



PATIENT

Nahoa Smith

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

62 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Kellee Burns

INVOICE

14117

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- 11 yr FS Australian shepherd presenting for diarrhea x 2 days; this morning P had hematochezia and white gums
- inappetent x 2 days, no vomiting or retching; no history of toxin ingestion or dietary indiscretion
- no coughing, sneezing
- on presentation, mm were pale pink to white with extended CRT, P was tachypneic, tachycardic and normothermic. Abdomen was mildly distended

Abnormal PE/Chem/CBC/UA Results: See attached labs: anemia, 28% HCT, thrombocytopenia mild leukocytosis characterized by a neutrophilia and monocytosis and eosinopenia hyperglycemia (370 mg/dl) mild elevated creatinine mild low TP (4.9 g/dl) chlorine low (103mmol/L) Pancreatic lipase (555 U/L) Parvo negative See attached rads: decreased serosal detail in cranial abdomen microhepatica? moderate gas distension of colon and other loops of ingestion, including on located along the ventral abdominal wall

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight mineralizations were present. The left kidney measured 5.0 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** revealed multiple mixed echogenic nodular changes. The spleen appeared infiltrated in its entirety with surrounding free fluid and enhanced omentum. The splenic mass impinged upon the left liver yet overt hepatic metastatic disease was not visible.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was unremarkable.

Gastrointestinal



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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

A moderate amount of echogenic free fluid was noted throughout the abdomen likely owing to hemorrhage. Enhanced omentum was noted owing to the ascites. Some heterogenous omental changes were noted and may represent omental seeding.

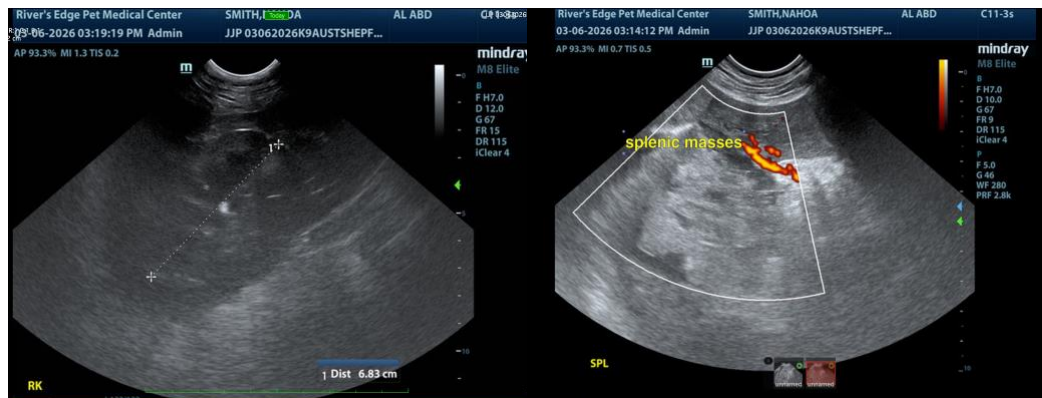
Rapid view of the heart revealed no evident pathology, however, a slight amount of pleural effusion appeared to be present which suggests metastatic disease.

ULTRASONOGRAPHIC FINDINGS

- Splenic masses with potential omental spread and secondary ascites.
- Age-related renal changes.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery could be considered in this patient, however, given the presentation, I am concerned for metastatic disease. Multicentric hemangiosarcoma is likely.





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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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