



## PATIENT

Rocco Rios

## SPECIES

Canine

## BREED

Basset Hound

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

52 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer,  
DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dra. Marilyn Davila

## INVOICE

16264

## DATE

06/02/26

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound to rule out neoplasia. Px presented to rDVM due to 1 day hx of inappetence and vomiting, bloodwork was performed, and a non-regenerative anemia, thrombocytopenia, and leukocytosis was observed, along with elevated BUN, ALKP, and Low ALB levels. Owner reports that Px presents with excessive lacrimation and salivation and has a painful abdomen. Sample of abdominal mass (found near the right pancreas 3 x 2 cm) was collected via FNA, results are currently pending. Before pt became recently sick pt was PU/PD and PP

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs attached below for your reference. -Sample of abdominal mass (found near the stomach/left pancreas area 3 x 2 cm) was collected via FNA, results are currently pending.

## 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 sublumbar **lymph nodes** were enlarged measuring up to 1.5 cm x 0.7 cm.

The **kidneys** presented bilaterally enlarged with thickened cortices and an anechoic cyst at the caudal pole of the right kidney measuring 1.07 cm. The left kidney measured 6.5 cm in length. The right kidney measured 6.3 cm in length. Slight pyelectasia was present bilaterally.

### *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 2.05 cm x 0.8 cm width at the caudal pole and 0.72 cm width at the cranial pole. The right adrenal gland measured 2.4 cm x 0.58 cm width at the cranial pole and 0.62 cm width at the caudal pole.

### *Spleen*

The **spleen** presented enlarged and measured 1.9 cm with subtle micronodular changes and swollen contour.

### *Liver*

The **liver** was swollen with increased portal markings. The gallbladder revealed a minor amount of debris and an echogenic wall without excessive thickening and swollen contour.

### *Gastrointestinal*

The **gastric wall** was thickened measuring up to 1.6 cm in the gastric fundus. The small intestine and colon were unremarkable.

### *Pancreas*



**PATIENT**

The **pancreas** was heterogenous with mixed echogenic changes consistent with remodeling.

Rocco Rios

**Free Abdomen**

**SPECIES**

The cranial abdominal **lymph node** was enlarged measuring 3.0 cm x 2.3 cm and appeared rounded and hyperechoic. Other lymph nodes were enlarged.

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Variable enlarged lymph nodes.
- Renal enlargement with bilateral pyelectasia and right renal cyst.
- Gastric wall thickening.
- Hepatosplenic enlargement- strong concern for splenohepatic neoplasia.

Basset Hound

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male

Strong concern for gastric lymph node +/- splenohepatic neoplasia. FNA of the accessible lymph nodes, spleen and liver is indicated with potential early renal involvement. Cytology and culture is indicated. Prognosis is guarded depending on cytology results.

