



PATIENT

Bojangles Fink

SPECIES

Canine

BREED

Labrador

SEX

Intact Male

AGE

8 Years

WEIGHT

38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Sarah Moser

INVOICE

16381

DATE

05/20/26

PRESENTING CLINICAL SIGNS

Chronic vomiting for 1 week or longer duration, significant weight loss with muscle mass loss, lethargic, appetite seems normal. Last kept down meal was Saturday night. Suspected chicken bone ingestion before client's vacation. Attempted defecation this morning without success, straining noted last night. Eyes: Sunken (sl enophthalmos), corneas clear and bright, PLR and palpebral/menace intact OU. Cardiovascular: mild tachycardia, no murmurs or arrhythmias, pulses strong/synchronous. Rectal: prostate soft, sl bilat enlarged

CBC: Neutrophils 11.67 (H), Eosiniphils 0.02 (L), Platelets 140 (L) Chem: ALP 279 (H) EPOC: pH 7.349 (L), Lactate 3.10 (H), Glucose 130 (H) Quantitative Pancreatic Lipase: 57 (WNL) Radiographs: mild gastric distension, mild gas throughout GI tract, gas/fluid distended colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 iliac **lymph node** was enlarged measuring 2.0 cm x 1.0 cm.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 5.0 cm.

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 his age patient. Medullary structure differed distinctly from that of the cortex. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 7.7 cm in length. The right kidney measured 8.2 cm in length.

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. The left adrenal gland measured 0.75 cm width at the caudal pole and 0.6 cm width at the cranial pole. The right adrenal gland measured 1.0 cm width at the cranial pole and 0.67 cm width at the caudal pole.

Spleen

The **spleen** presented with micronodular changes and swollen irregular contour with enhanced surrounding mesentery.



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Liver

The **liver** revealed increased portal markings with swollen irregular contour. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastric** wall was significantly thickened measuring up to 2.3 cm with loss of structural detail and fluid filled lumen. Enhanced mesentery and regional lymphadenopathy were present. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** presented hypoechoic, irregular and enlarged.

ULTRASONOGRAPHIC FINDINGS

- Severe gastritis.
- Lymphadenitis.
- Reactive spleen.
- Hepatic remodeling.
- Minor benign prostatic hyperplasia pattern.
- Age-related renal changes with nonobstructive mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for splenohepatic, gastrointestinal and lymph node-based round cell neoplasia. Ultrasound guided FNA of all accessible organs is recommended for further definition.



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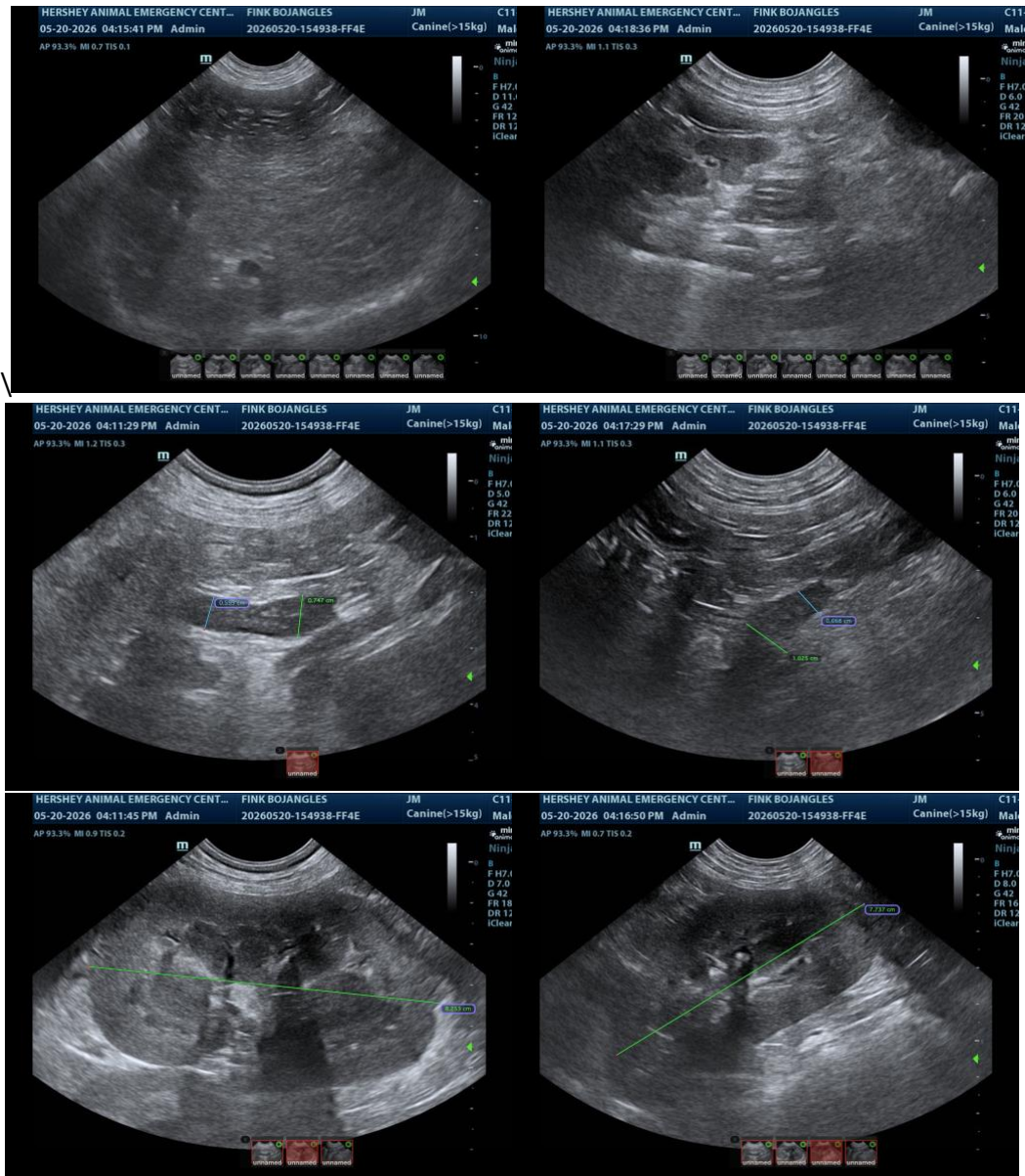
Dr. Sarah Moser

