



PATIENT

Gibson Weinreis

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7 Years

WEIGHT

70.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

74481

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Referral, presents for anorexia, vomiting, and lethargy.

- Off feed in mornings for 2 weeks; resumed eating, then developed complete food aversion over past week.
- Will eat eggs and table scraps; refuses kibble and canned food.
- Appetite present for non-dog food items.
- Drinking normal.
- Vomiting: small amount, overnight, bile/empty stomach contents.
- Lethargic for 2 weeks.
- No diarrhea.
- No current medications or supplements.
- Seen by DVM (Baker) 2 days prior: abdominal ultrasound—liver appeared abnormal (hepatomegaly), icteric sclera, marked dehydration.
- Outdoor lifestyle; possible exposure to water sources, wildlife, and environmental pathogens (e.g., Leptospira).
- Vaccination history: Rabies and parvovirus current; leptospirosis vaccine status unclear.

Abnormal PE/Chem/CBC/UA Results: PE: quiet, severe icterus of conjunctiva, mucous membrane and skin; weight loss ALP 481, Total Bilirubin 13.6, Phosphorus 7, Potassium 2.7, Total Protein 4.6, WBC 17.94, LYM 0.99, NEU 16.08; the blood sample is severely icteric, causing the machine to struggle with processing.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The residual prostate measured 1.2 cm.

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. Left kidney measured 7.7 cm. Right kidney measured 7.7 cm.

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. Left measured 0.60 cm. Right measured 0.50 cm.



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Spleen

The **spleen** was swollen and irregular with subtle micronodular changes, strongly consistent with infiltrative disease.

Liver

The **liver** was enlarged, irregular, and mildly heterogeneous. Gallbladder edema noted. Hepatic lymphadenopathy noted, which deviated the pylorus ventrally.

Gastrointestinal

The **gastric** wall was thickened and irregular. The visible small intestines and colon were unremarkable.
*See other.

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

An enlarged, hypoechoic iliac lymph node was noted, measuring 1.5 cm x 0.5 cm.

Multifocal hypoechoic, rounded lymph nodes noted elsewhere in the abdomen.

An undifferentiated mass was noted measuring 7.0+ cm, medial to the spleen, likely of lymph node or intestinal origin, yet was completely disruptive in architecture.

ULTRASONOGRAPHIC FINDINGS

- Multicentric round cell neoplasia involving spleen, liver and lymph nodes, with undifferentiated tissue in the mid abdomen.
- Thickened, irregular gastric wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the undifferentiated mass, spleen and liver should prove definitive diagnosis of round cell neoplasia or similar. Prognosis is poor. Chest radiographs warranted. Immediate chemotherapeutic intervention warranted.



