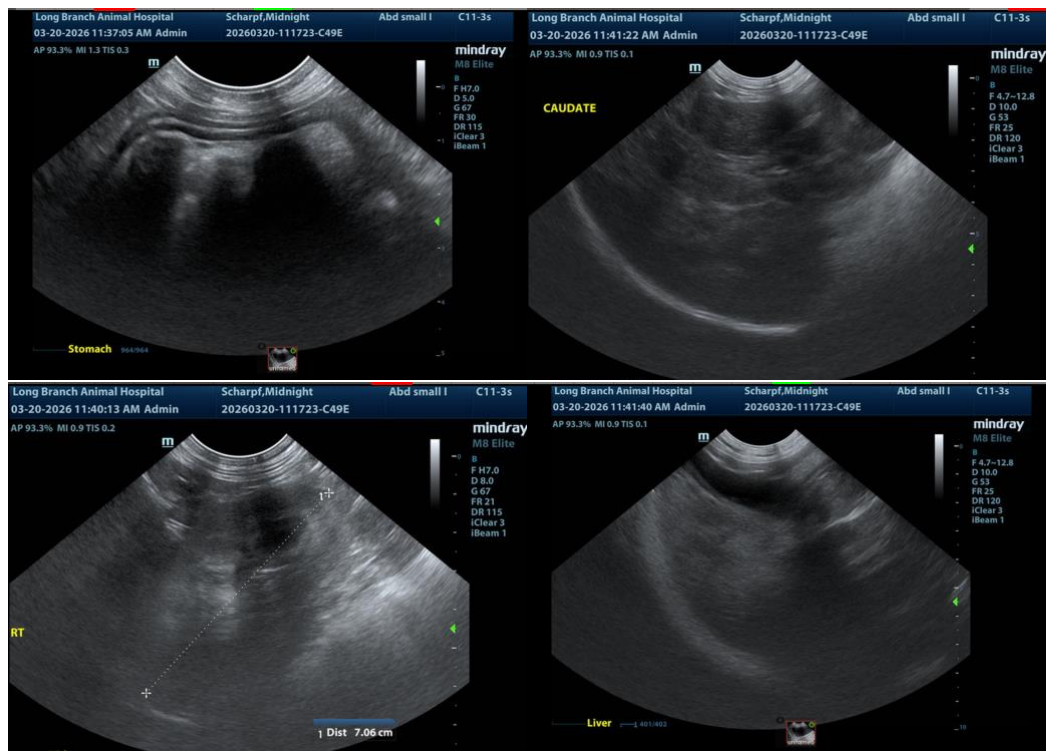
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling without overt masses
- Sull stomach, postprandial presentation
- Chronic cystitis bladder pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis is warranted to assess for any evidence of UTI. Bile acid profile is indicated to assess for any early disfunction.





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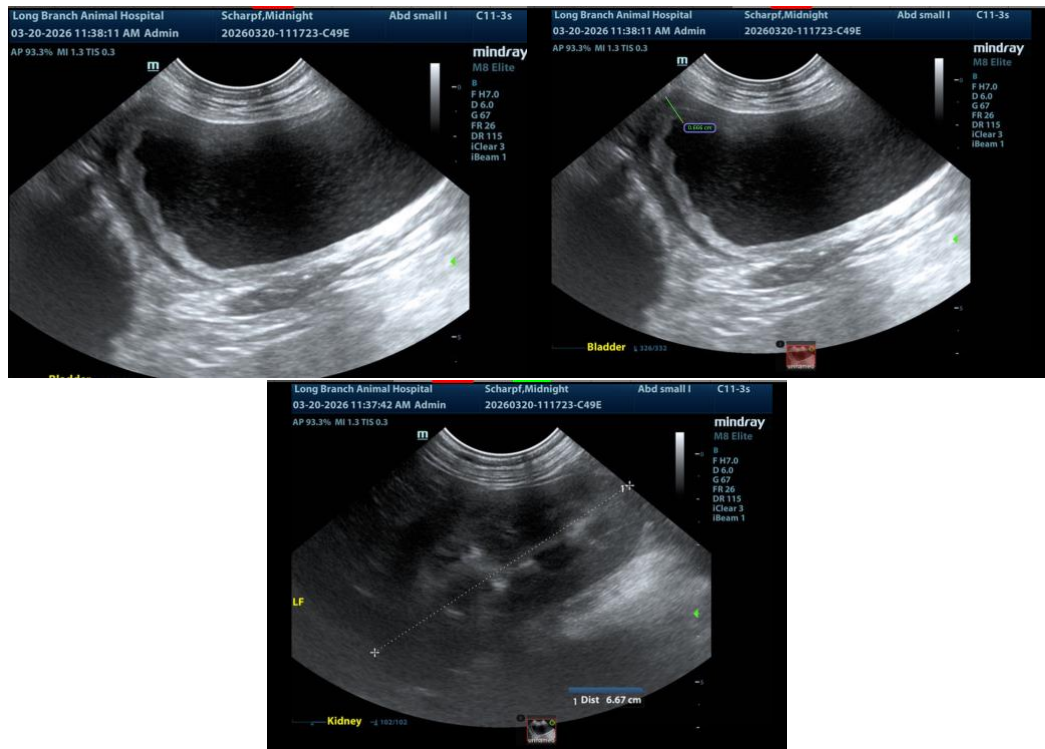
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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