



## PATIENT

Archie Michlitsch

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Male

## AGE

3 Years

## WEIGHT

26.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Leah Richter

## HOSPITAL NAME

Allied Veterinary  
Emergency & Referral

## REFERRING VET

Dr. Leah Richter

## INVOICE

16329

## DATE

05/18/26

## PRESENTING CLINICAL SIGNS

O' reports that starting Thu PM (2.5 days ago) Archie started having droopy eyes and becoming listless. It has been progressively worse since then. He last ate 24 hours ago and finished his food but was slower about it than typical. Today now he is significantly weak and lethargic and will not eat. Archie is vaccinated/current. He has an unremarkable past health history. He receives FTH prevention. Owners have not observed any ticks on him this year but did find one dead one in the house. Archie is an active hunter, last hunting in the Sauk Centre region last fall for pheasant. There is no THC available in house. Metoprolol, Losartan, and Ritalin in house, but none thought obtainable by Archie.

Abnormal PE/Chem/CBC/UA Results: Hypersalivation, mydriasis OU (fundic exam normal), absent proprioception right hind, otherwise normal neurologic exam CBC: NSF. Hct 42.8%, WBC 7.2k, PLT 295k Chem17/Lytes: WNL T4: 0.5 (suspect euthyroid sick) UA (Cysto): Yellow, clear, USG 1.040, pH 6, Pro Tr, Glu neg, Ket neg, Blood 25, Bili 3, Urobili 4, LeuEst neg. WBC 10/HPF, RBC 10/HPF, Rods suspected, 6-10/HPF nsEpi, hyaline casts suspected, no crystals Rod bacteria not noted manually. Large number of sperm. Urine Drug Test: Negative 4dx: Negative Tonometry: OS/12, OD/13 CRP: 9.1 (0-1) POCUS: No free fluid in abdomen. Approx 1/3 from caudal end of left abdomen is a suspected enlarged LN (vs mass). No other lesions observed. AXR: Mild splenomegaly, otherwise normal abdomen FUO PCR panel: submitted/pending

## 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 **prostate** presented mildly heterogenous and mildly irregular with slight edema lines. Manual palpation of the prostate is warranted to assess for any discomfort. The prostate measured 3.7 cm. Mild deviation of the descending lumen was noted with microcystic changes that may represent abscesses.

The **iliac trifurcation** was unremarkable.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.0 cm in length. The right kidney measured 7.9 cm in length. Anechoic cysts were present in the right kidney with the largest of which measuring 2.0 cm at the caudal pole.

### Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

### 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



## PATIENT

Archie Michlitsch

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Male

## AGE

3 Years

## WEIGHT

26.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Leah Richter

## HOSPITAL NAME

Allied Veterinary  
Emergency & Referral

## REFERRING VET

Dr. Leah Richter

## INVOICE

16329

## DATE

05/18/26

congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. A small intestinal mass was noted in this patient measuring up to 3.5 cm x 5.5 cm and appears isolated with complete loss of mural detail. Regional inflammation was present. The mass extends approximately 8.0 cm in length.

### 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

- Right kidney anechoic cysts.
- Irregular prostate.
- Small intestinal mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

22-gauge ultrasound guided FNA of the mural portion of the small intestinal mass is recommended. Surgical removal guided by intraoperative ultrasound would be ideal in this patient. If surgical approach is taken without ultrasound, I recommend removal of at least 10.0 to 15.0 centimeters of intestine and 5.0 cm proximal to and distal from the mass, palpation as the mass has a tapering infiltrative pattern. Chest radiographs are warranted to ensure no comorbidities. No overt evidence of metastatic disease is noted. Differentials include carcinoma, leiomyosarcoma, round cell neoplasia, granulomas disease less likely. Neutering should be considered at the time of surgery as well, given the prostatic changes.