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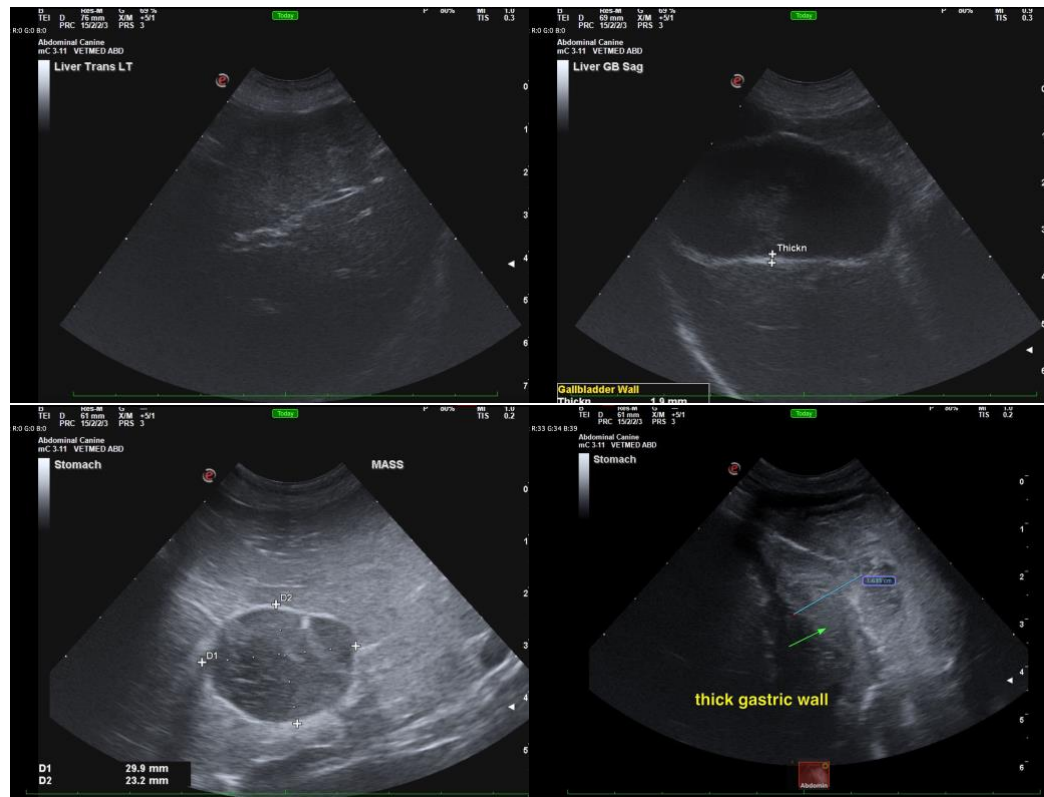
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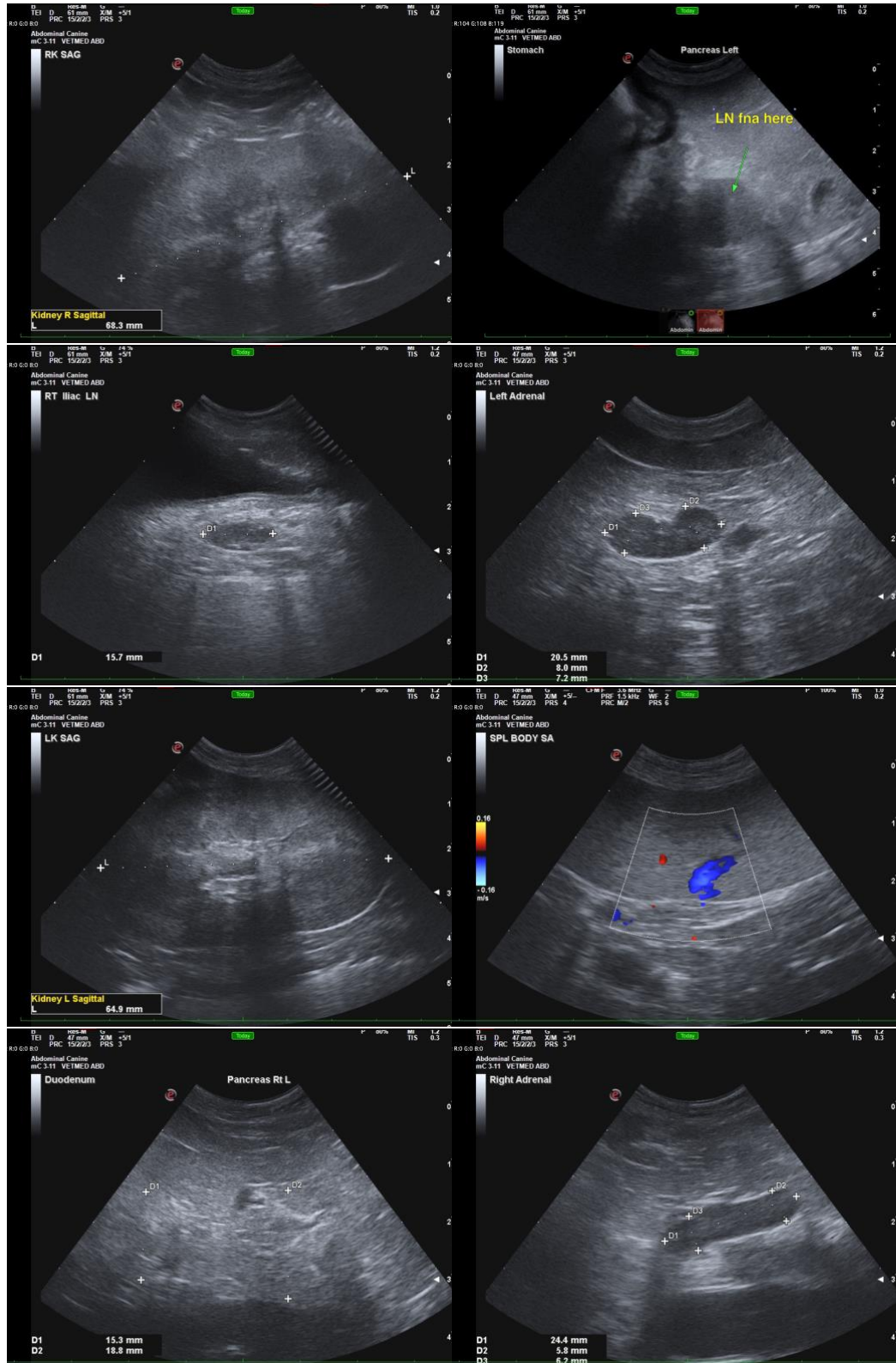
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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