



## PATIENT

Bella Warner

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

24.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Leann Murphy

## INVOICE

16251

## DATE

06/02/26

## PRESENTING CLINICAL SIGNS

Vomiting for many months typically at night. Vomited 3-4 times last week and on Saturday was blood tinged. No vomiting since treated with Cerenia and Sucralfate. On Omeprazole and i/d for several weeks. Good appetite and activity. History of mass removal RH foot 3/4/25 (soft tissue sarcoma, suspect perivascular wall tumor)

PE: Unremarkable 5/30/26 PCV/TS: 57/7.4 CBC: Lymph 0.87 L, Platelets 119 L Chem: Unremarkable Cortisol: 2.89 4dx: negative x 4

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 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 trifurcation** was unremarkable.

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 and no evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 6.4 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 0.5 cm width. The right adrenal gland measured 1.1 cm width at the cranial pole and 0.6 cm width at the caudal pole.

### Spleen

The **spleen** revealed a focal hypoechoic disruptive mass with periserosal inflammatory pattern measuring 2.2 cm. The spleen was folded upon itself and appeared fairly uniform otherwise with slight free fluid visualized.

### 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.



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## *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed an empty gastric lumen with mildly thickened wall. The small intestine and colon were unremarkable.

## *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

- Focal splenic mass.
- Nonspecific gastrointestinal insult.
- Age-related abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the splenic lesion or direct splenectomy is indicated after chest radiographs and rapid view of the heart to ensure underlying metastatic disease is not an issue. Given the chronic GI changes, even though only minor changes are present structurally, a GI biopsy is indicated at that time. Prognosis is guarded. Nodular hyperplasia versus round cell neoplasia, hemangiosarcoma are all possible with the splenic lesion. No evidence of foreign bodies.



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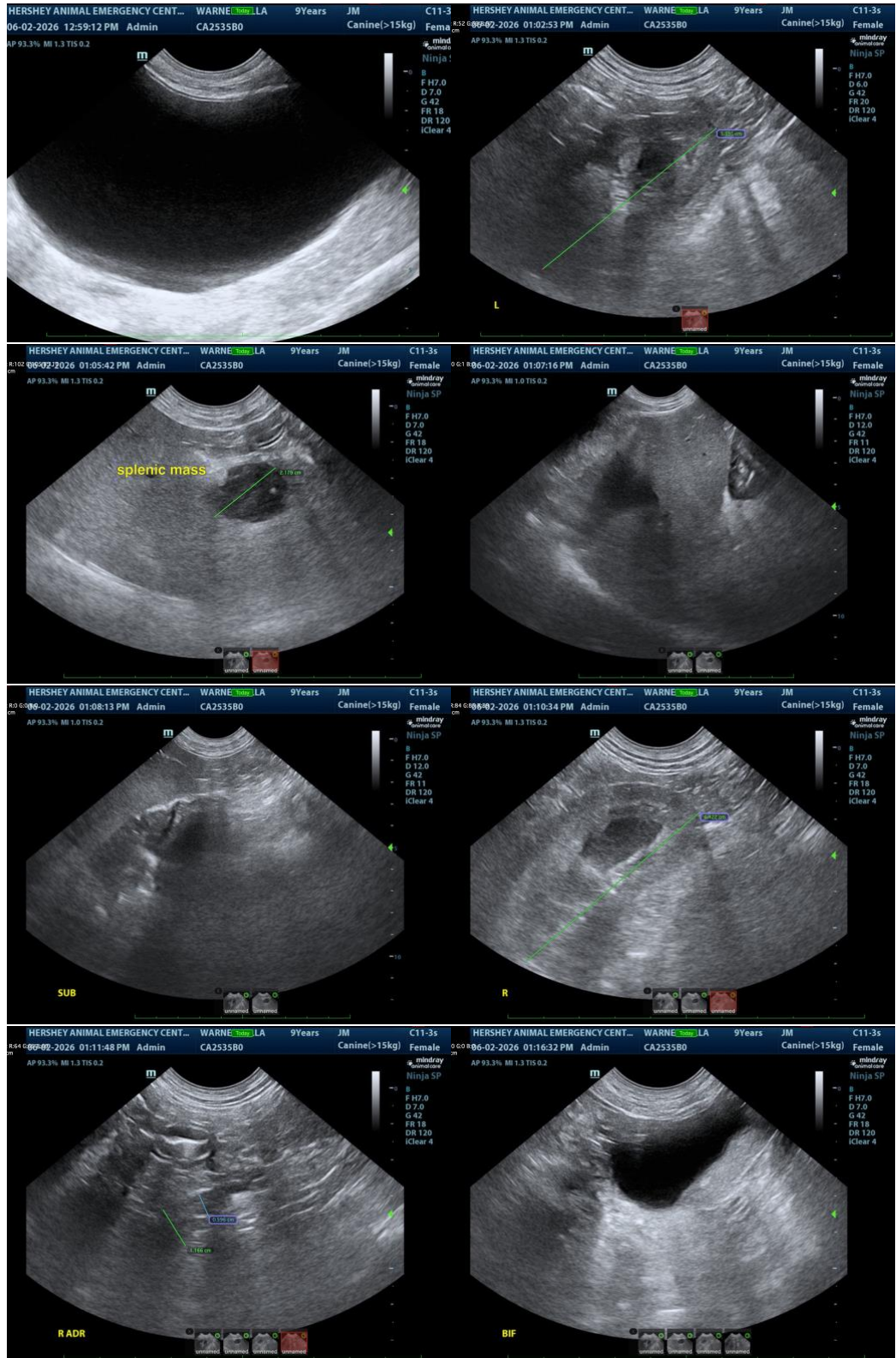
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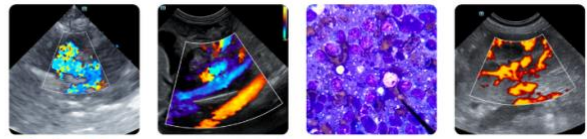
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

CEO, Owner, Founder -- SonoPath.com

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