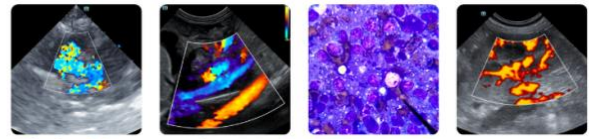
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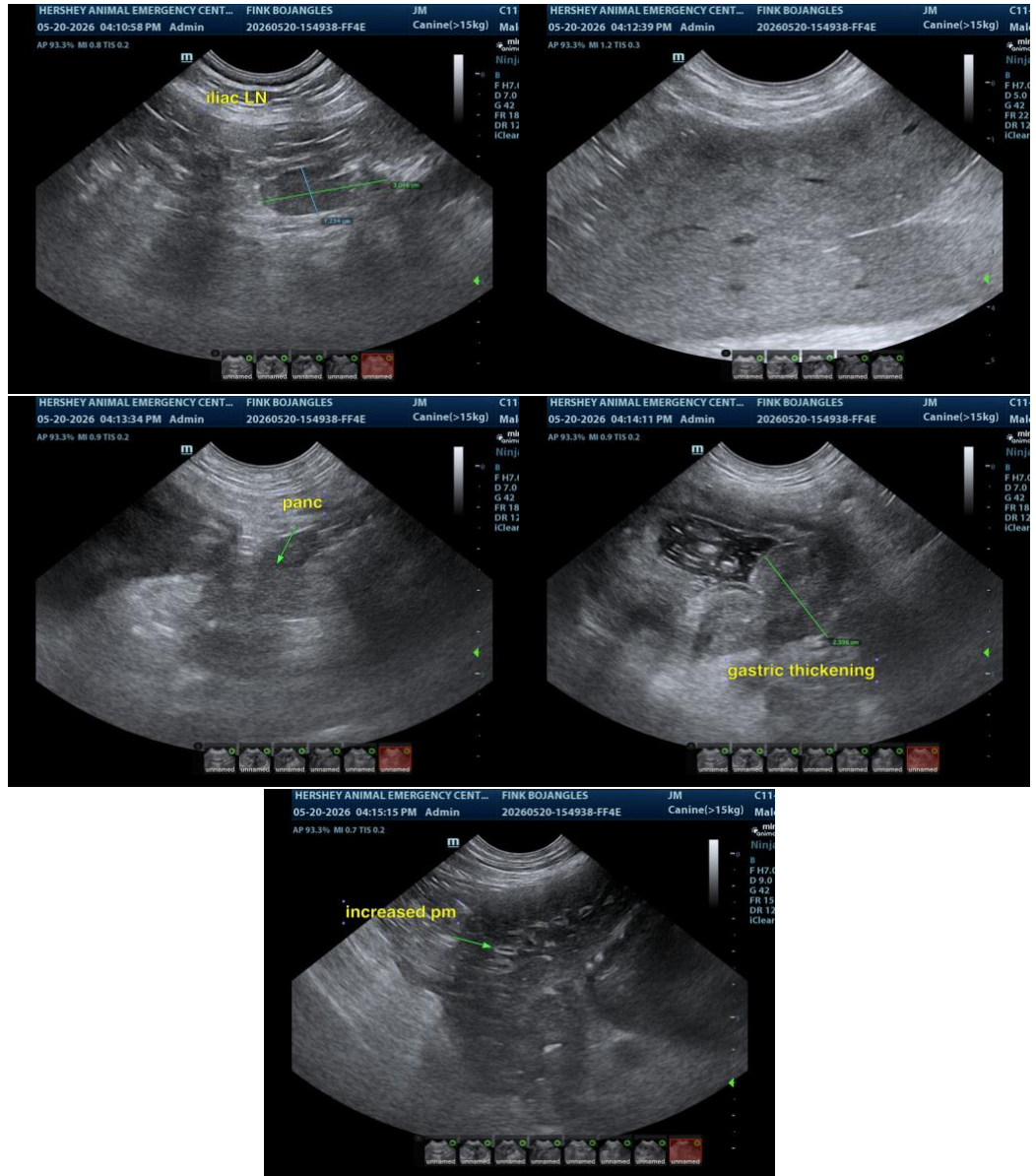
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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