

**PATIENT**

Dude Hogan

**SPECIES**

Canine

**BREED**

Pit Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

89.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Cottage Grove VC

**REFERRING VET**

Dr. Damewood

**INVOICE**

73367

**DATE**

3/10/26

**PRESENTING CLINICAL SIGNS**

- Presented for sudden onset of seizures starting 3/8 (total of 6). He has no history of prior seizures.
- Was very agitated post-ictal and o had given 50mg acepromazine at 6pm 3/8. He was seen here at 8am yesterday and was very sedated. We kept him until midafternoon and he remained ataxic and quiet with some lessening of his sedation. Due to his size and sedation, a full neuro exam was not performed. He did not have any obvious cranial nerve deficits.
- His abdomen seemed slightly bloated and there was some potential cranial organomegaly.
- meds: Gabapentin and librela for arthritis. Recently put on prednisone by dermatologist for allergic otitis.
- CBC: Mild non-regenerative anemia (PCV 36.3% with 27 reticulocytes) Chem: Elevated liver enzymes- ALT 1223 AST 93 ALP 971 UA: Unremarkable T4: 0.5 (probably sick euthyroid)

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.2 cm. The right kidney measured 6.57 cm.

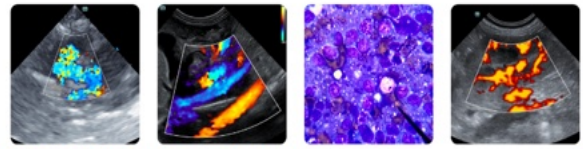
The residual prostate measured 1.2 cm.

**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 2.31 x 1.15 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measured 1.88 x 0.39 cm at the cranial pole and 0.4 cm at the caudal pole.

**Spleen**

The majority of the **spleen** was unremarkable. However, focal splenic mass was noted at the caudal pole of the spleen measuring 2.8 cm. There was no evidence of rupture. There was a minor area of necrosis or cavitation noted.



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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 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 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.

**Heart**

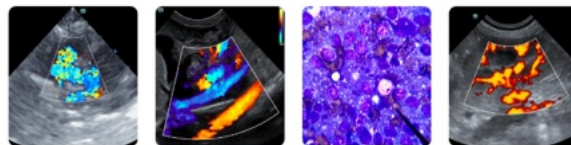
Rapid view of the heart revealed no evidence of pericardial effusion or right auricular pathology. Subjectively the contractility was normal.

**ULTRASONOGRAPHIC FINDINGS**

Focal splenic mass, likely incidental. May be related to a multi-centric hemangiosarcoma process, non-neoplastic necrosis or hyperplasia, and less likely abscessation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the seizure activity hemangiosarcoma can periodically metastasize to the CNS. Skull CT with contrast would be indicated followed by splenectomy if chest radiographs are free of evident pathology.



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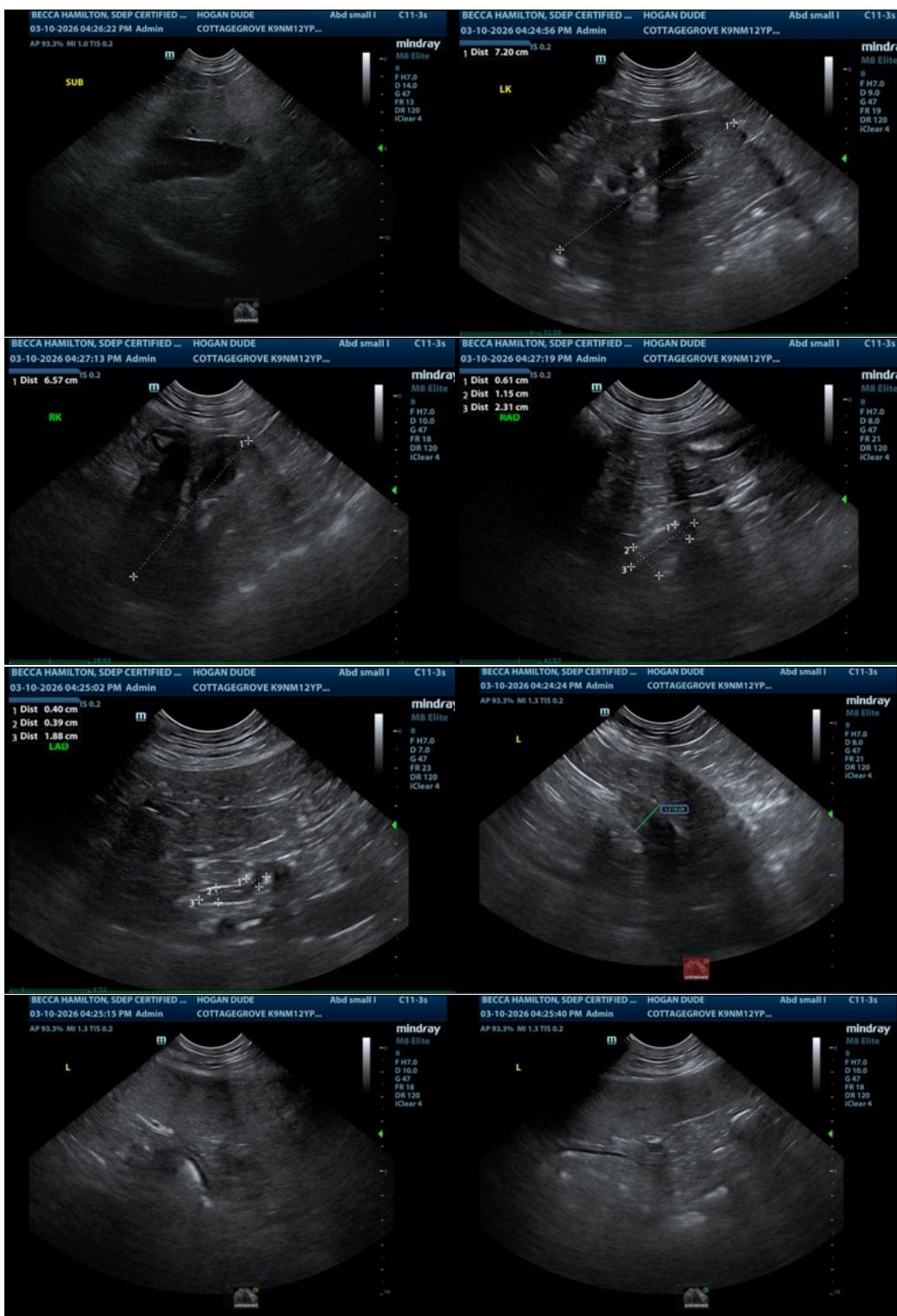
Dr. Damewood

