



PATIENT

Wrangler Beisecker

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

99 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina, CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Collazos

INVOICE

37045

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: P had bloodwork 4/6/26 and liver enzymes were elevated. P has been started on Denamarin. E/D normal, acting normal.

Abnormal PE/Chem/CBC/UA Results: Glob - 3.8, ALT - 258, ALKP - 1557, Triglycerides - 433

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 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 7.6 cm. The left kidney measured 7.6 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

**See Free Abdomen section.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This is a mild change. Attenuating sound beam was noted.

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. **See Free Abdomen section.

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



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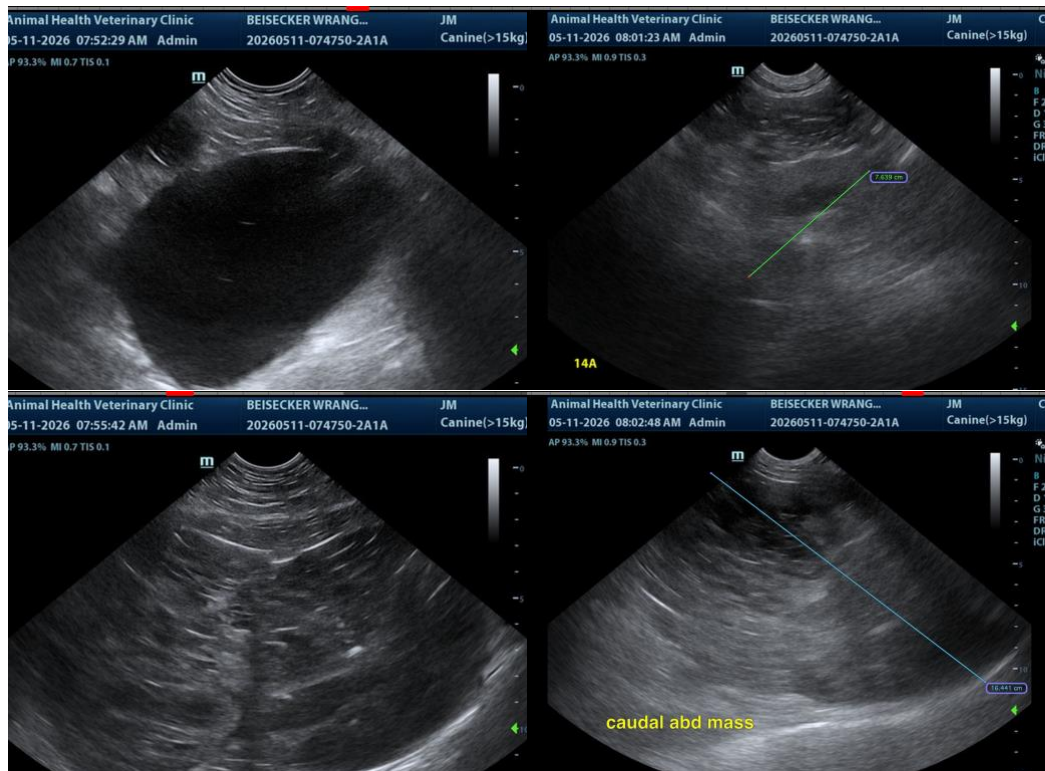
The caudal abdomen revealed a cystic and parenchymal nodular **mass**, measuring 16.0 cm. This appears to be impinging upon the spleen or deriving from the caudal pole of the spleen, yet a direct connection to the spleen cannot be confirmed. The mass appears to be ventral cranial to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Caudal abdominal mass, suspect splenic origin, however intestinal origin possible- Appears resectable, no gross involvement of other organs appear to be present.
- Adrenals were not visualized, cannot completely rule out the potential adrenal involvement, yet not suspected.
- Hepatopathy pattern
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted for surgical planning or direct exploratory surgery. FNA could be considered to assess the underlying pathology and potential origin.





