



PATIENT

Ness Licis

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

34.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

SAVE Emergency ER
Doctor

INVOICE

15307

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Anorexia, lethargy, and vomiting x2 days. rDVM radiographs showed splenomegaly, concern for splenic mass. Currently on Cerenia, prednisone, recent B12 injection; receives monthly Librela. Persistent lethargy and worsening hindlimb weakness. New urinary incontinence (since last night).

Abnormal PE/Chem/CBC/UA Results: T: 38.3 C HR: 84 bpm RR: Panting MM: Pink CRT: < 2sec
Bloodwork: Marked increase ALT (>2000), ALP 676, GGT 21, TBili 67 Mild increase BUN
Lymphopenia, eosinopenia

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 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 8.6 cm in length. The right kidney measured 8.5 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 0.69 cm width at the cranial pole and 0.66 cm width at the caudal pole. The right adrenal gland measured 0.86 cm width.

Spleen

The **spleen** presented enlarged and folded upon itself caudally/cranially with scalloping contour and subtle micronodular changes.

Liver

The **liver** revealed uniform enlargement with scalloping contour and excessively hypoechoic parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. The pylorus was mildly thickened with no overt loss of mural detail. One view revealed



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a potential mucosal ulcerative lesion in the cranial aspect of the pyloric outflow. The mucosal ulcer did not penetrate into the muscularis.

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

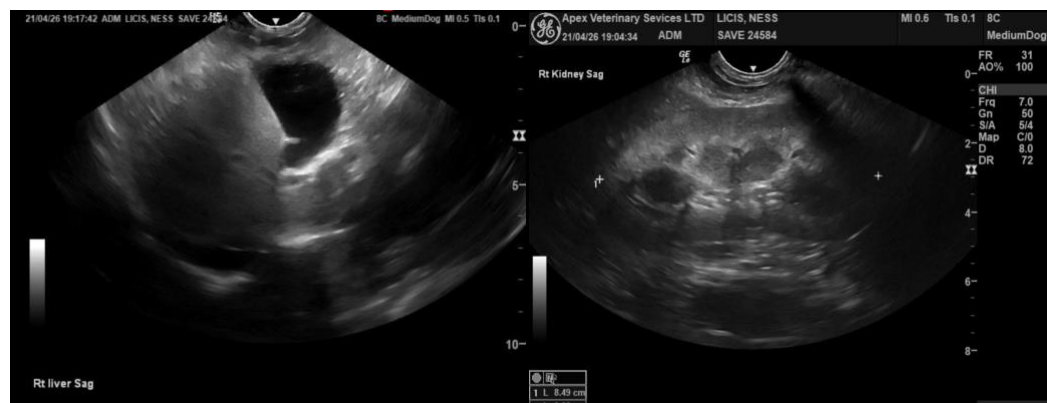
The pancreatic **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.1 cm x 0.50 cm.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific splenohepatomegaly- acute hepatic insult versus emerging round cell neoplasia
- Slight pancreatic lymphadenopathy.
- Chronic GI changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is strongly recommended in this patient to rule out occult round cell neoplasia. Leptospirosis titers is warranted, GI protective protocol, IV ampicillin, plasma expanders are all indicated. The prednisone may be suppressing a more significant presentation.





