



PATIENT

Hero Pankovskyi

SPECIES

Canine

BREED

Labrador

SEX

Intact male

AGE

8 years

WEIGHT

46.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7/ER Doctor

INVOICE

72181

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Acute onset of vomiting with progressive inappetence; clinical signs worsening.
- Vital Signs: Temperature [Celsius]:39.5, Heart Rate/min (HR):148, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 56, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, dry and tacky/ CRT< 2 sec ,Mentation: QAR ,Hydration: ~7% DeH2O , BCS (scale 1 to 5): 3.5/5, BP - 204/87 (121) moderate cranial abdominal pain.

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 8.04 cm. The right kidney measured 8.01 cm.

The **prostate** has a hypoechoic nodule in the caudal aspect of the right lobe measuring 1.6 cm. The prostate was enlarged with mixed echogenic parenchymal changes. The prostate measured 5.0 cm in width with hypoechoic striations. This is consistent with prostatitis.

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. The right adrenal gland measured 0.57 cm. The left adrenal gland measured 0.69 cm at the caudal pole and 0.6 cm at the cranial pole.

Spleen

The **spleen** revealed a hypoechoic nodule at the midbody measuring 0.87 cm and a separate nodule that measured 1.0 cm with disrupted architecture. The splenic hilus revealed increased luminal echogenicity within the splenic vein. This is suggestive for thrombosis.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Multi-focal, hypoechoic nodules were noted. Nodular hyperplasia versus metastatic disease. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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 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 amount of free fluid was noted adjacent to the spleen.

The midabdomen in this patient revealed an extensive amount of 8-10 cm of heterogenous, nodular omentum with undifferentiated hypoechoic nodules in the mix of the remodeled omentum. This may represent a steatitis or an underlying neoplastic event such as carcinoma.

ULTRASONOGRAPHIC FINDINGS

Nodular omentum with hypoechoic nodules. Strong concern for underlying neoplasia in this patient.

Splenic nodules and suspect splenic vein thrombosis.

Prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the splenic nodules, liver nodules and tapping the free fluid is



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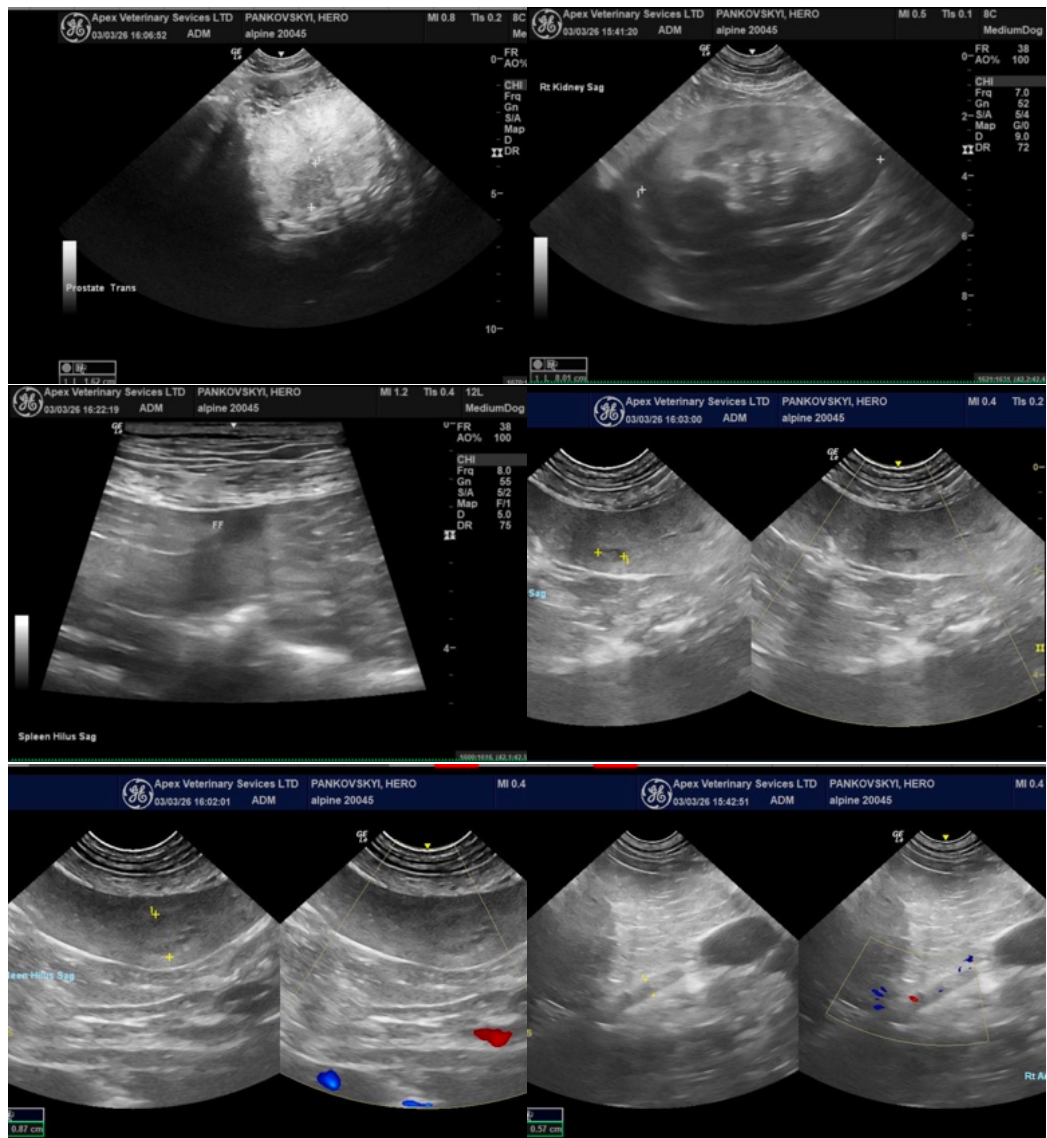
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indicated. If a hypoechoic area in the midabdominal pathology is accessible, then FNA of that region is recommended. The localized free fluid is concerning in that region. Mesenteric necrosis versus neoplastic event. Prognosis is guarded depending upon cytology results.