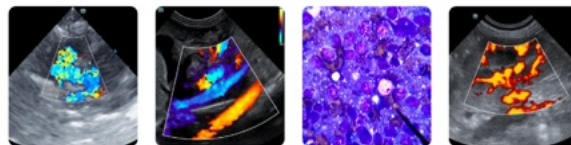
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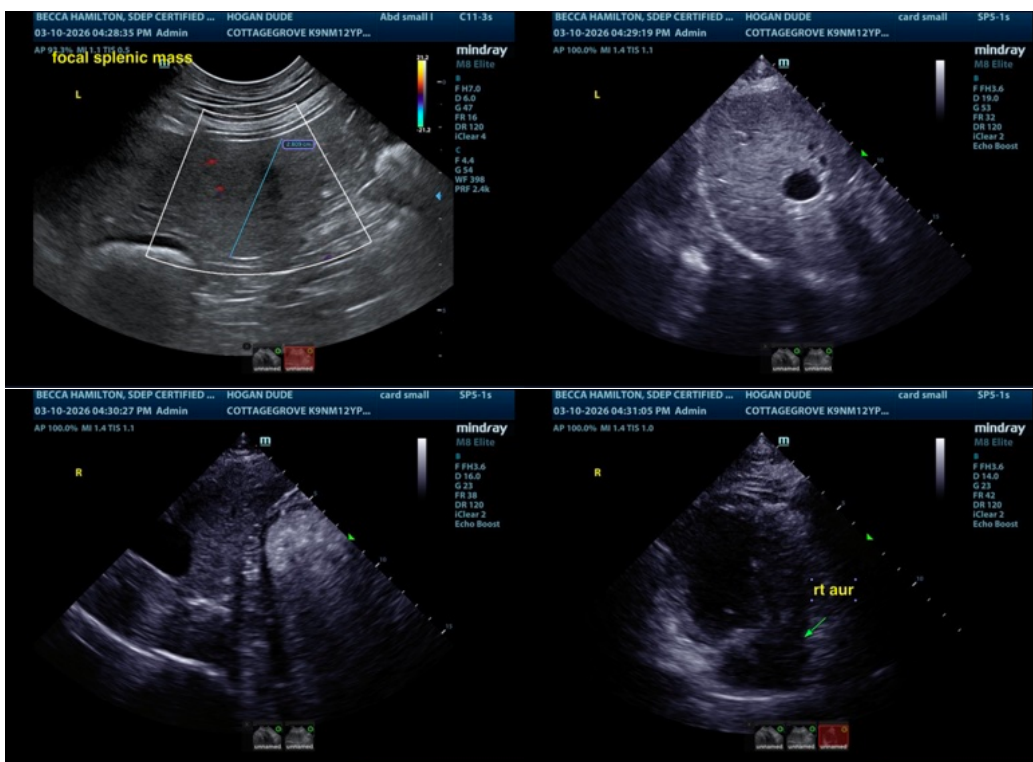
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

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