



PATIENT

Milo Otto

SPECIES

Canine

BREED

Collie Mix

SEX

Neutered male

AGE

10 years

WEIGHT

20.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Renee Trionfetti

HOSPITAL NAME

Brandywind Valley VH

REFERRING VET

Dr. Stutts

INVOICE

78290

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate anemia, Weight loss (~5 lbs in 3 mos) and hyporexia.
Abnormal PE/Chem/CBC/UA Results: May 2026: - CBC: Hct 40.4% L, Hgb 13.3 L, normochromic, microcytic, mono 0.9K H, plts 571 H March 2026: - Chem: Alb 3.6-n, ALT 16-mild L, remainder NSF

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 was 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 right kidney measured 6.4 cm. The left kidney measured 6.3 cm.

The residual **prostate** measured 0.7 cm.

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 right adrenal gland measured 2.4 x 0.58 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 1.9 x 0.42 cm at the cranial pole and 0.41 cm at the caudal pole.

Spleen

The **spleen** revealed multi-focal, hypoechoic, ill-defined nodular changes with areas of capsular expansion. The spleen measured 3.1 cm in width. The spleen also revealed an expansive, mixed, echogenic and microcystic as well as parenchymal mass that measured 10.8 cm with regional hyperechoic surrounding fat. No free fluid was noted at the time of the sonogram; however, rupture and resorption is a potential. A second, undifferentiated 7.0 cm mass was noted medial to the spleen appears to be separate from it. Multiple target lesions were noted throughout the spleen.

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



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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.

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Gastrointestinal

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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.

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Pancreas

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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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Heart

INTERPRETED BY

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Rapid view of the heart revealed no evidence of pathology. The contractility and volumes appeared normal. There was no evidence of pericardial or pleural effusion.

IMAGING PERFORMED BY

Renee Trionfetti

ULTRASONOGRAPHIC FINDINGS

Splenic and abdominal sarcomatous type presentation.

Liver appeared structurally normal and uniform, yet I cannot rule out micrometastasis. There was no gross evidence of metastatic disease noted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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Exploratory surgery could be considered in this patient if chest radiographs are free of evident pathology. However, given the omental involvement, clean resection of the mass is unlikely. There is no contraindication to anesthetic procedure. Otherwise, ultrasound-guided FNA of the parenchymal portions of the masses with immediate chemotherapeutic intervention is another option.

