



PATIENT

Seamus Ives

SPECIES

Canine

BREED

Viszla

SEX

Neutered male

AGE

10 years

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Butler VH

REFERRING VET

Dr. Sereda

INVOICE

71817

DATE

2/24/26

PRESENTING CLINICAL SIGNS

Concern for nodules on the liver. Vomiting, increased pancreatic values and GGT. Weight loss, gingival hyperplasia, vomiting daily for 4 days resolved with Cerenia. Concern for liver nodules on cursory US.

PSL 742, GGT 21, ALP 515, AST 74, BUN 41. Normal creat/SDMA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** trigone presented normal thicknesses and normal tone. The ureters were not visible which is normal. The urethra at the level of the cystourethral junction was thickened and irregular with mural mineralization. Concentric wall thickness was noted and measured up to 1.24 cm. The apex of the urinary bladder revealed concentric, apical bladder thickening up to 1.2 cm with areas of remodeling and mineralization.

The **left kidney** revealed diffuse hyperechoic, parenchymal cortical changes with loss of corticomedullary detail and pelvic mineralization. The left kidney measured 6.93 cm. The **right kidney** revealed hyperechoic cortical remodeling similar to the left kidney. The right kidney measured 7.84 cm.

The **prostate** measured up to 1.3 cm.

Adrenal Glands

The **left adrenal gland** was nodular and mildly irregular at the cranial pole measuring 1.0 cm and 0.87 cm at the caudal pole and 2.7 cm in length. There was no evidence of vascular invasion. