



PATIENT

Bruce Bank

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered male

AGE

11 years

WEIGHT

53 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Dally

INVOICE

69530

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: 13 lb weight loss, febrile, ataxia, decreased appetite. Meds: doxycycline
Abnormal PE/Chem/CBC/UA Results: HCT 35.4, WBC inc 17, Neutrophils 13, Monocytes 1.37, Basophilia, Creat 1.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The left **kidney** in this patient revealed an expansive, mixed echogenic parenchymal mass. The left kidney revealed slight irregular contour with slight pyelectasia. The left kidney measured 6.5 cm.

Renomegaly was noted on the right kidney and measured 8.5 cm. The right kidney had irregular contour and pericapsular inflammatory pattern. Pyelectasia is noted in the right kidney.

The residual prostate measured 1.0 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 2.6 x 1.08 cm at the cranial pole and 0.72 cm at the caudal pole. The left adrenal gland measured 1.76 x 0.85 cm at the cranial pole and 0.82 cm at the caudal pole.

Spleen

The **spleen** was enlarged with subtle, micronodular changes. The spleen may be involved in the neoplastic process.

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.



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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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

A 1.0 cm vena caval thrombus was noted in the caudal abdomen prior to the iliac trifurcation.

A separate mixed hypoechogenic undifferentiated mass was noted and measured 4.0 cm. This is likely of lymph node origin.

ULTRASONOGRAPHIC FINDINGS

- Left renal mass.
- Splenomegaly.
- Possible right renal involvement, possible splenic involvement.
- Caudal abdominal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen is indicated. Ultrasound-guided FNA of the left kidney, right kidney and caudal abdominal mass is all indicated with immediate chemotherapeutic intervention. The prognosis is guarded. Multi-centric round cell neoplasia is suspected.



