



PATIENT

Polly Serpe

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10 Years 7 Months

WEIGHT

90 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

VCA Northside Animal
Hospital

REFERRING VET

Dr. Lehman

INVOICE

74268

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Splenic mass seen on rads. Weight loss, vomiting, anorexia. OA , dental dz, 4 lbs weight loss in ~3 weeks

Librela Feb 16, cerenia, caprorelin, yunnan banyan

Abnormal PE/Chem/CBC/UA Results: Dec 2025: ALP 357, Globulin 3.9, Amylase 1381

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Right kidney measured 7.85 cm. Left kidney measured 6.7 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 2.3 cm x 0.64 cm at the caudal pole and 0.49 cm at the cranial pole. Right measured 3.19 cm x 0.47 cm at the caudal pole and 0.61 cm at the cranial pole.

Spleen

The **spleen** revealed a complex mixed hypoechoic parenchymal mass measuring at least 11+ cm. No evidence of rupture or torsion. However, some areas of cavitation present. The mass appeared to be isolated.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

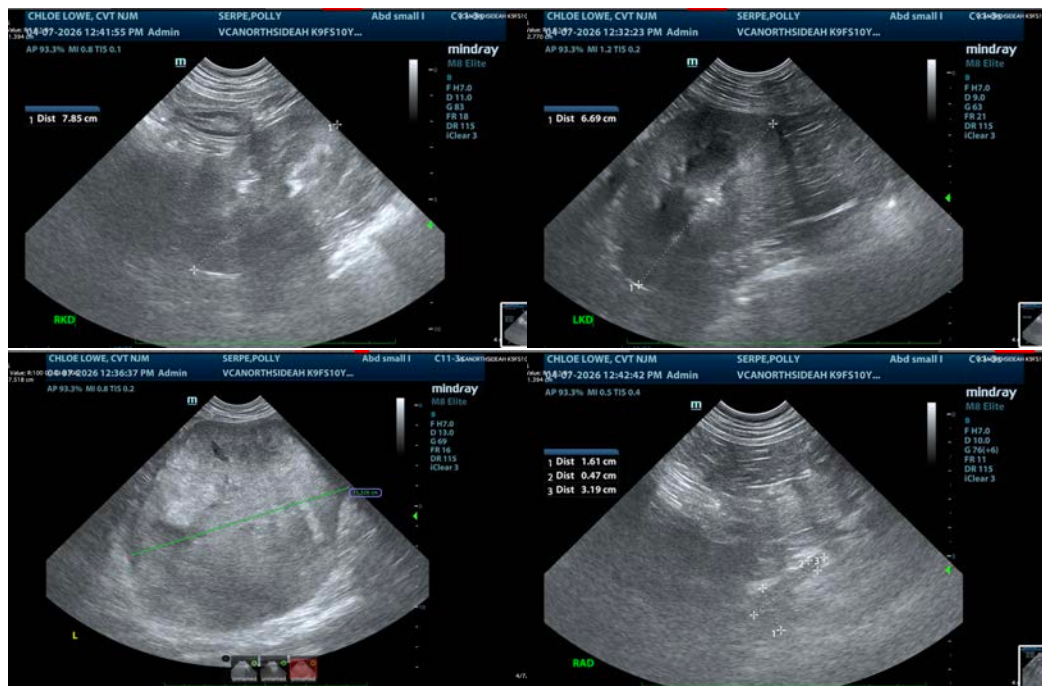
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Age related renal and hepatic exchanges.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of metastatic disease from the splenic mass. However, micrometastasis cannot be ruled out. If chest radiographs are free of evident pathology, then splenectomy with liver inspection and biopsy indicated. Screening FNA of the splenic mass and liver for staging purposes could be considered. However, my personal approach on this would be to directly explore this patient with appropriate liver biopsies after splenectomy, assuming chest radiographs are free of evident pathology.





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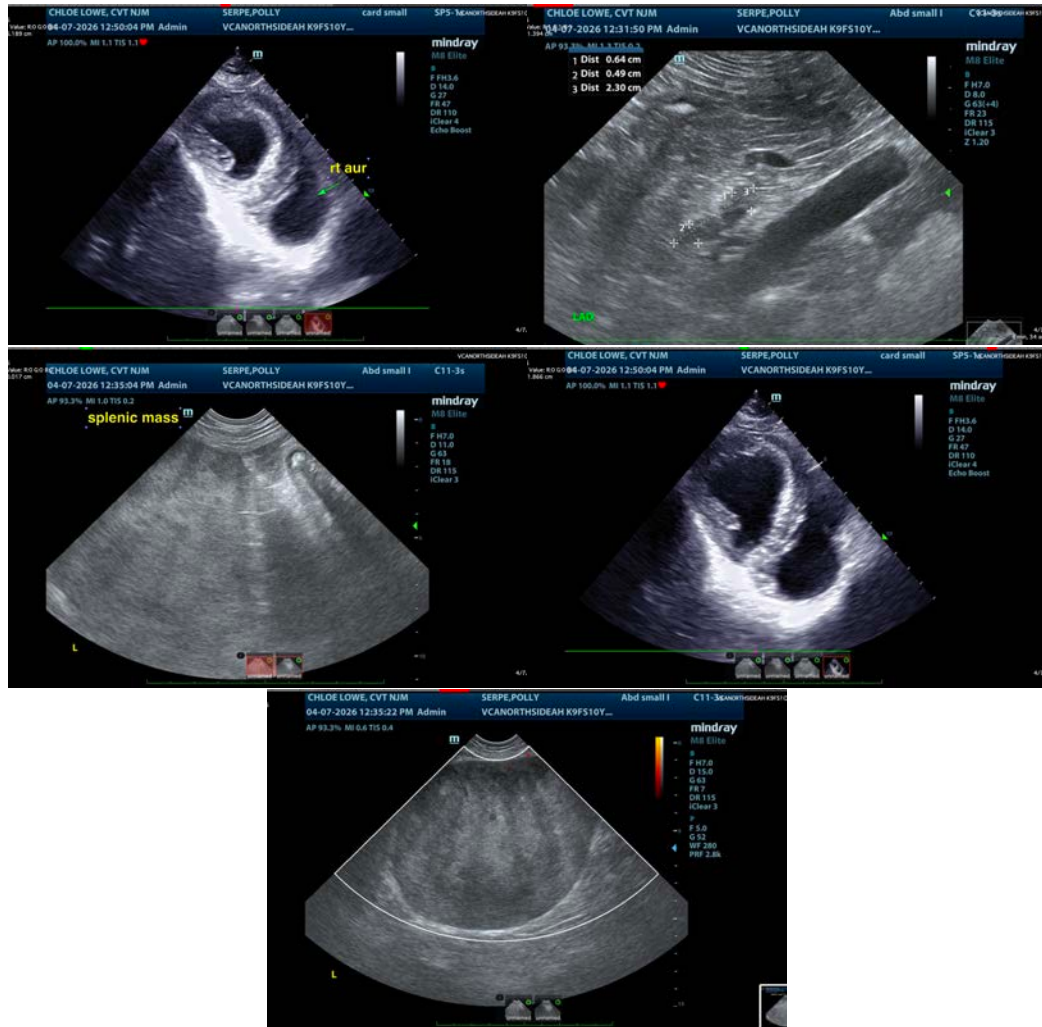
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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