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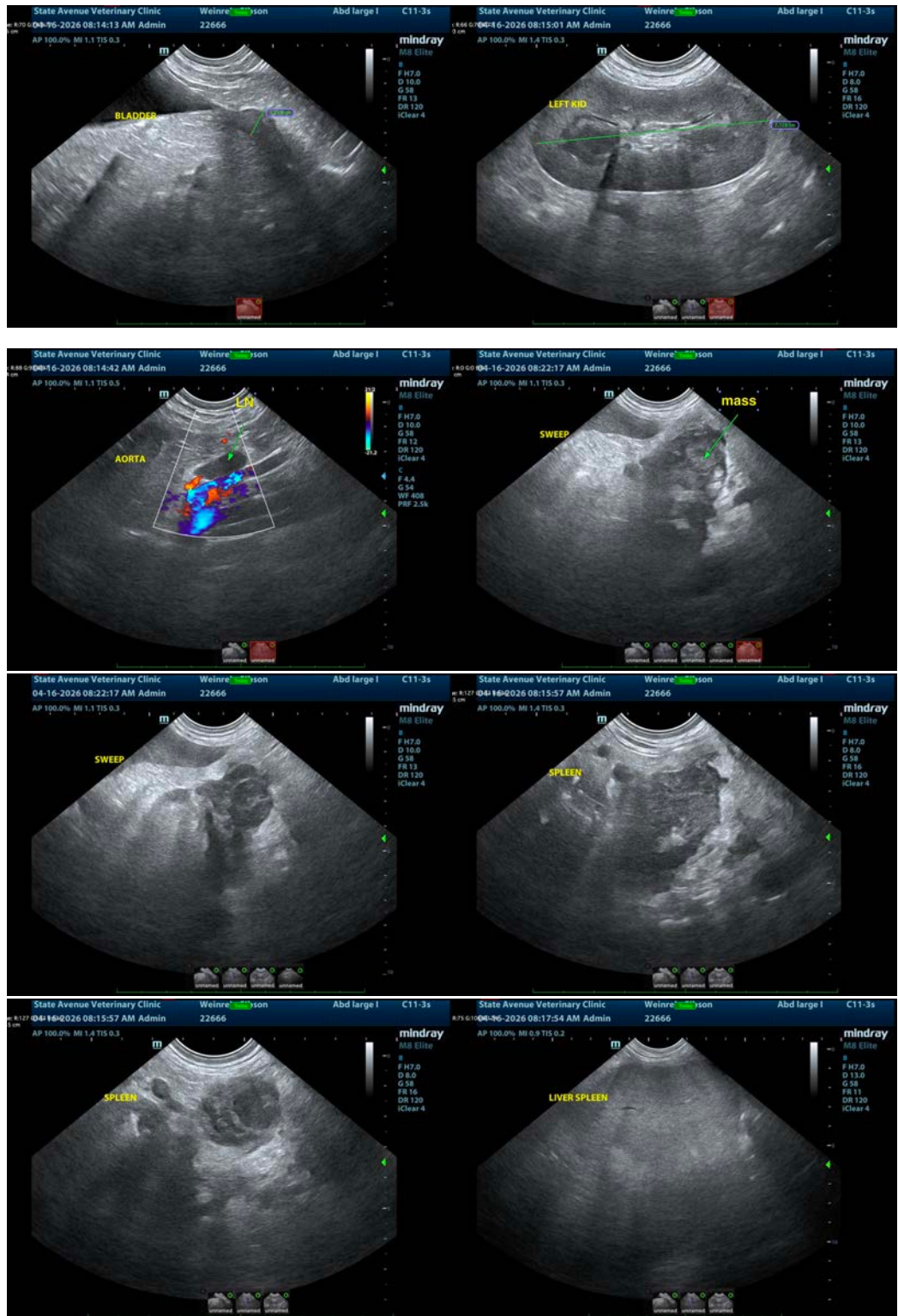
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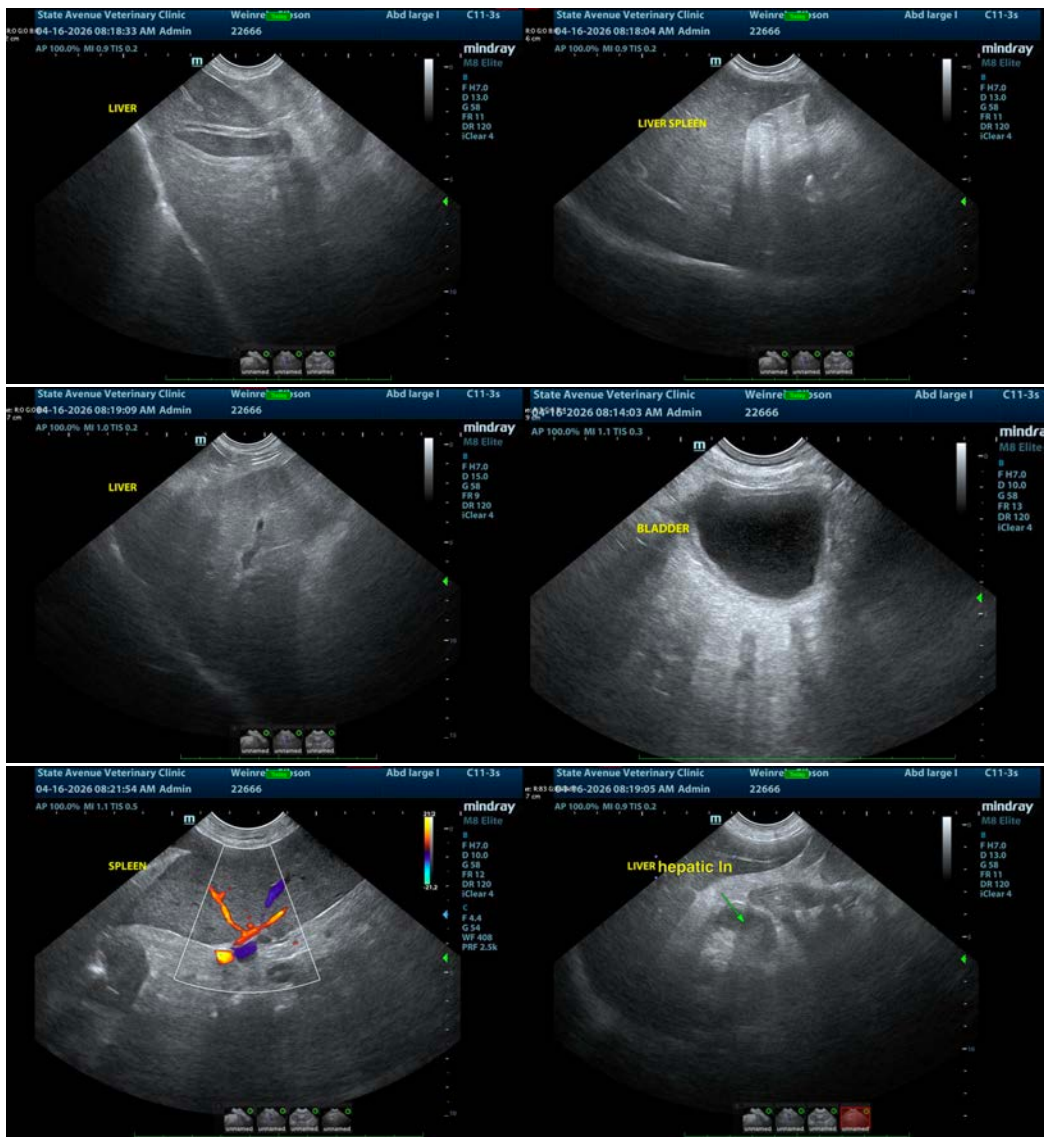
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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