



**PATIENT**

Oreo Rodriguez

**SPECIES**

Canine

**BREED**

Dalmation

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

45.2 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Companion AH  
Parsippany

**REFERRING VET**

Dr. Wolf

**INVOICE**

36113

**DATE**

3/5/26

**PRESENTING CLINICAL SIGNS**

- Weight loss, polyphagia and frequent large soft stools, unresponsive to meds
- R/O Intestinal Neoplasia/ IBD/ Allergy severe
- Abnormal PE/Chem/CBC/UA Results: Potassium 5.8 H, Na/K 26 L, PSL 159 H, HCT 61 H  
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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

A trace amount of sand was noted in the **urinary bladder** with minor apical wall thickening. Calculi in the bladder measured up to 4.0 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. The left kidney measured 6.8 cm. The right kidney measured 5.8 cm. Slight corticomedullary mineralizations were noted bilaterally.

*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 left adrenal gland measured 2.5 cm x 0.57 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 1.75 cm x 1.3 cm at the cranial pole and 0.83 cm at the caudal pole.

*Spleen*

The **spleen** was slightly enlarged and folded upon itself with minor micronodular changes.

*Liver*

The **liver** revealed lobar biliary calculi. Increased portal markings were noted. The caudal aspect of the left lobe revealed an expansive 2.8 cm x 1.8 cm hepatic mass with mild disruption of architecture. The gallbladder was unremarkable other than minor echogenic wall.

*Gastrointestinal*

There **stomach** revealed retention of ingesta. Portions of small intestine were dilated, followed by empty small intestine. No overt masses or obstruction were found; however, I'm concerned for regional intestinal dysfunction, causing partial obstructive pattern. Overt masses were not evident, however, cannot rule out an emerging neoplastic process given the slight free fluid and variable intestinal thickening.

*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.



**PATIENT**

*Free Abdomen*

Oreo Rodriguez

Pockets of **Free fluid** were noted in the abdomen.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Variable intestinal thickening with partial obstructive pattern- no overt masses were evident
- Left lateral liver mass- may be an incidental finding
- Slightly enlarged spleen with micronodular changes
- Pockets of free fluid in the abdomen
- Bladder calculi, nonobstructive
- Age-related renal changes with mineralization bilaterally

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening FNA of the spleen, general liver, and left lateral liver mass all indicated for further definition. If the fluid accumulation is accessible, then ultrasound guided abdominocentesis is indicated with cytospin of any free fluid obtained and with immediate slide preparation. Prognosis is guarded.