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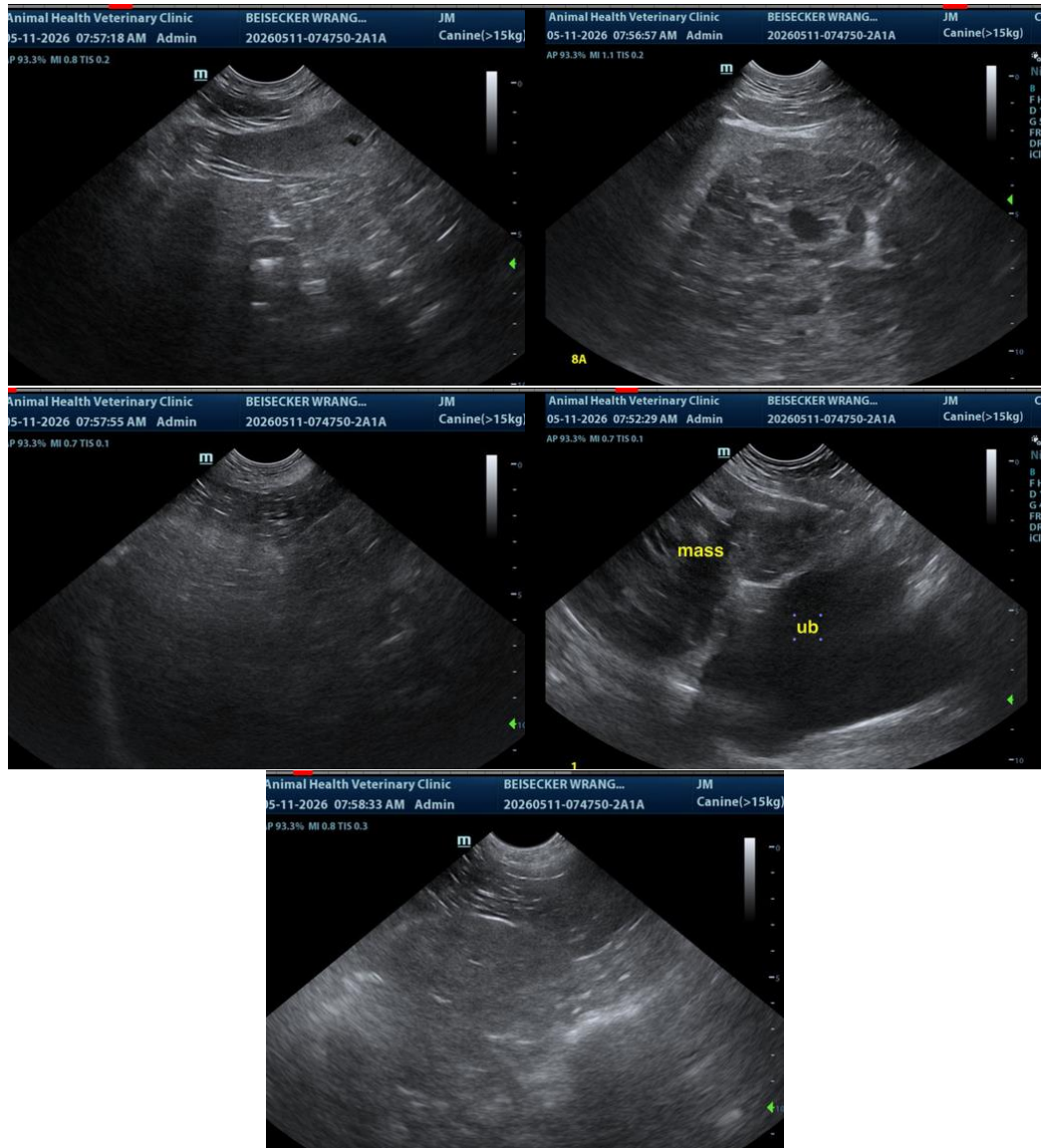
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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