



PATIENT

Stella Huneke

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

80.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassie Quillen DVM

HOSPITAL NAME

Zumbrota Veterinary
Clinic

REFERRING VET

Cassie Quillen DVM

INVOICE

16193

DATE

05/14/26

PRESENTING CLINICAL SIGNS

History of intermittent lameness with rear limb weakness for 2 weeks. Recently developed lethargy, worsening weakness, and fever of unknown origin. Improved for 24 hours after Carprofen injection and starting Clavamox tabs. Worsened after injection wore off. Concerned for infectious vs neoplasia

5/11/26: mm pale pink, 6% dehydrated, fever (105.0 F), rear end weakness, tachycardia (HR 160)
CBC: nonregenerative anemia (HCT 25%), leukopenia (2.71k), neutropenia (1.74k), lymphopenia (0.61k), thrombocytopenia (45k) Chem: high ALT (382), high Alkph (591), high amylase (1918)
5/14/26: PE unchanged, fever (104.6), generalized weakness/lethargy CBC: anemia unchanged, HCT (26.9), WBC count improved (6.03k), neut (3.88), lymph (1.31), thrombocytopenia unchanged (55k)

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 7.2 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 0.56 cm width.

The region of the **right adrenal gland** was imaged without evident pathology.

Spleen

The **spleen** revealed a hypoechoic 7.25 cm mass with nodular changes noted throughout the spleen. Generalized splenomegaly and scalloping contour was also noted as well as enhanced surrounding mesentery. An early thrombus formation is noted, appeared to be developing in the spleen in this patient, however, is non-inclusive at the time of the sonogram.

Liver

The **liver** presented mildly swollen with uniform hypoechoic parenchyma. The gallbladder and common bile duct 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

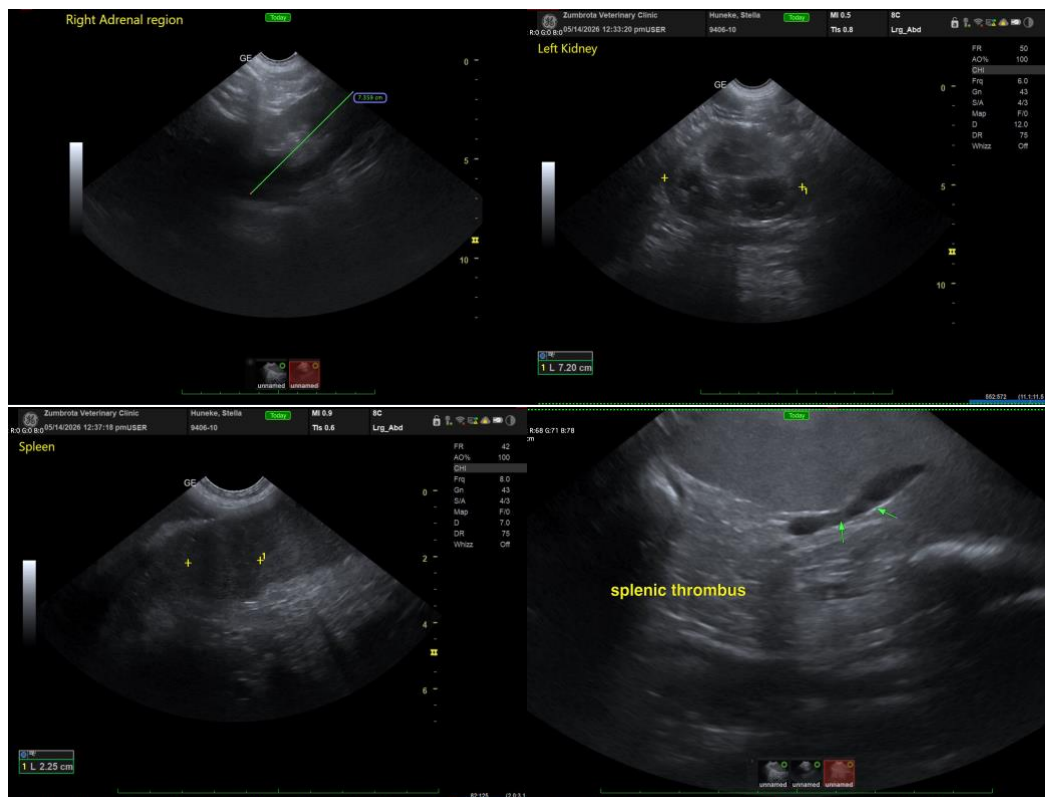
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenohepatomegaly with splenic nodules and overt mass- strong concern for occult round cell neoplasia with perineoplastic Evan's syndrome in this patient. Lymphoma and similar are suspected, splenic hyperplasia are also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel is warranted. The platelet count of 55,000 is subnormal and my normal recommended limit is 70,000 prior to FNA, however this may be necessary. Regardless in order to arrive at a definitive diagnosis, 25-gauge FNA of the spleen +/- 25-gauge FNA of the liver would be warranted. Plasma transfusion could be considered prior. Chest radiographs are warranted with focus on the cranial mediastinum to assess for lymphadenopathy.





