



## PATIENT

Puppy Graham-Aquilino

## SPECIES

Canine

## BREED

Lab x

## SEX

Spayed Female

## AGE

11

## WEIGHT

66

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Schiess

## INVOICE

73370

## DATE

3/4/26

## PRESENTING CLINICAL SIGNS

Recheck previous concern for pancreatic neoplasia Patient had episode of sudden collapse bilateral nasal d/c

Abnormal PE/Chem/CBC/UA Results: WBC 26K Neu 21K Mono 2.48 K Glu 150 Glob 4.8 ALP 952 Na 161 K 4.3 Cl 129

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Similar to prior sonogram. Right kidney measured 6.43 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal largely 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. Right measured 2.36 cm x 1.7 cm at the cranial pole and 1.09 cm at the caudal pole. Slightly enlarged caudal pole of the left adrenal gland, similar to prior sonogram. Left measured 2.5 cm x 0.95 cm at the caudal pole and 0.74 cm at the cranial pole.

### 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** 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. 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.



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## Gastrointestinal

The **gastric** wall was mildly thickened with a minor amount of ingesta within the stomach. The small intestine and colon were unremarkable.

## Pancreas

The **pancreas** revealed persistent hypoechoic generalized enlargement, measuring up to 3.3 cm with hyperechoic surrounding fat. Regional inflammation noted around the pancreatic pathology.

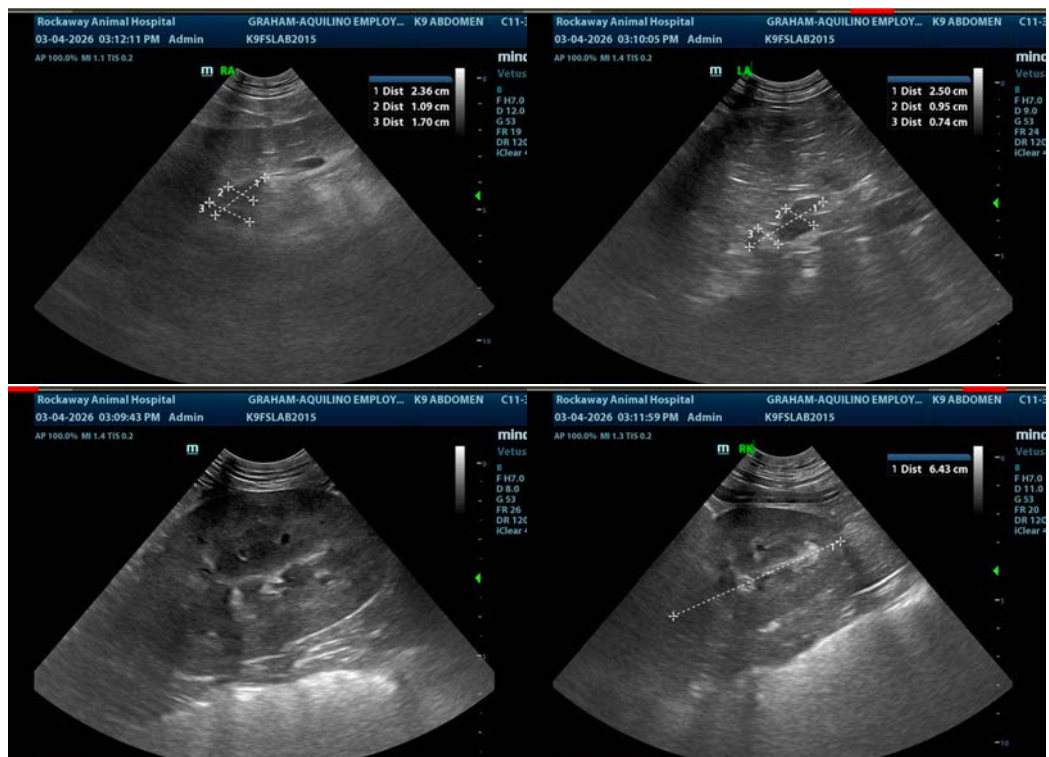
## ULTRASONOGRAPHIC FINDINGS

- Enlarged, hypoechoic pancreas.
- Slightly enlarged caudal pole left adrenal gland.
- Slightly thickened gastric wall.
- Urinary bladder debris.
- Age related renal and hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA into the hypoechoic portion of the pancreas recommended to assess for necrosis versus carcinoma. No evidence of metastatic disease noted. The pathology remained in the pancreatic base and extended to the right limb.

