



**PATIENT**

Kali Delio

**SPECIES**

Canine

**BREED**

Alaskan Malamute

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

70 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Greenwood Lakes  
Animal Hospital

**REFERRING VET**

Dr. Streng

**INVOICE**

15298

**DATE**

04/21/26

**PRESENTING CLINICAL SIGNS**

Elevated ALP/ALT with weight loss. 5 pound weight loss within the last year. GI issues.

**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 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 and no evidence of pelvic dilation was present. The left kidney measured 6.78 cm in length. The right kidney measured 6.63 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 2.89 cm x 0.70 cm width. The right adrenal gland measured 2.43 cm x 1.25 cm width at the cranial pole and 0.80 cm width at the caudal pole.

*Spleen*

The **spleen** revealed a complex mixed echogenic 8.0+ cm cavitated mass deriving from the mid caudal body.

*Liver*

The **liver** revealed multifocal expansive nodules and an overt left cranial mass measuring 4.66 cm. The nodular changes measured up to 2.5 cm and 2.3 cm. Heterogenous parenchymal changes were noted elsewhere. The gallbladder and common bile duct were unremarkable.

*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.

*Free Abdomen*



**PATIENT**

Rapid view of the **heart** revealed no evident pathology.

Kali Delio

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Cavitated splenic mass- strong concern for hemangiosarcoma, histopathologically benign tumor possible.
- Undefined hepatic nodular changes.
- Age-related renal changes.

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**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Alaskan Malamute

Chest radiographs followed by exploratory surgery, splenectomy, liver inspection, biopsy would all be appropriate. The hope is that all lesions are benign or low-grade, however, hemangiosarcoma with metastatic disease of the liver is entirely possible.