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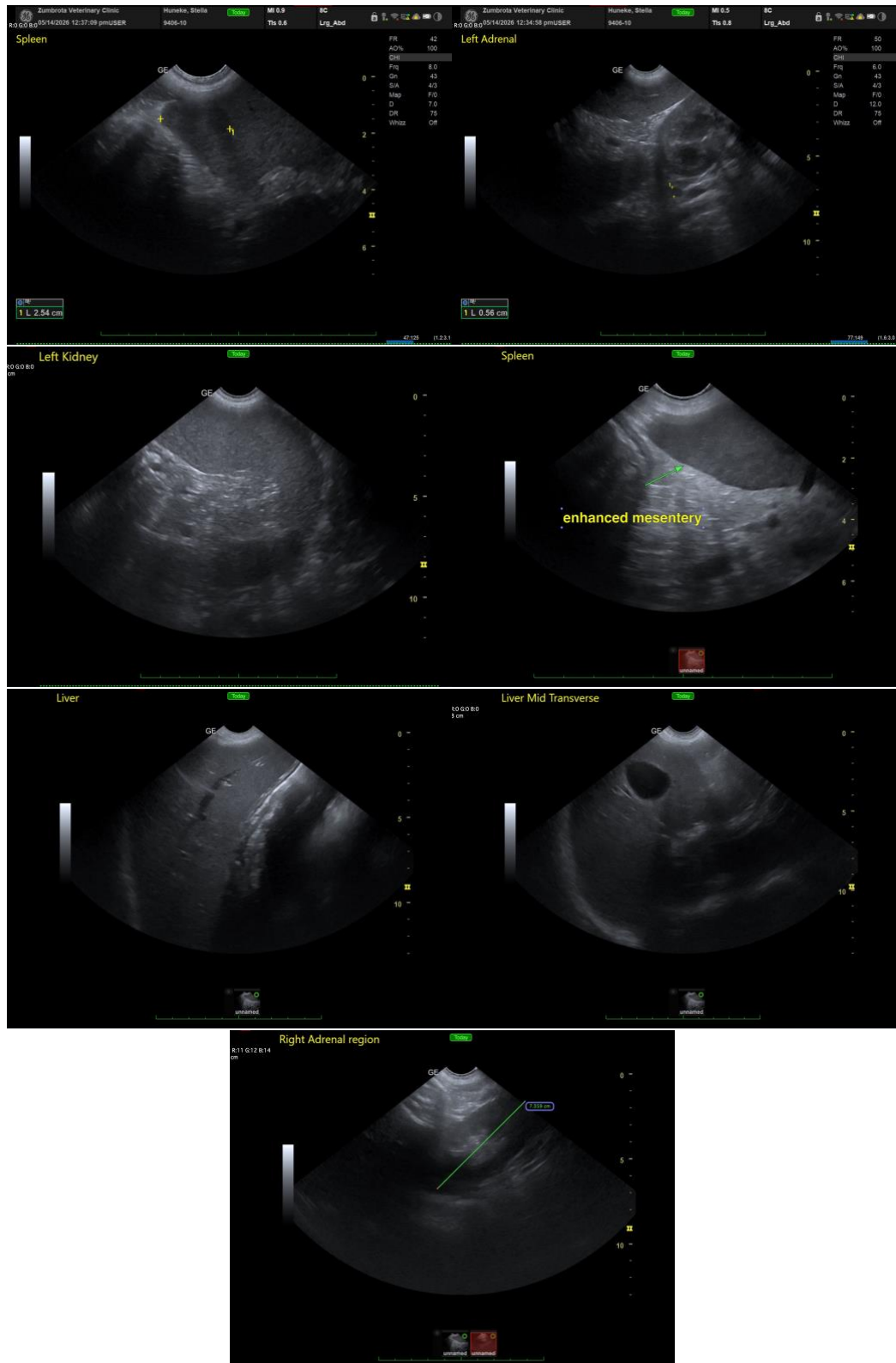
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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