Echocardiogram and EKG warranted to assess for concurrent cardiac disease that may be responsible for the clinical history.





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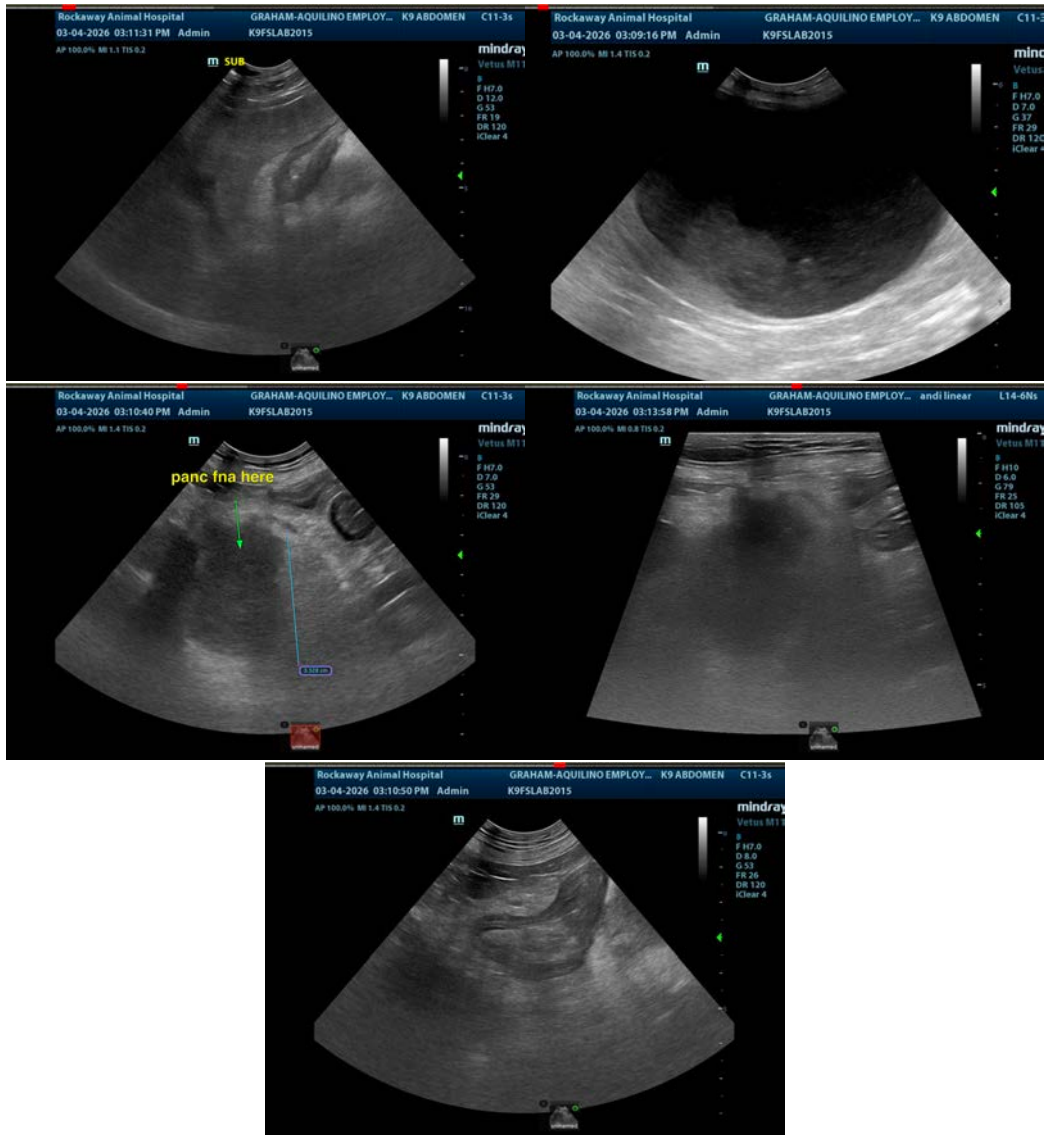
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)