



**PATIENT**

Henry Kanbayashi

**SPECIES**

Canine

**BREED**

Newfoundland

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

113 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Lovell

**INVOICE**

69338

**DATE**

12/4/25

**PRESENTING CLINICAL SIGNS**

History: Vomiting. Midabdominal mass noted on physical exam. Palpated Medications : Atomic  
Abnormal PE/Chem/CBC/UA Results: All labwork WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 7.5 cm.

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 left adrenal gland measured 3.5 x 0.5 cm. The right adrenal gland measured 3.16 x 1.14 cm at the cranial pole and 0.85 cm at the caudal pole.

**Spleen**

The **spleen** revealed an expansive, mixed, hypoechoic parenchymal mass that measured up to 7.0 cm. Areas of cavitation and necrosis was noted within the splenic mass. Micronodular changes were noted elsewhere in the spleen.

**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**

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.

**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**

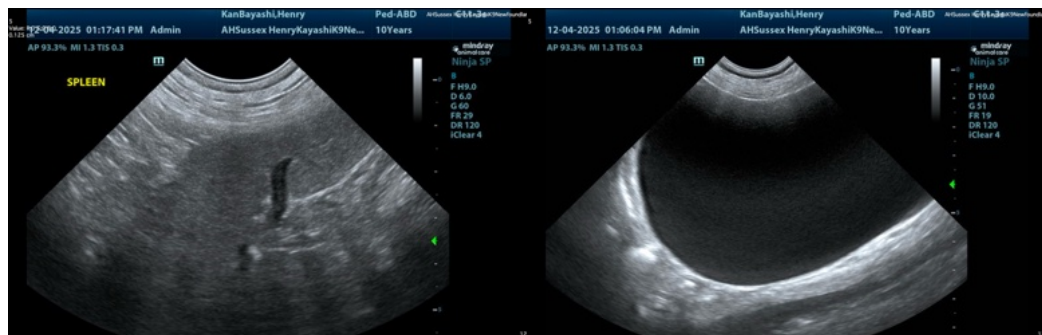
Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

**ULTRASONOGRAPHIC FINDINGS**

Splenic mass, appears subjectively isolated, however, I cannot rule out micrometastasis to the liver. Differentials include benign hyperplasia with mass effects, round cell neoplasia and hemangiosarcoma.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs are warranted with splenectomy and liver biopsy to rule out underlying disease.





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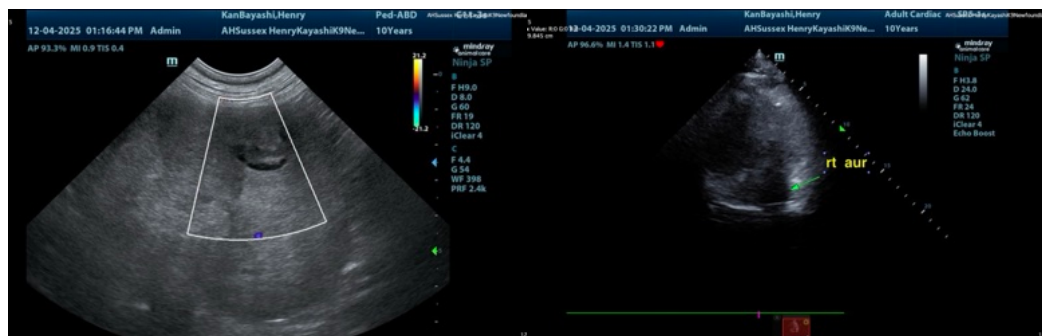
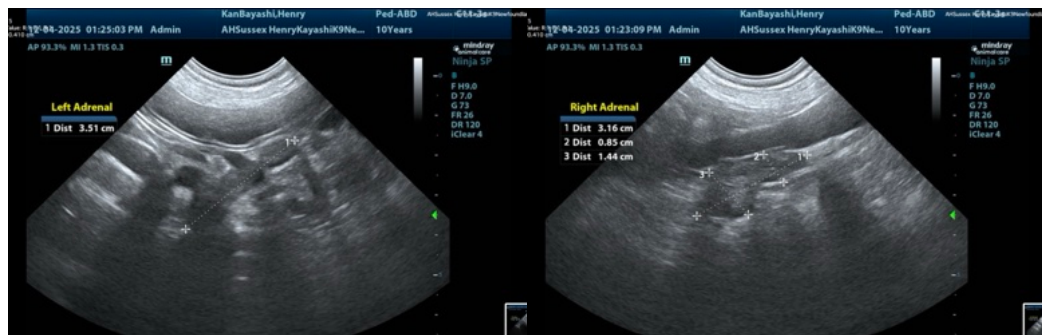
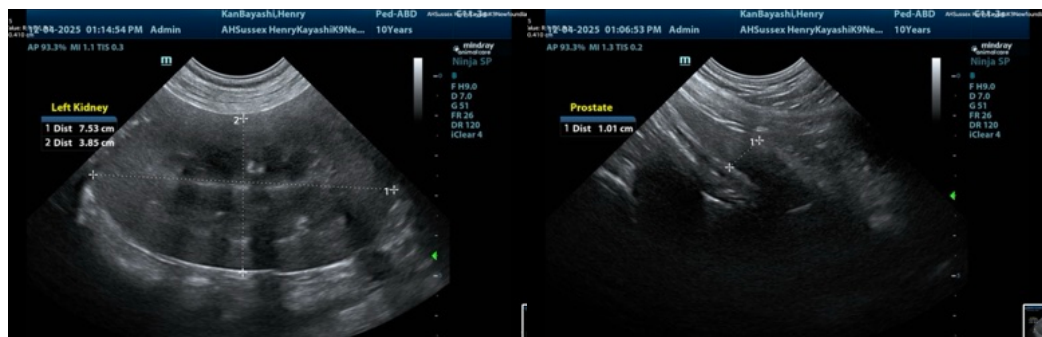
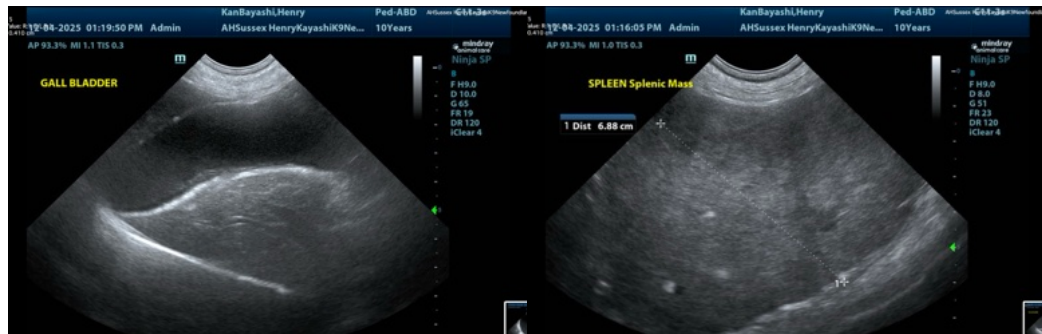
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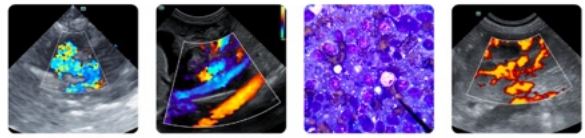
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

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