



PATIENT

Sophie Groinus

SPECIES

Canine

BREED

Great Dane Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

31.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Liebe

INVOICE

15093

DATE

04/14/26

PRESENTING CLINICAL SIGNS

History of hemangiosarcoma. Splenectomy October 25, 2025. Had been doing well since, but as of Saturday (3 days ago) she has been more lethargic, decreased appetite. no VDCA. Dog takes Yunnan Bai Yao BID

CBC - Hct 22%, platelets low normal (146 $10^9/L$, normal 126-660) Chest and Abdominal x-rays - no obvious metastatic lesions in the chest. generalized loss of serosal detail of the abdomen. On quick US scan there is free abdominal fluid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 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 7.65 cm in length. The right kidney measured 6.67 cm in length.

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 0.84 cm width. The right adrenal gland measured 0.80 cm width.

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** revealed a hypoechoic cavitated mass measuring 5.2 cm x 4.0 cm with surrounding reactive mesentery. A separate hypoechoic mass was present in the left liver measuring 5.8 cm. The gallbladder and common bile duct were unremarkable. Other nodular changes were noted in the liver.

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.



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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

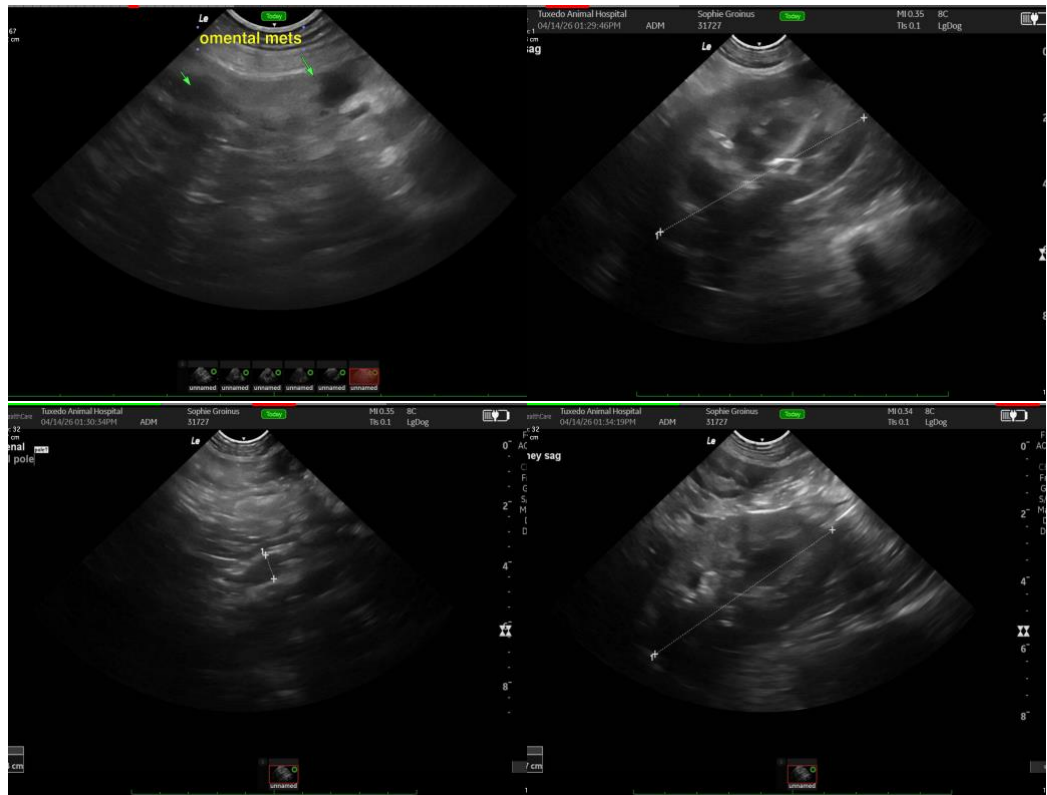
Free fluid was noted in the abdomen. Omental nodules were noted in the left cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Metastatic liver pattern.
- Free abdominal fluid with cranial abdominal omental nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, hepatic hemangiosarcoma is likely with secondary nodular changes. Immediate oncological intervention or hospice management is recommended. Prognosis is poor.





