



**PATIENT**

Sully Ryan

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered Male

**AGE**

10 Years 2 Months

**WEIGHT**

86 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Budd Lake AH

**REFERRING VET**

Dr. Horn

**INVOICE**

36341

**DATE**

3/23/26

**PRESENTING CLINICAL SIGNS**

- Large mid abdominal mass, likely bleeding, splenic mass.
- Lethargic, and diarrhea
- Metronidazole 500mgs BID
- Visbiome 2 packets BID
- Abnormal PE/Chem/CBC/UA Results: HCT 40 % NRBCs 6

**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 2.0 cm beyond the cystourethral junction.

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 left kidney measured 6.94 cm. The right kidney measured 7.66 cm.

*Adrenal Glands*

The **left adrenal gland** was 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. The left adrenal gland measured 2.4 cm x 0.9 cm.

The **right adrenal gland** was not visualized owing to the precarious nature of the splenic masses.

*Spleen*

The **spleen** revealed multiple cavitated masses, measuring up to 8.0 cm.

*Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Subtle heterogenous nodular changes were noted in the liver without disruption of architecture. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

*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.

**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**

Slight areas of **free fluid** were noted.

**Other**

A rapid view of the **heart** revealed a heart base mass involving the right atrium, measuring 4.5 cm x 3.9 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Multiple splenic masses
- Heart base mass
- Nodular hepatic changes
- Slight areas of free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Strong concern for underlying neoplasia. Multicentric hemangiosarcoma is likely.





