



PATIENT

Sam Fey

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed female

AGE

9 years

WEIGHT

58.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Frankenberger

INVOICE

74991

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Recent diagnosis Epitheliotropic T-Cell Lymphoma by skin biopsy. See Pictures attached. Purpose of sonogram is to evaluate the abdomen for metastatic criteria before referral to oncologist. Splenic FNA and Liver FNA deferred by referring veterinarian today for staging. Chest radiographs revealed abnormal lung pattern and subjectively enlarged cardiac silhouette. Echocardiogram elected by referring veterinarian. No cough reported no murmur reported. No current cardiac medications. See attached radiographs and biopsy report. 72 files submitted for abdomen. 68 files submitted for echocardiogram.
Abnormal PE/Chem/CBC/UA Results: epitheliotropic lymphoma

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 right kidney measured 6.35 cm. The left kidney measured 5.57 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. The right adrenal gland measured 1.0 x 0.66 cm.

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 was noted.

Liver

The **liver** revealed a focal, hypoechoic 1.0 cm nodule in the left medial liver. The right liver revealed a 1.1 cm hypoechoic nodule and a separate 1.2 cm cyst in the caudal aspect of the left liver. The gallbladder



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presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

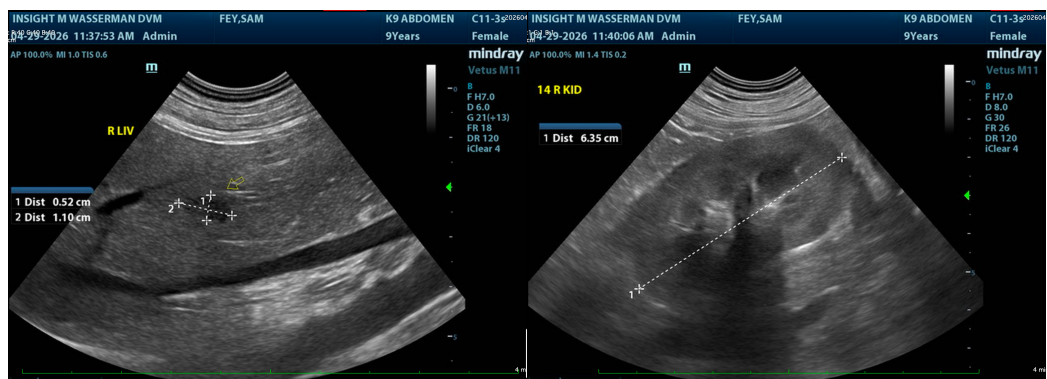
ULTRASONOGRAPHIC FINDINGS

Liver nodules and cysts.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic cysts are not overtly pathologic. The nodular changes are likely hyperplasia; however, a metastatic event or primary neoplasia is possible. Ultrasound-guided FNA of the parenchymal nodules are recommended.





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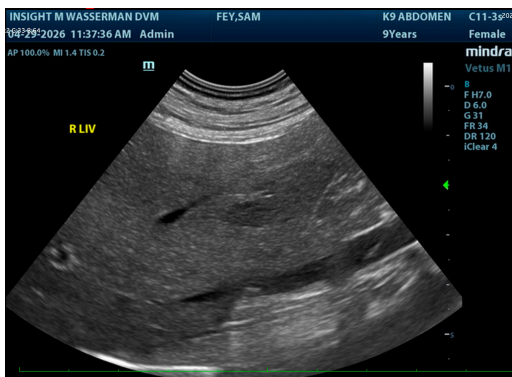
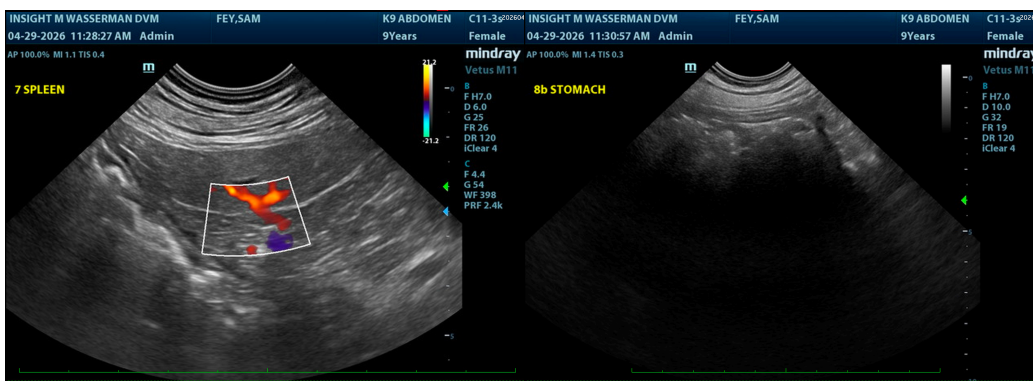
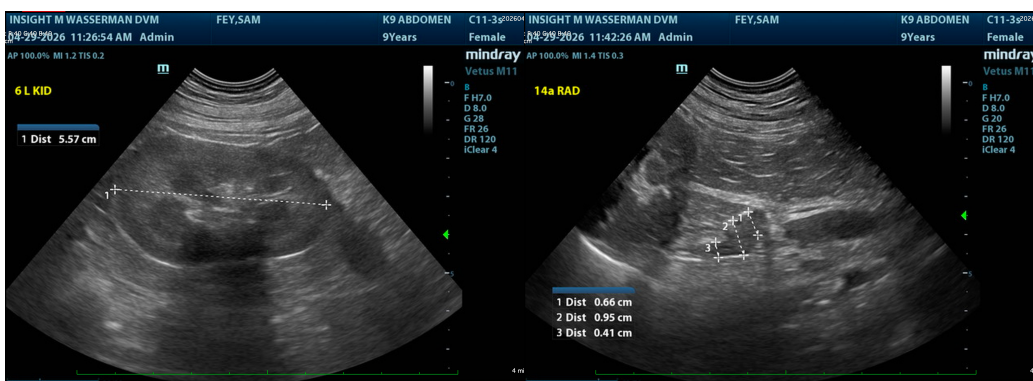
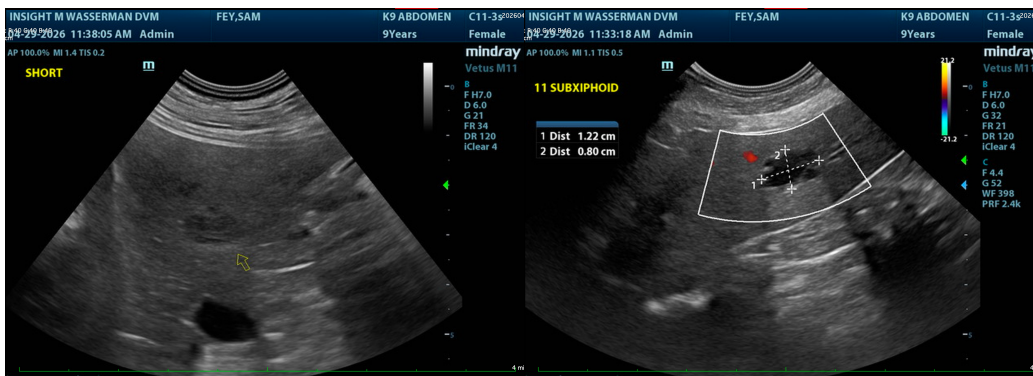
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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