## PATIENT

Archie Michlitsch

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Male

## AGE

3 Years

## WEIGHT

26.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Leah Richter

## HOSPITAL NAME

Allied Veterinary  
Emergency & Referral

## REFERRING VET

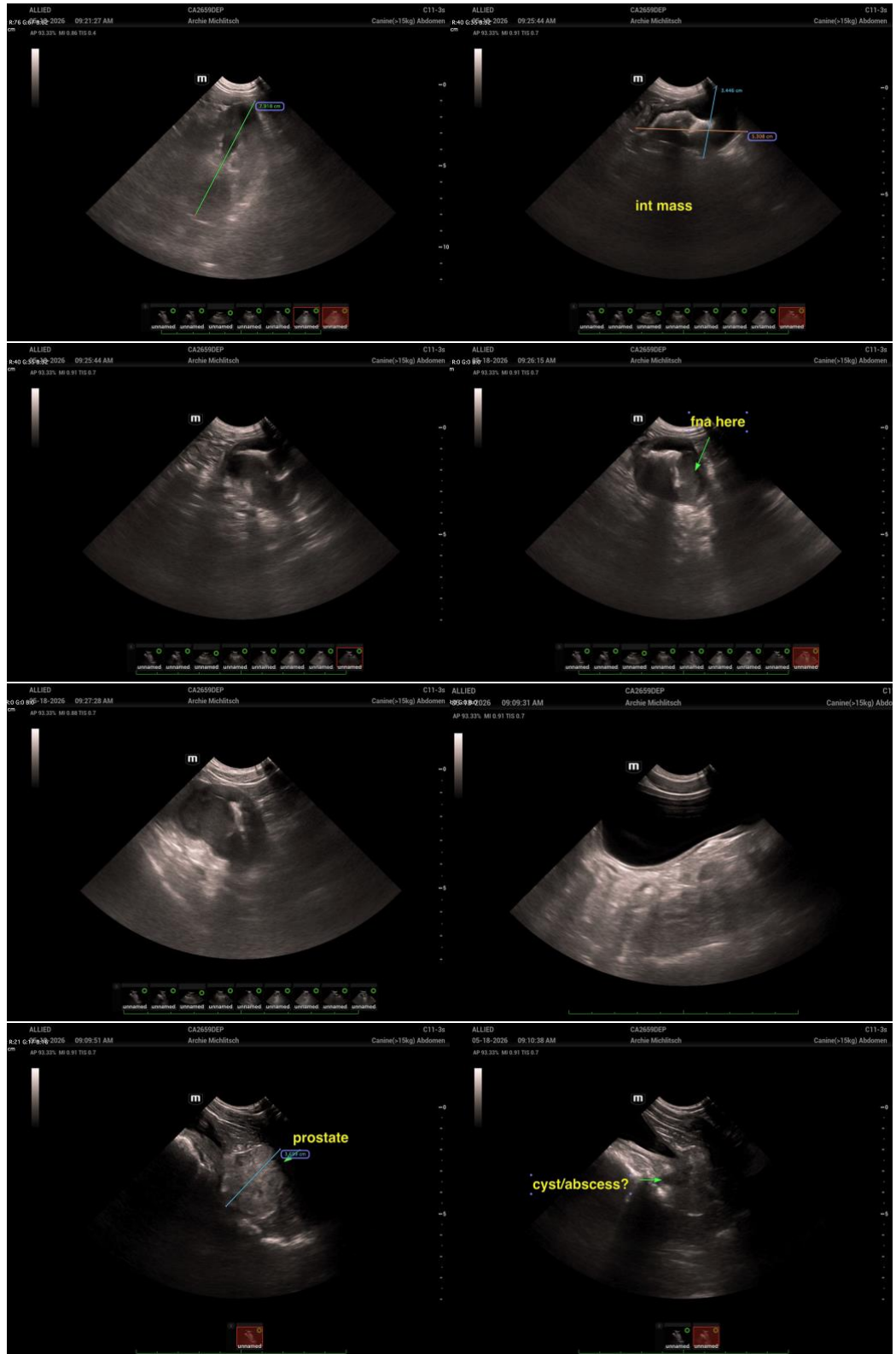
Dr. Leah Richter

## INVOICE

16329

## DATE

05/18/26





## PATIENT

Archie Michlitsch

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Male

## AGE

3 Years

## WEIGHT

26.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Leah Richter

