



## PATIENT

Hawthorne Cardinale

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Neutered male

## AGE

12 years

## WEIGHT

90 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Chelsea Pastor

## HOSPITAL NAME

Fredon AH

## REFERRING VET

Dr. Calise

## INVOICE

74418

## DATE

4/13/26

## PRESENTING CLINICAL SIGNS

History: Lethargy, not eating  
PE: bcs 4/9 CHEM wnl CBC: rbc 5.39 hct 36.3 hgb 12.5 plt 20 pct 0.03

## 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 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 6.4 cm. The right kidney measured 7.3 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

The **spleen** revealed multi-focal, mixed, hypoechoic nodular mass was noted and extended for 7-8 cm with coalescing target nodules. There was no overt hemorrhage was noted. There was some enhanced surrounding mesentery was present. Nodular changes were noted throughout the spleen. A separate mass was noted at the cranial pole of the spleen and measured 5.0 cm.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. There are no overt macroscopic lesions noted. However, some heterogenous parenchymal changes are present. 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**

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.

**ULTRASONOGRAPHIC FINDINGS**

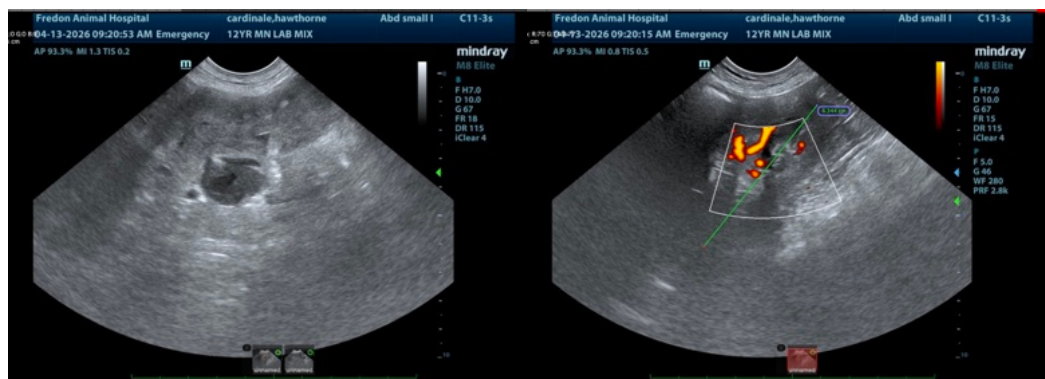
Splenic masses.

No overt metastatic disease to the liver or abdomen. However, micrometastasis is a potential.

Minor nodular hepatic changes were noted. Most consistent with age related changes; however, metastatic disease is a potential. Hemangiosarcoma versus round cell neoplasia are the primary concerns.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs, rapid echocardiogram, exploratory splenectomy, liver inspection and biopsy are indicated. CBC path review +/- bone marrow aspirate may be appropriate.





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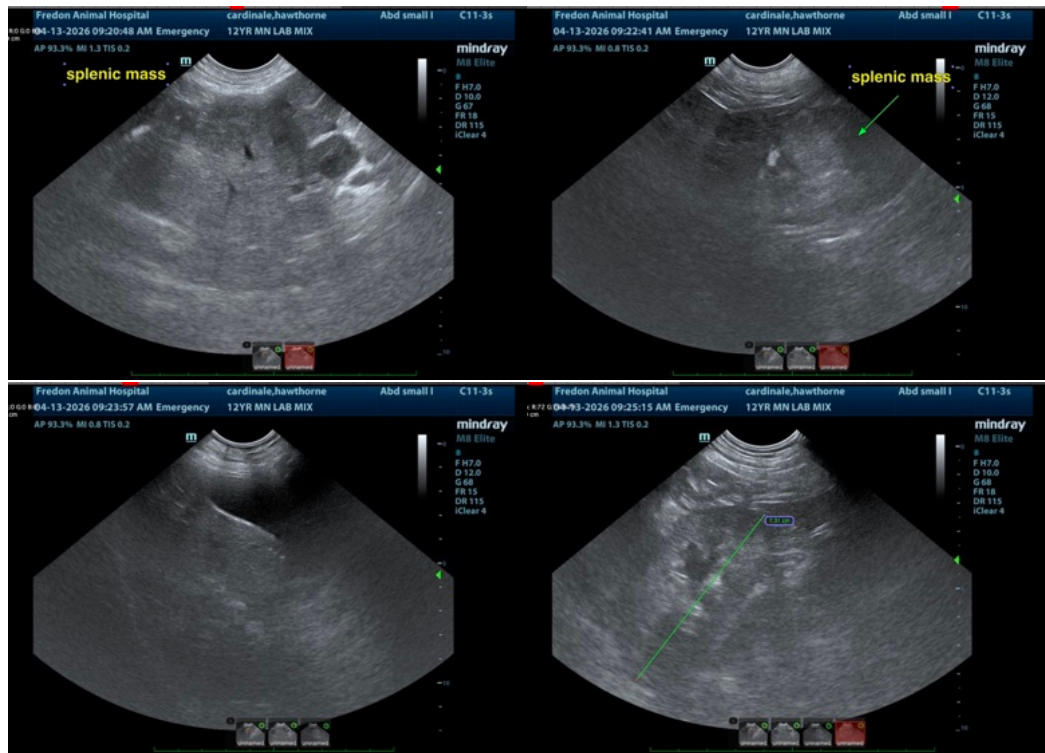
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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