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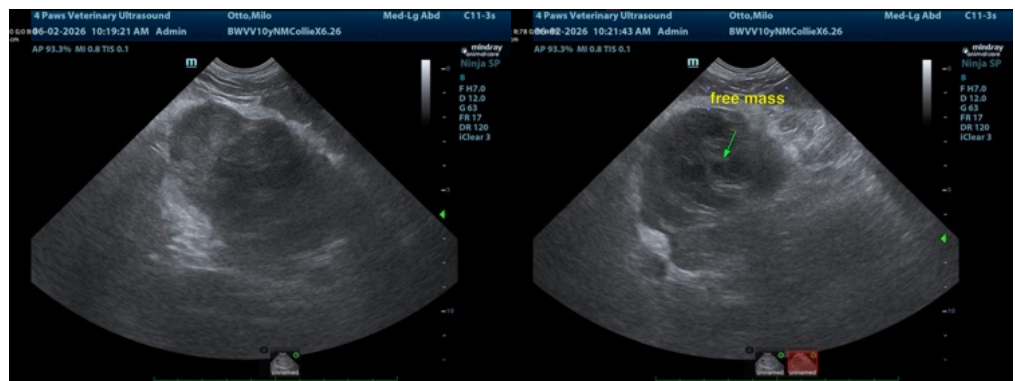
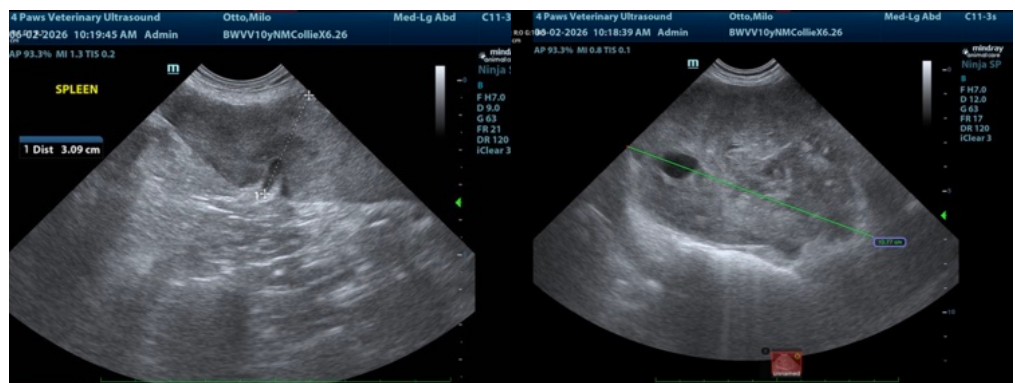
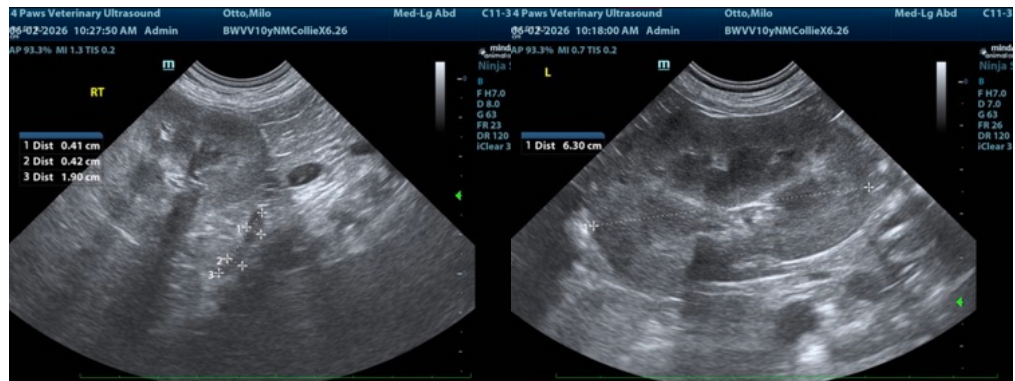
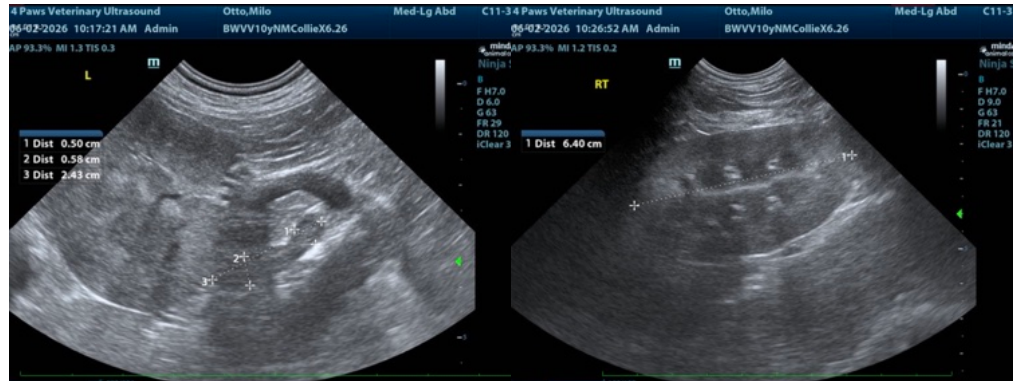
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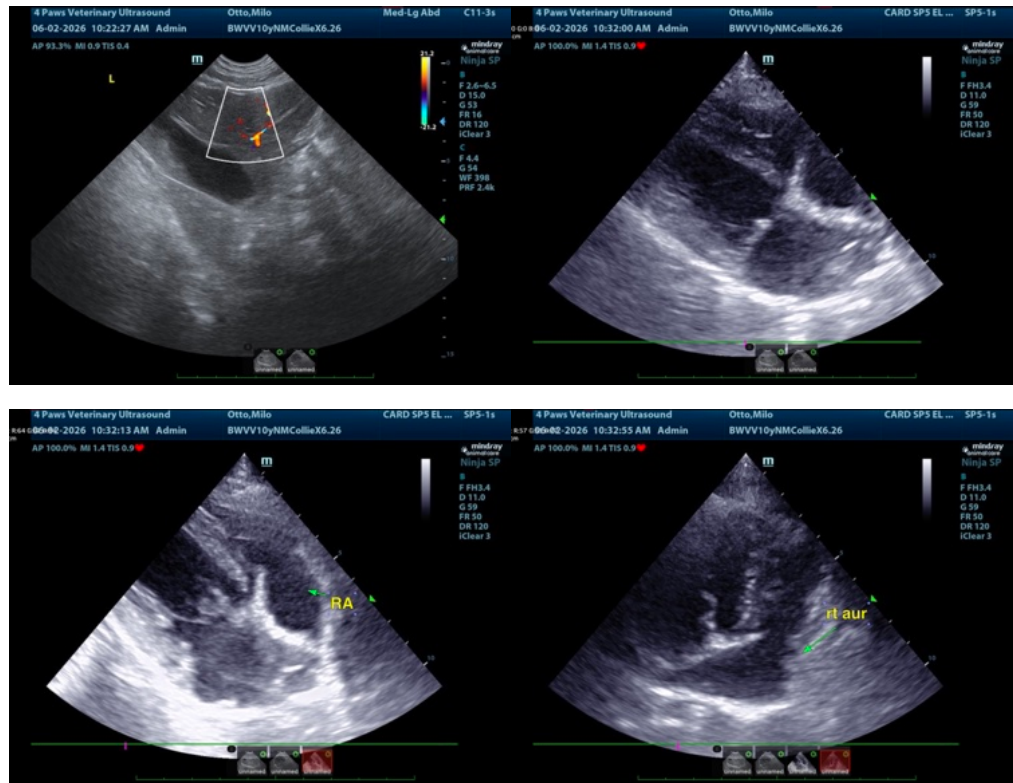
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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