## HOSPITAL NAME

Allied Veterinary  
Emergency & Referral

## REFERRING VET

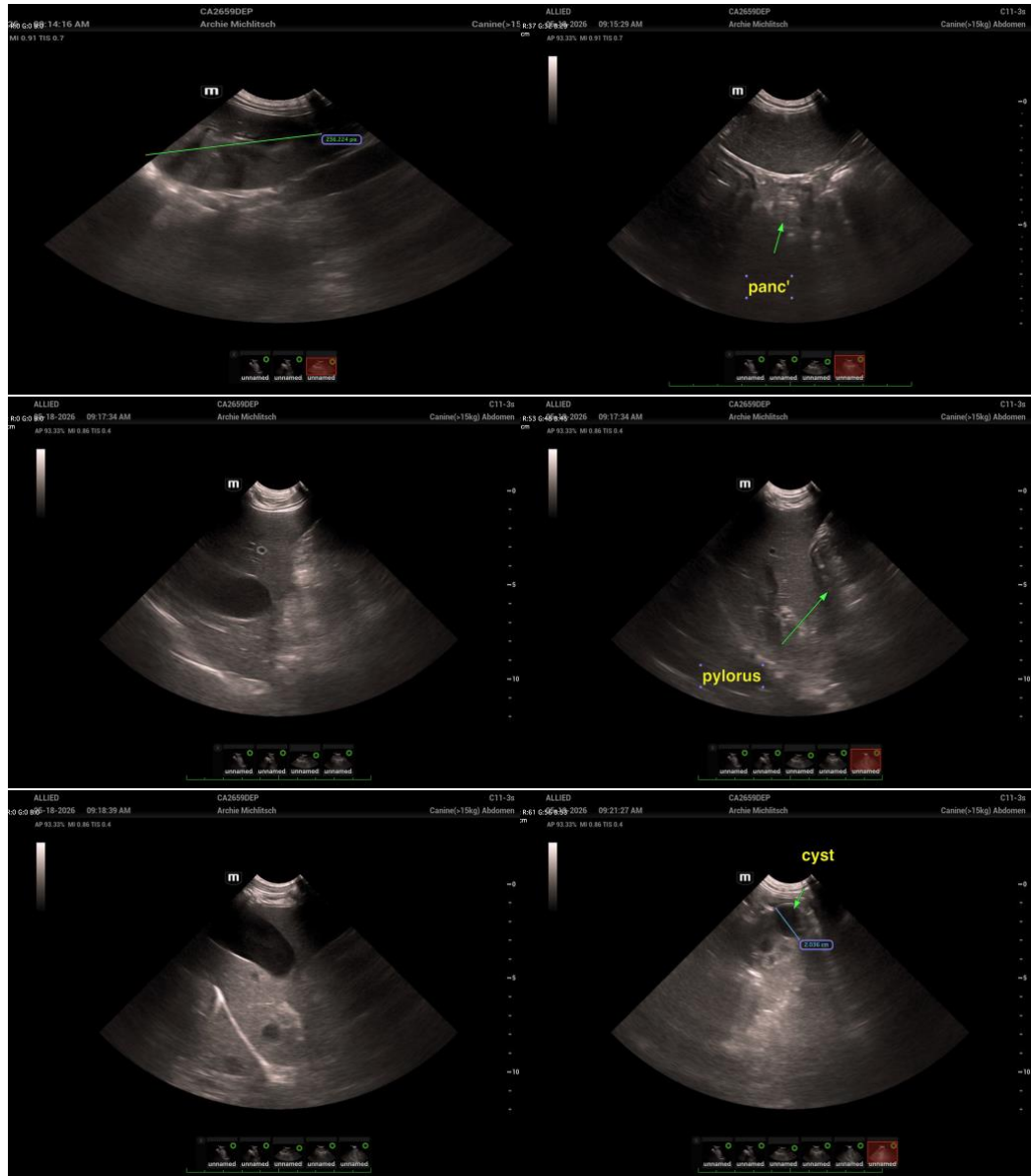
Dr. Leah Richter

## INVOICE

16329

## DATE

05/18/26



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)



## PATIENT

Archie Michlitsch

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Male

## AGE

3 Years

## WEIGHT

26.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Leah Richter

## HOSPITAL NAME

Allied Veterinary  
Emergency & Referral

## REFERRING VET

Dr. Leah Richter

## INVOICE

16329

## DATE

05/18/26