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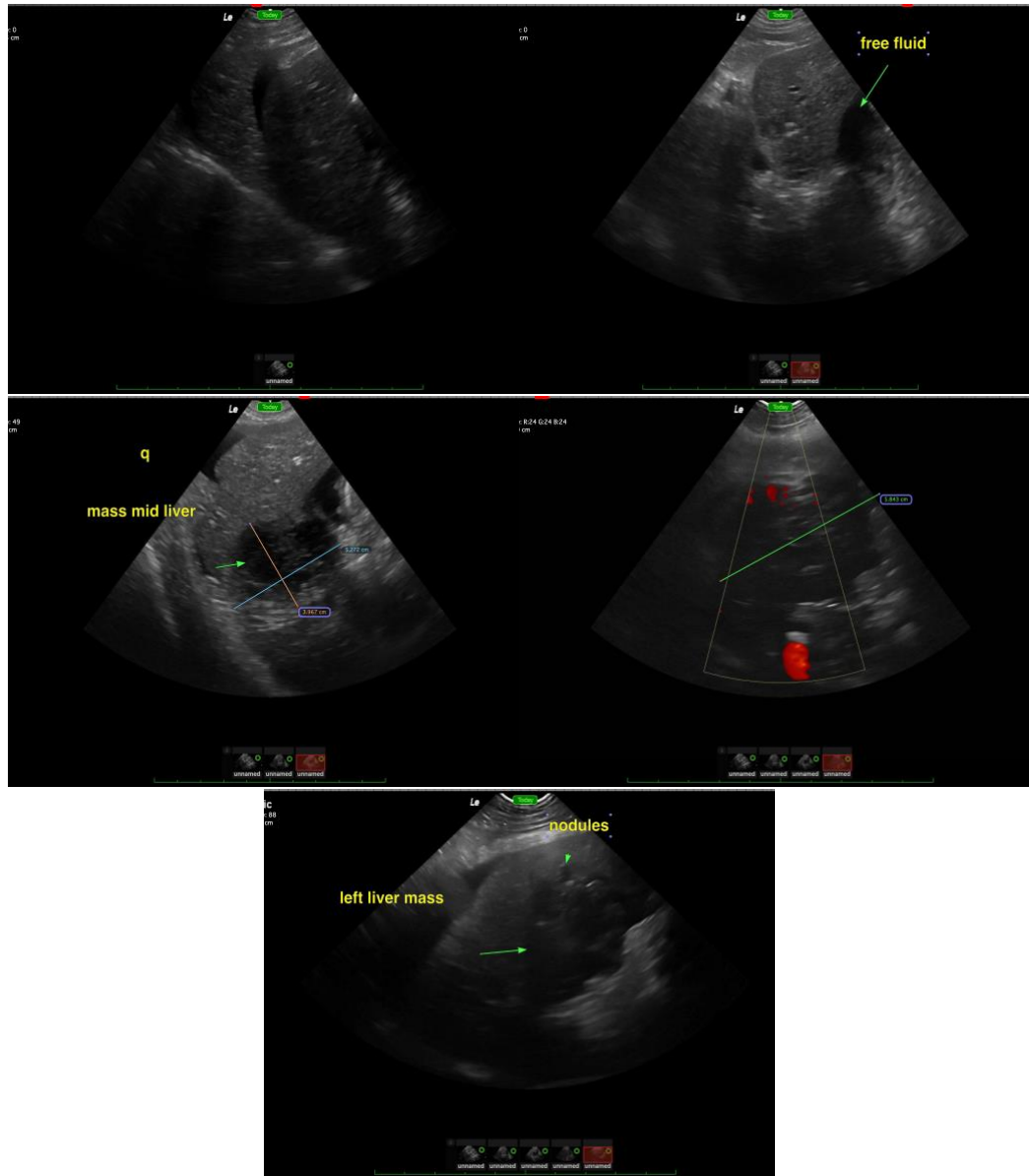
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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