



## PATIENT

Aspen Reed

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

67.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Ken Bedell DVM

## INVOICE

15794

## DATE

05/05/26

## PRESENTING CLINICAL SIGNS

**RDVM REASON FOR REFERRAL:** Acute collapse yesterday morning. Presented with tachycardia, tachypnea, fever, and painful abdomen. X-rays were unremarkable. Intermittent diarrhea over the last year, otherwise a relatively healthy geriatric dog. **History:** Patient has a history of symmetric lupoid onychodystrophy. Owner reports that for the x-rays yesterday, the patient was sedated with ketamine and xylazine and experienced an apneic event. The collapse yesterday was acute. The morning was normal; she ate breakfast, played, and went for a walk before crashing. She was lethargic but not comatose. By this morning, she was much perkier. **Vitals:** - Temp: 103.5 F **CLINICAL SIGNS:** Acute collapse yesterday morning. Presented with tachycardia, tachypnea, fever, and painful abdomen. **MEDICATIONS:** - Amoxicillin 500 mg PO BID - Metronidazole 500 mg PO BID \*Gave 0.5 mL butorphanol IV prior to the scan.

**Lab Work:** - White cell count: 31.38 K/uL (elevated) - Neutrophils: 27.5 K/uL (elevated) - Monocytes: 1.54 K/uL (elevated) - Platelets: 842 K/uL (elevated) - Hematocrit: 43% (normal) - Globulin: 4.5 g/dL (high normal)

## 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.9 cm in length.

### Adrenal Glands

The **right 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 right adrenal gland measured 2.95 cm x 0.61 cm width at the cranial pole and 0.73 cm width at the caudal pole.

The **left adrenal gland** was slightly enlarged at the cranial pole measuring 1.09 cm width. The caudal pole was at the upper limits of normal yet slightly enlarged measuring 0.93 cm width. The left adrenal gland measured 2.95 cm length.

### Spleen

The **spleen** revealed an expansive mixed echogenic undifferentiated parenchymal mass measuring 6.3 cm that appeared to be deriving from the cranial pole. Subcapsular fluid accumulation was noted in the body of the spleen likely owing to subcapsular hemorrhage. Some reactive mesentery was noted around the splenic mass. No overt evidence of metastatic disease.



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## 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

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. 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.

## Free Abdomen

Rapid view of the **heart** revealed no gross pathology.

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass with subcapsular hemorrhage.
- Irregularly enlarged left adrenal gland.
- Age-related abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend chest radiographs and echocardiogram to assess for metastatic disease. Recommend immediate exploratory splenectomy with liver biopsy. Differentials include hemangiosarcoma versus benign hepatoma, abscessation, hyperplastic mass are all possible.



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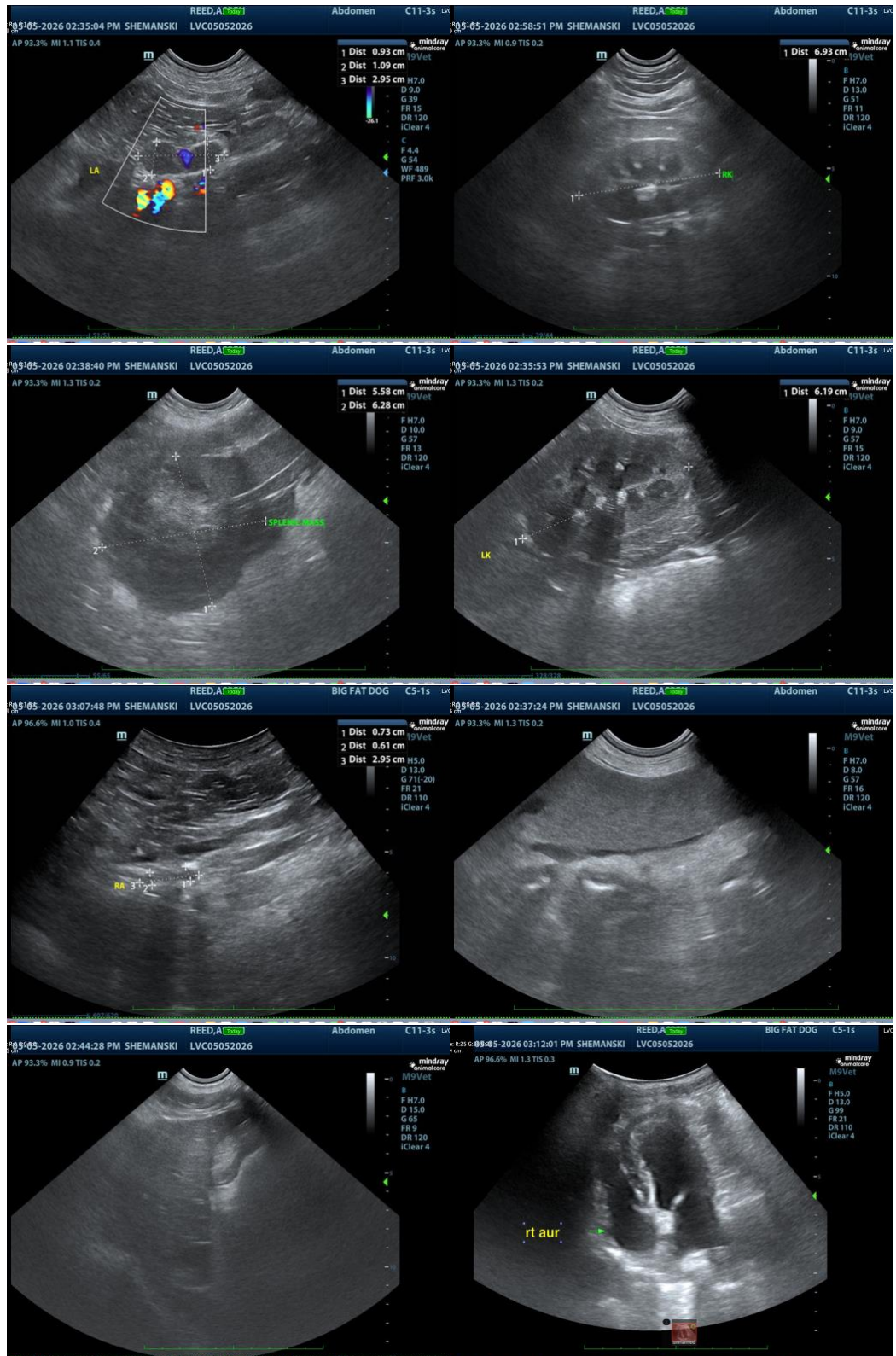
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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