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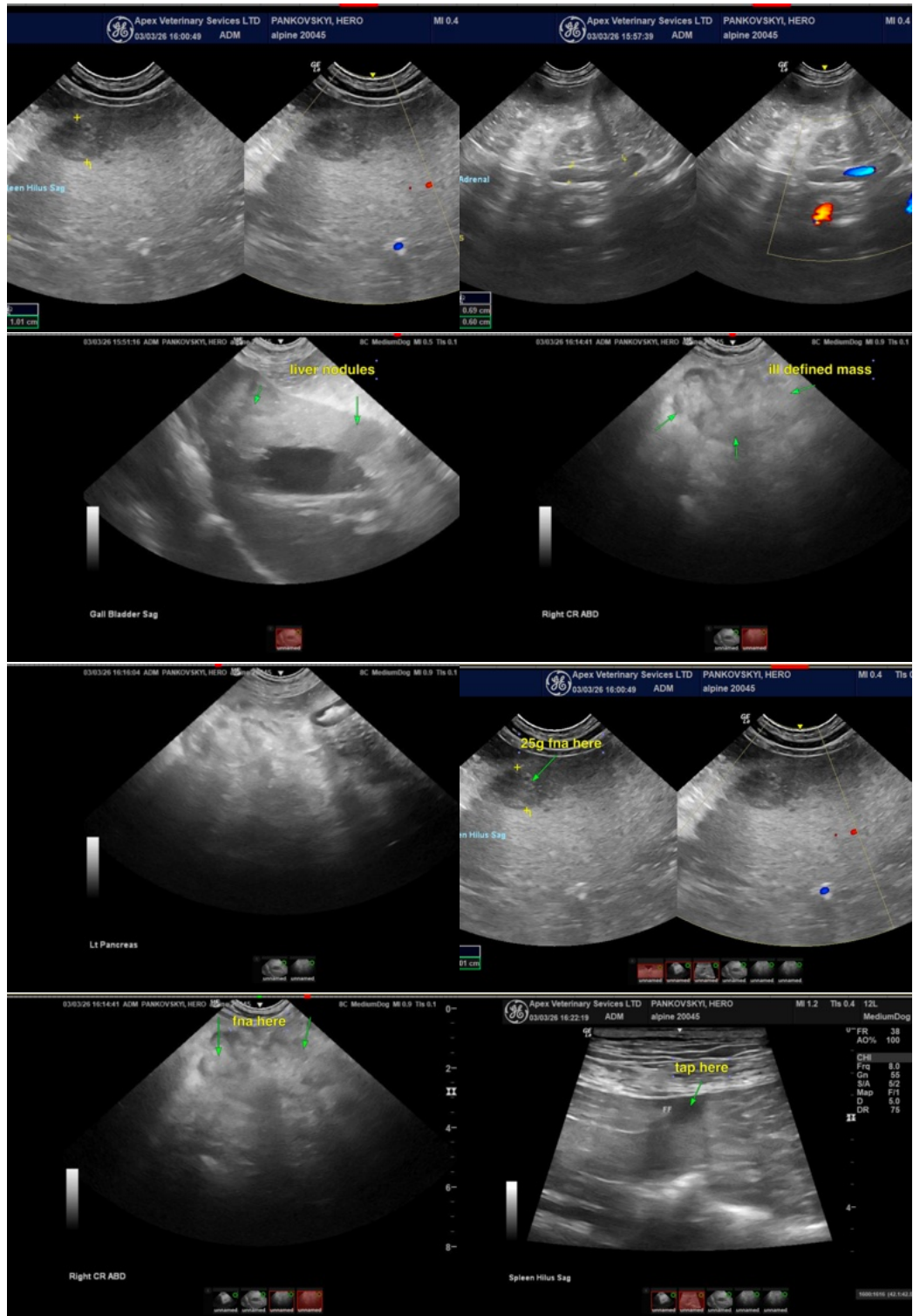
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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