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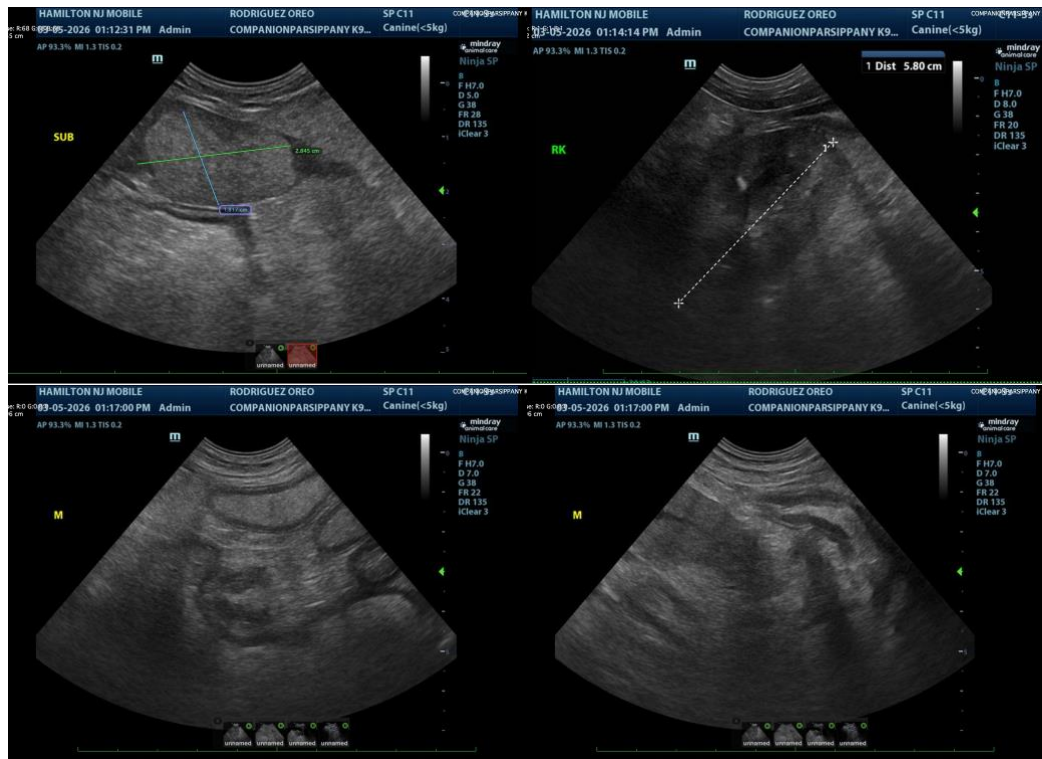
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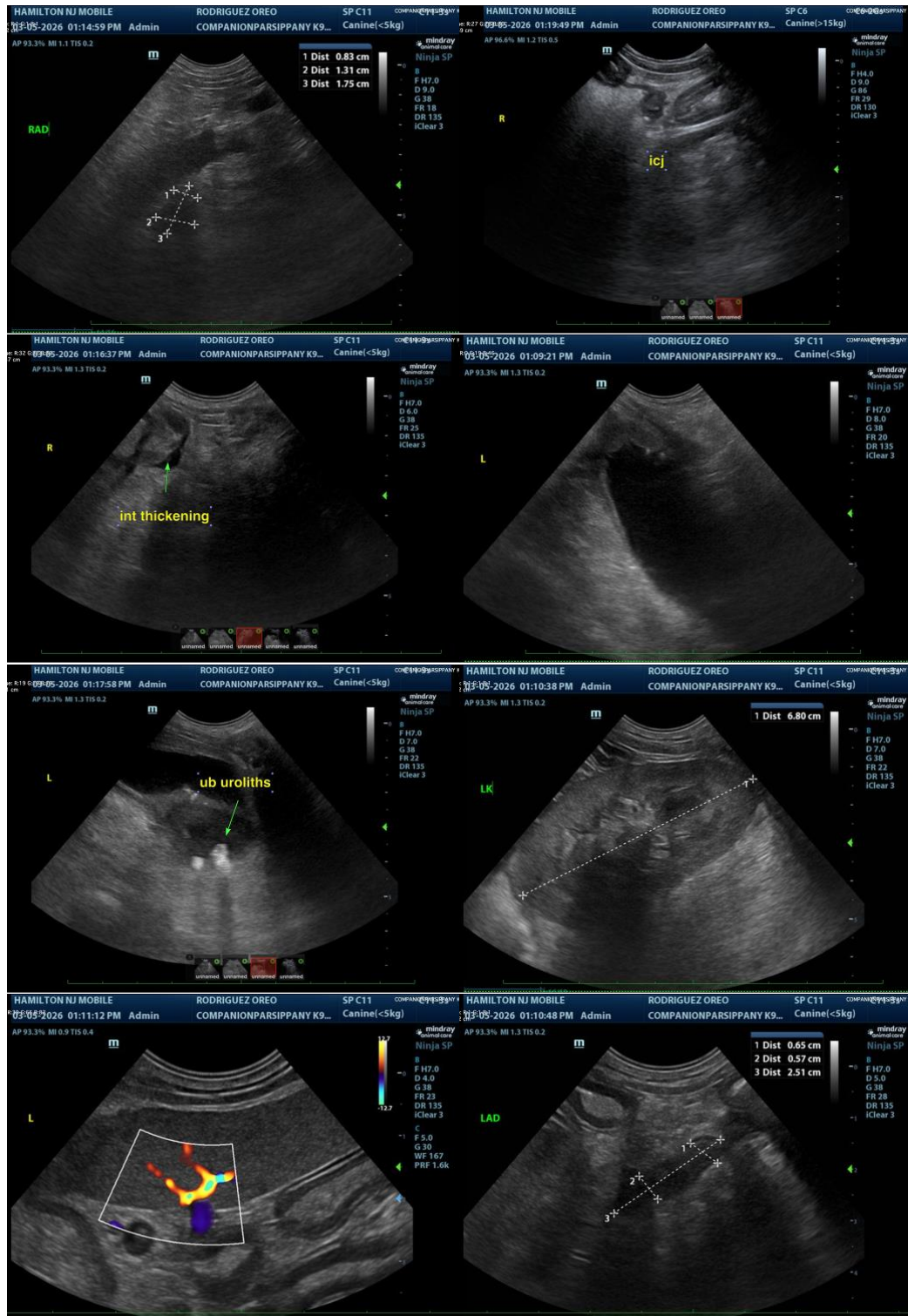
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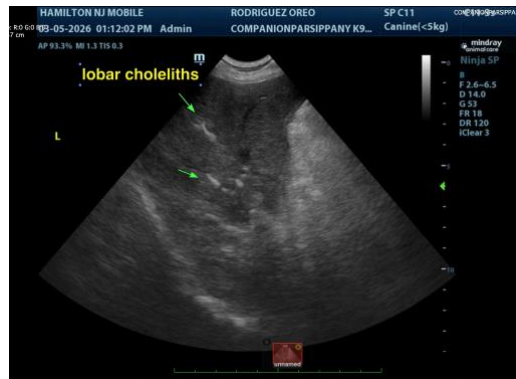
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)