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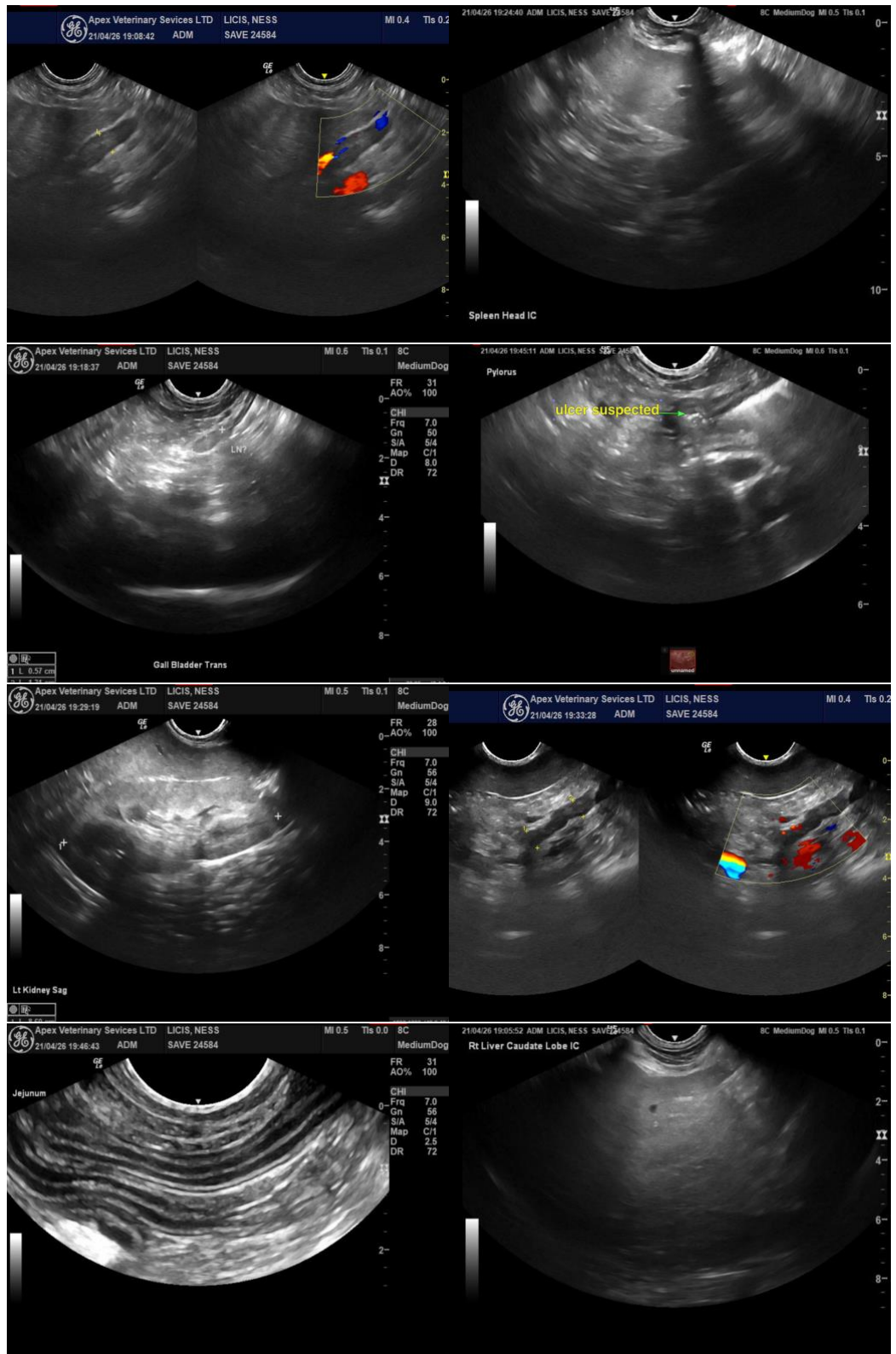
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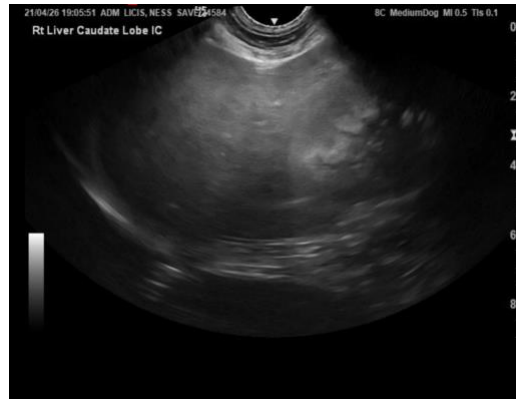
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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