



PATIENT

Jasper Duppler

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9

WEIGHT

75

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melissa Gallick

HOSPITAL NAME

Magnolia Springs
Veterinary Care

REFERRING VET

Dr. Lynn Duppler

INVOICE

16486

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Patient had an episode of diarrhea on Wednesday. BW was run on Thursday with mild Anemia.

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

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** revealed an expansive mixed hypoechoic 7.0+ cm cavitated and parenchyma mass with regional inflammation present around the splenic mass. Slight areas of free fluid were noted associated with the splenic mass.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine 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.



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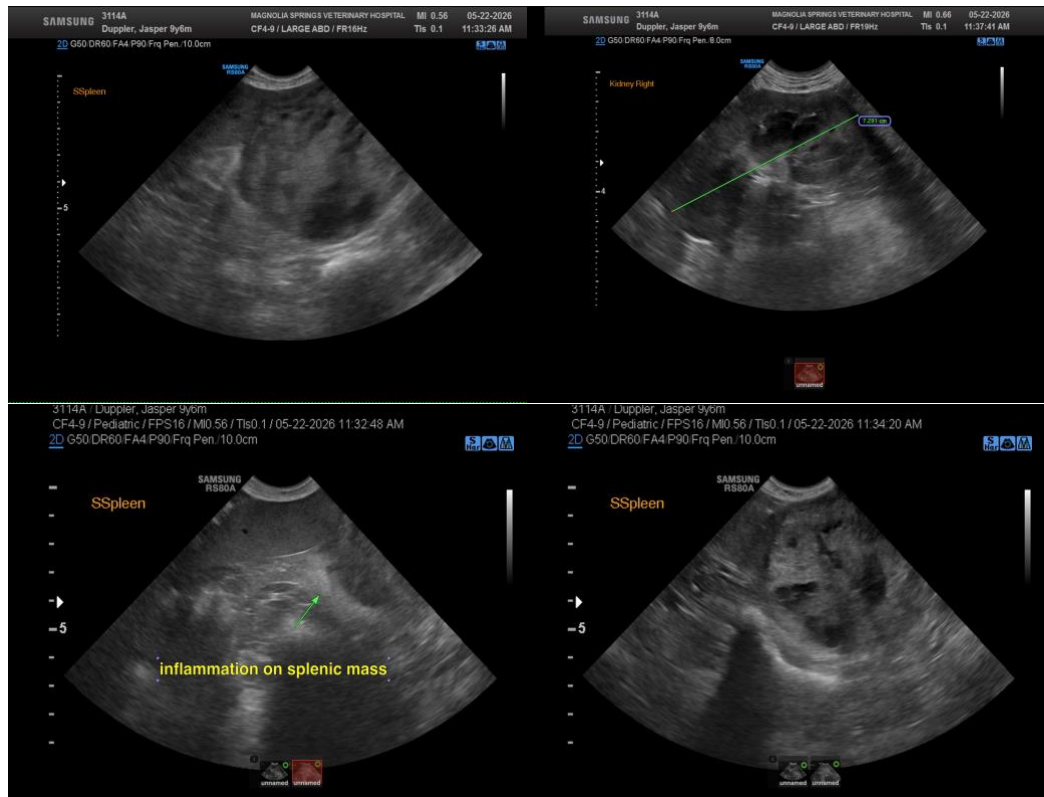
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ULTRASONOGRAPHIC FINDINGS

- Splenic mass with regional inflammation and free fluid.
- Partially full stomach.
- Age-related hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No gross evidence of pathology, however some images of the liver were somewhat dark. Recommend exploratory surgery after chest radiographs, rapid echocardiogram to ensure metastatic disease is not present, splenectomy, liver inspection and biopsy are all indicated. This is a surgical urgent emergency given the slight free fluid. Rupture of the mass is a strong potential or prior leakage, and reabsorption is a potential. Hemangiosarcoma is suspected, benign hyperplastic tumor is possible, round cell neoplasia is less likely.





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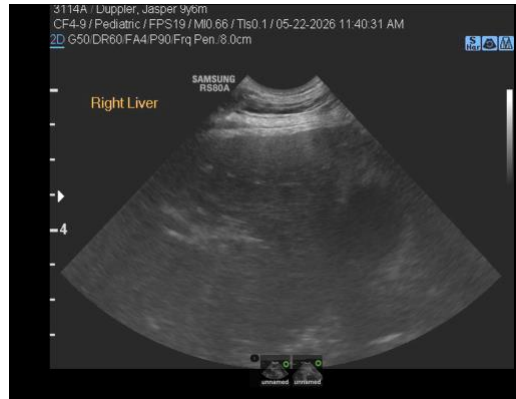
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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