



## PATIENT

Mahala Hayes

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed Female

## AGE

9 Years 10 Months

## WEIGHT

72 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessie Evoniuk

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Jessie Evoniuk

## INVOICE

14878

## DATE

04/06/26

## PRESENTING CLINICAL SIGNS

Presents for lethargy, inappetence, vomiting, and abdominal distension. Lethargy decreased energy for approximately 1 week. Vomiting: 2 episodes on Thursday, yellow fluid, intermittent. Inappetence: missed evening meal yesterday and morning meal today; food left out, not eaten; decreased excitement for meals; not eating table food. Eating intermittently. Drinking: drank this morning; no polydipsia noted. Urination: normal, urinated today. Defecation: normal, defecated today; no diarrhea. Abdominal distension (bloating) onset ~1 week ago, improved today. Abdominal sensitivity to palpation. Increased gastrointestinal sounds (gurgling) this week. No known toxin or foreign body ingestion. Weight increased from 67 to 72 lbs. apparent muscle loss over dorsum. Previous bilateral stifle thickening. Stable cutaneous lymphomas, most notable ventral thorax. Multiple soft lipoma-type masses, chest area; none distinctly changed. No routine medications or supplements

Abnormal PE/Chem/CBC/UA Results: QAR, quieter than typical, heavier, sarcopenia, rounded fluid-distended abdomen, mild lenticular sclerosis, Grade II dental disease, increased respiratory effort/sounds, especially with abdominal handling, rounded, fluid-distended abdomen; abdominal ascites confirmed, free fluid present, apparent muscle loss over dorsum; previous bilateral stifle thickening, multiple soft lipoma-type masses, chest area, stable cutaneous lymphomas, most notable ventral thorax Chloride 107, Total Protein 5, Albumin 2.1, ALP 22, LYM 0.95, RBC 8.58, HGB 21.3, HCT 60.23, MCH 24.8

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild nonspecific 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 5.0 cm in length. The right kidney measured 5.0 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### Spleen

The **spleen** presented slightly heterogenous, hypoechoic with micronodular changes without disruption of architecture.

### Liver

The **liver** presented mildly enlarged with subtle nodular changes. The gallbladder and common bile duct were unremarkable. The hepatic veins were not dilated.

### Gastrointestinal



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Variable areas of mucosal fogging were noted in the small intestine with GI thickening. No overt masses were noted, however given the ascites, concern for neoplastic process such as mastocytosis or lymphomatosis unless the albumin has dropped further to the level of less than 1.5 which would be the level for spontaneous ascites.

### **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**

A moderate amount of free fluid was noted in the abdomen.

### **Heart**

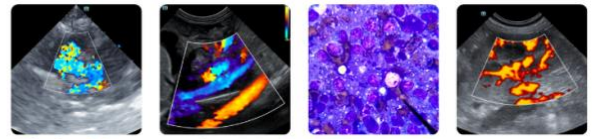
Rapid view of the **heart** revealed no significant volume overload. Mitral valve insufficiency was noted yet appeared compensated. No pericardial effusion was present, however, noncardiogenic pleural effusion was evident with nodular pleura.

## ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Heterogenous nodular spleen.
- Enlarged nodular liver.
- Mucosal fogging/ Gi thickening.
- Free fluid in the abdomen.
- Compensated mitral valve insufficiency.
- Noncardiogenic pleural effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommended abdominocentesis and thoracocentesis in this patient with cytospin of both samples to assess for any evidence of exfoliating neoplasia. Management for protein losing enteropathy is indicated in the meantime, however, with an albumin of 2.1, this would not justify third spacing of fluid on its own, therefore, a congestive process is suspected. Strong concern for obstructive neoplasia such as round cell neoplasia.



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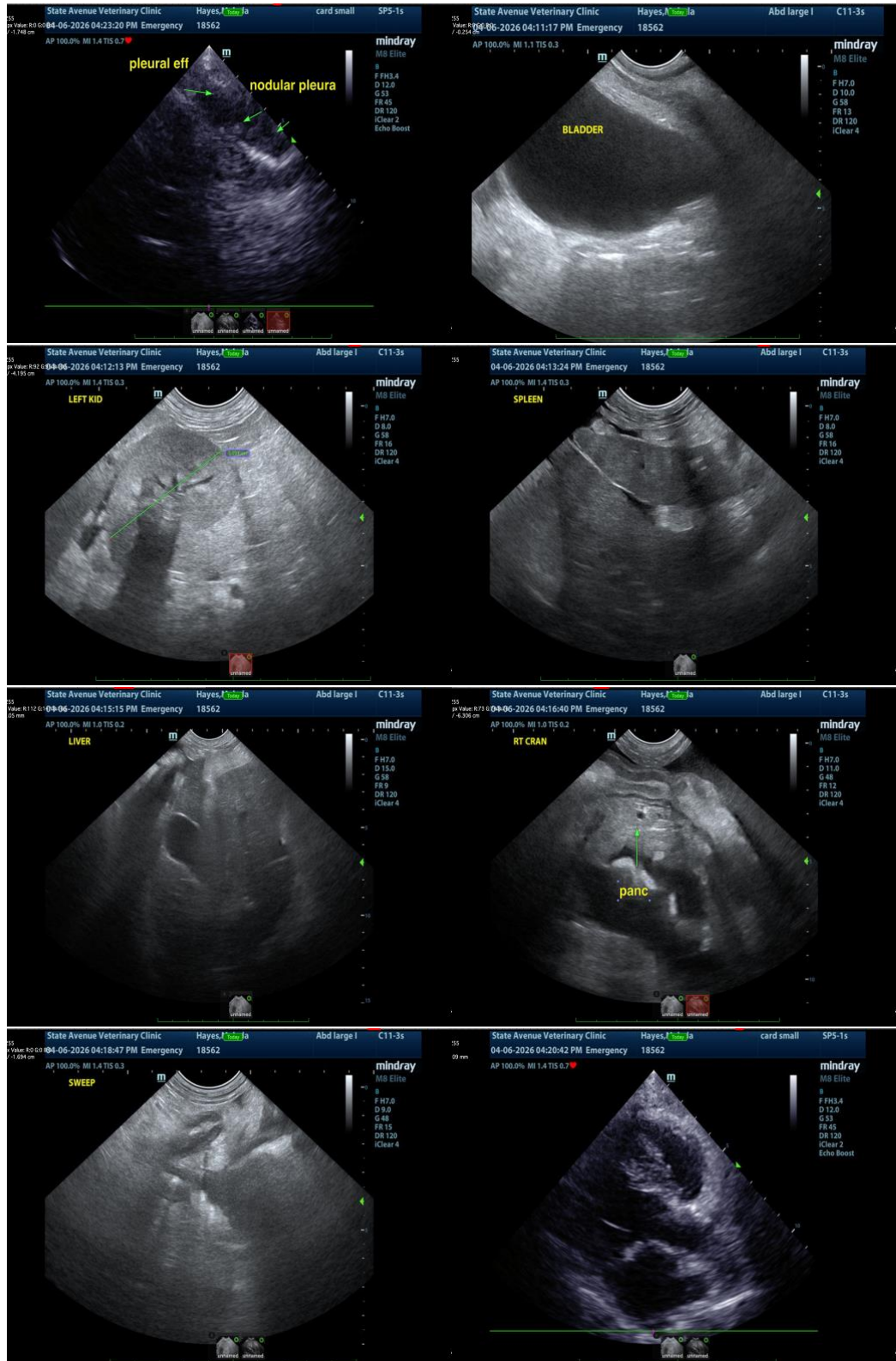
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)