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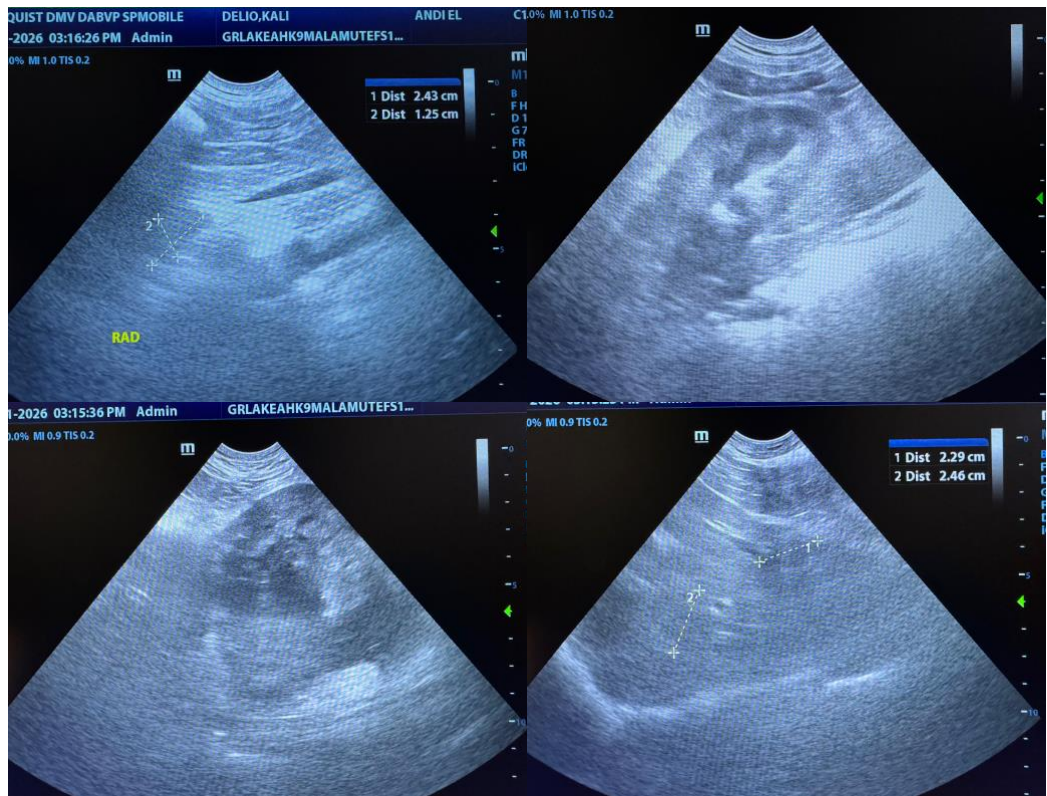
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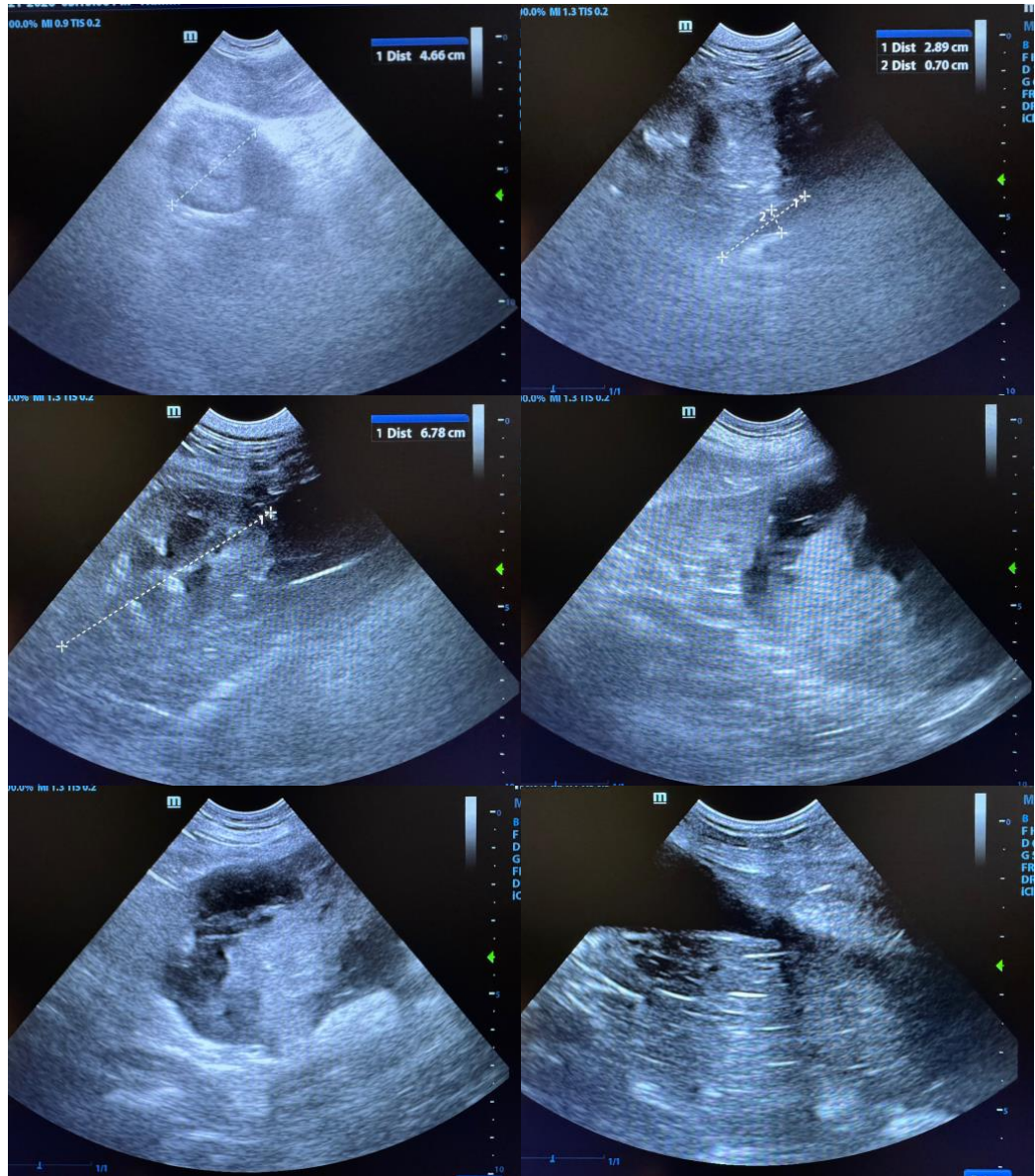
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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