



PATIENT

Max Askins

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

94 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Baker

INVOICE

71644

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Diagnostics for bw abnormal (ALKP)
- Abnormal rounding to the tail of spleen
- Current medications: Thyrotab, Omega 3, Zrytec
- ALKP - 499 on 1/17, 460 on 7/4/25 LDDST consistent with Cushing's on 7/16/25

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. Slight, non-shadowing concretion was noted in the bladder. No overt calculi are present. The concretion measured 2.0 cm and may be a precursor to calculi. 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 right kidney measured 6.6 cm. The left kidney measured 6.47 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no gross pathology; however, sedation would be necessary to image the adrenal glands in this patient given the body tension.

Spleen

The **spleen** revealed a mixed, hypoechoic mass that measured 3.6 cm. There was no evidence of rupture.

Liver

The **liver** revealed mild, heterogenous, hypoechoic nodular changes throughout the liver with mild disruption of architecture. Given the splenic mass I cannot rule out metastatic disease versus nodular hyperplasia. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Max Askins

SPECIES

Pancreas

Canine

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.

BREED

Mix

SEX

Heart

Neutered male

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

AGE

ULTRASONOGRAPHIC FINDINGS

10 years

Splenic mass with undefined nodular hepatic changes.

WEIGHT

Bladder concretion.

94 lbs

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

Urinalysis is recommended in this patient.

Either direct exploratory splenectomy with liver inspection and biopsy would be warranted or ultrasound-guided FNA of the liver and splenic lesions for further definition. Round cell neoplasia, hemangiosarcoma and benign nodular hyperplasia are all possible.

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Baker

INVOICE

71644

DATE

2/17/26





PATIENT

Max Askins

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

94 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS, CEO of
 SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Summit Dog and Cat
 Hospital

REFERRING VET

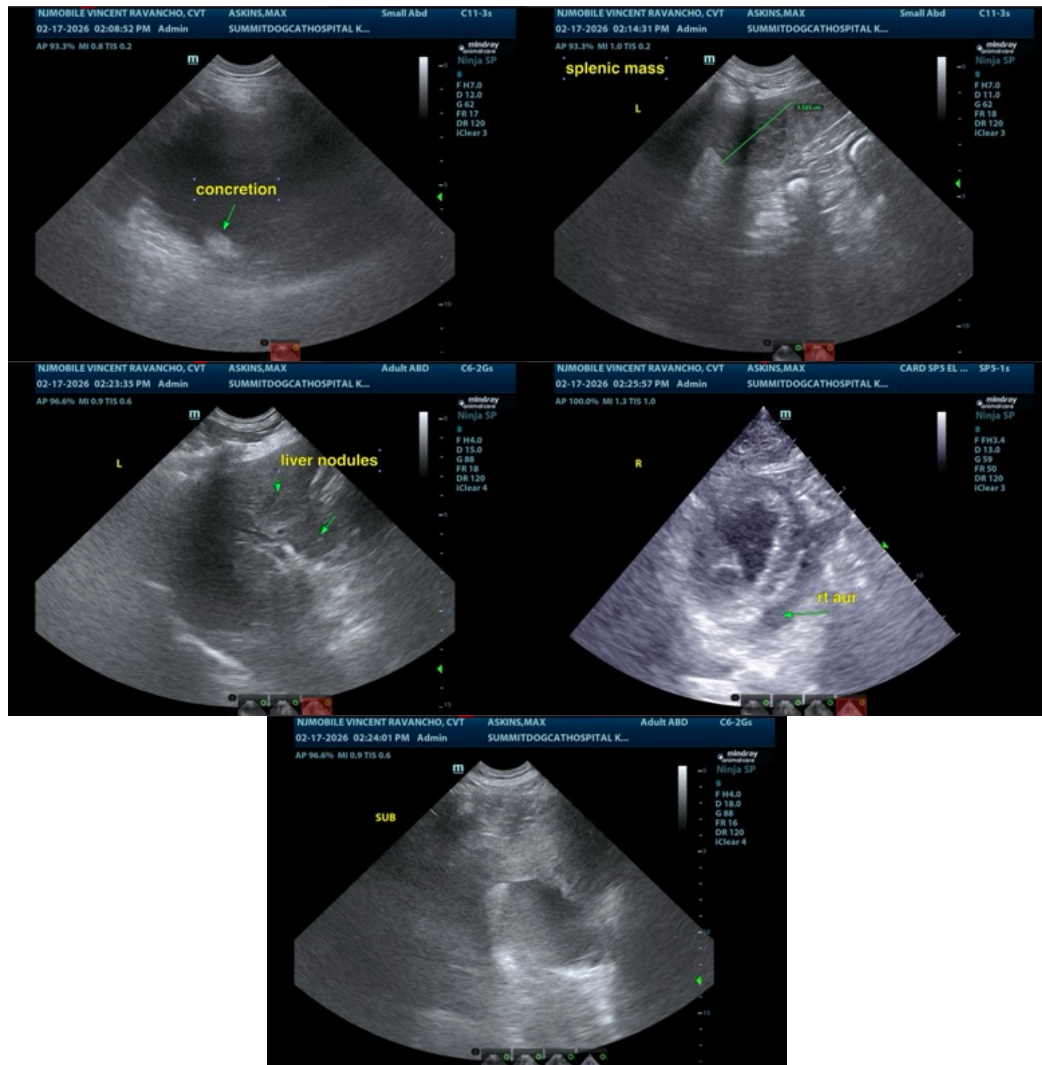
Dr. Baker

INVOICE

71644

DATE

2/17/26



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

Info@SonoPath.com