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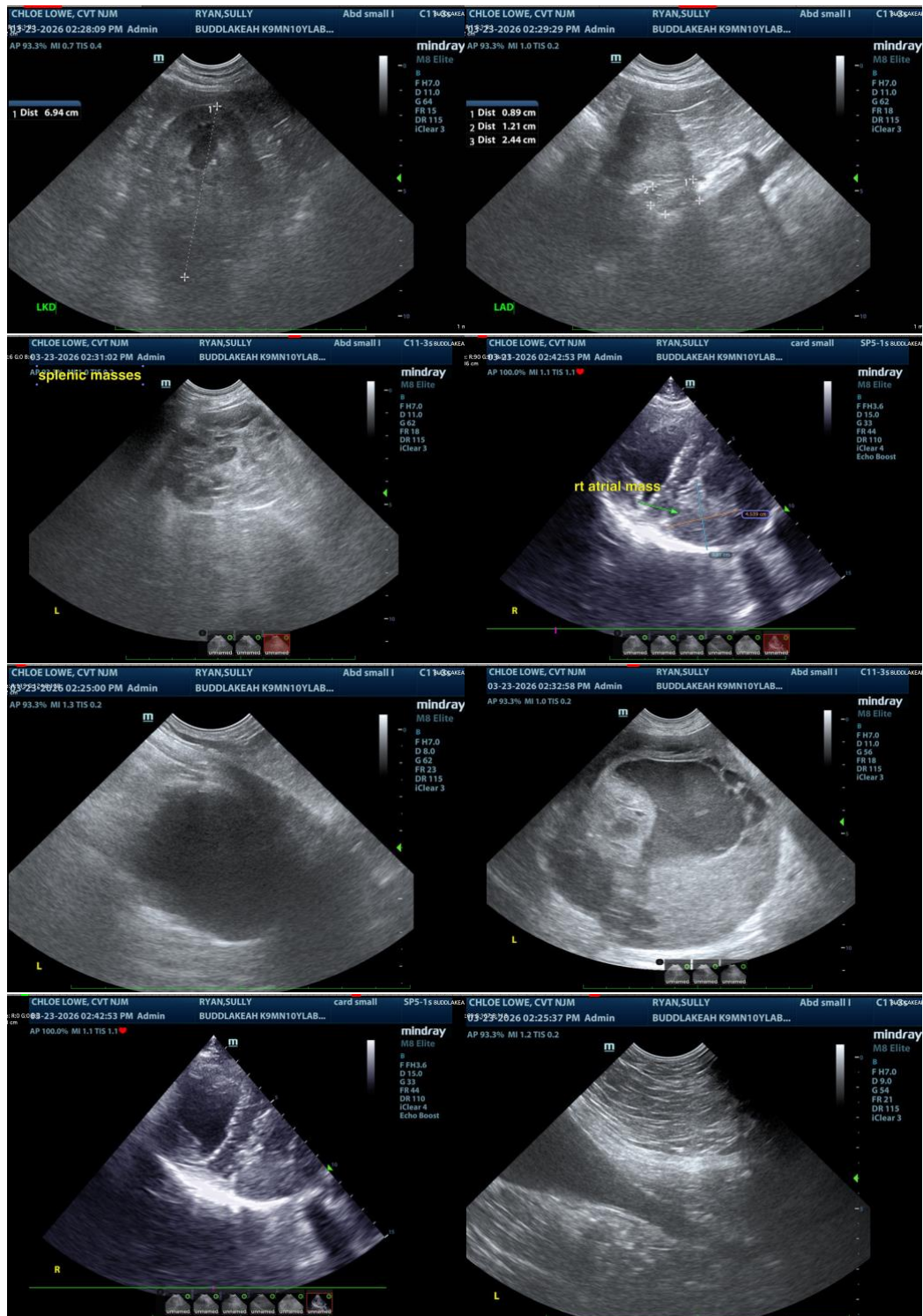
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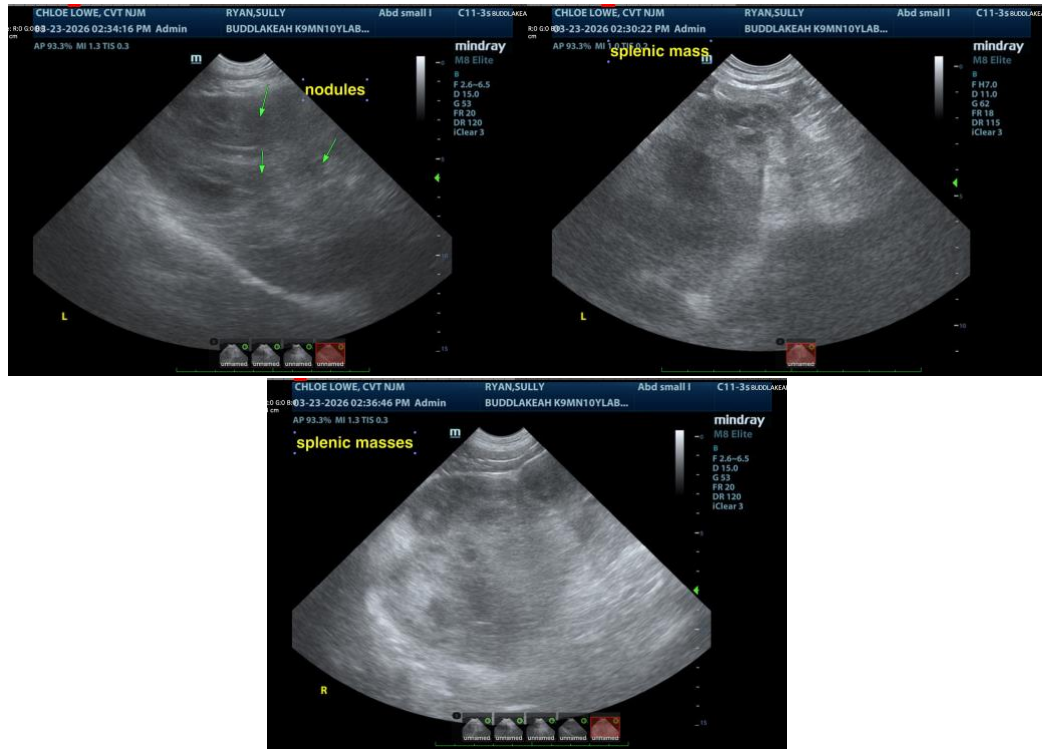
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)