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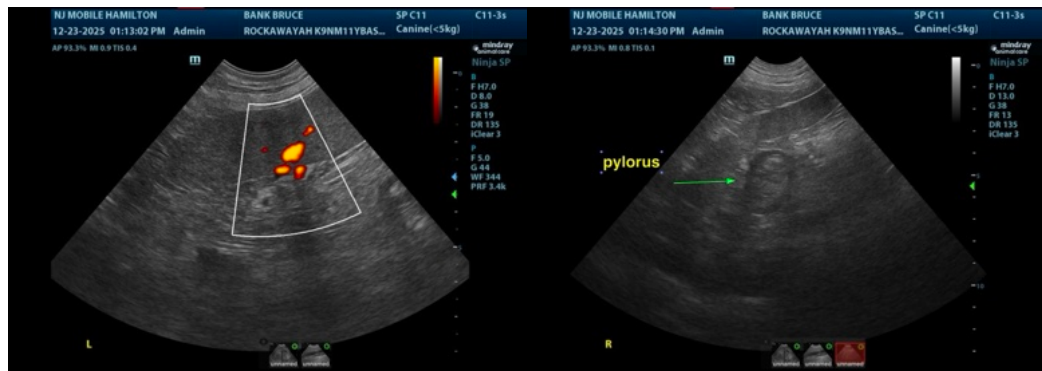
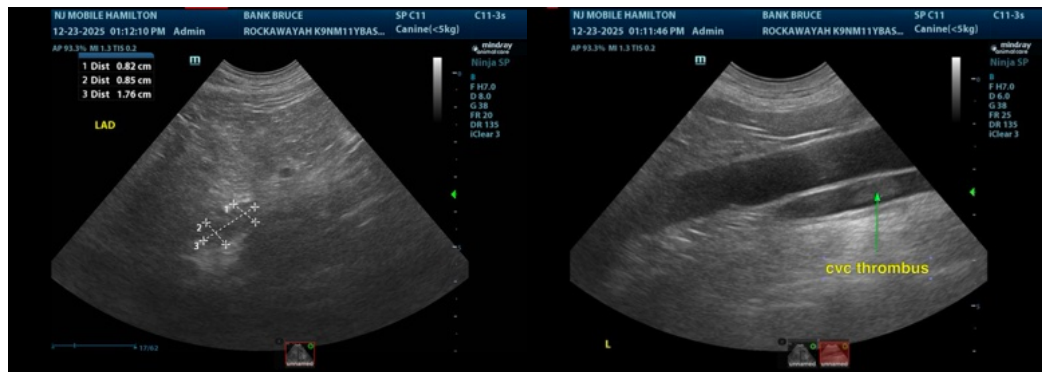
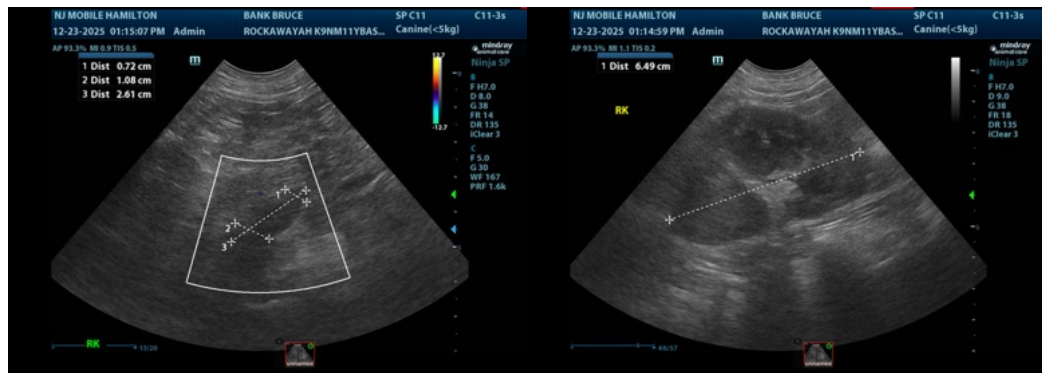
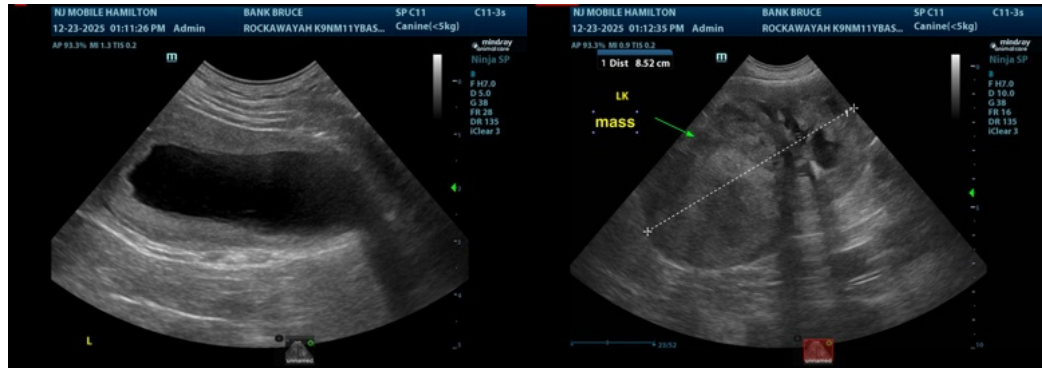
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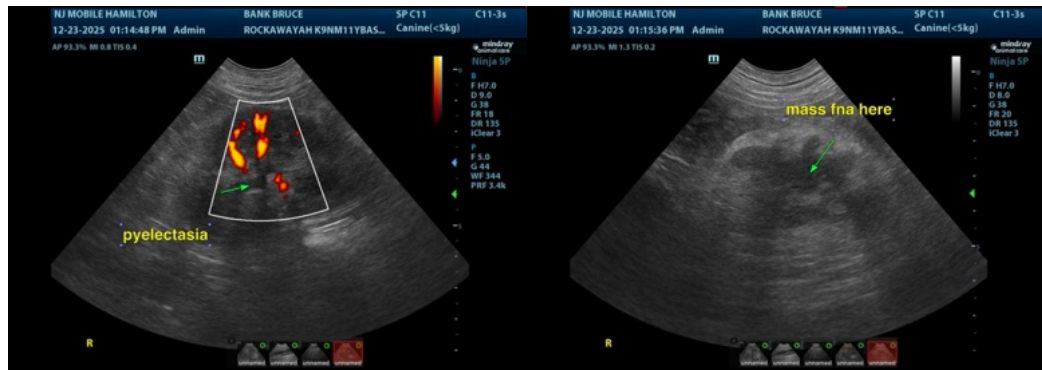
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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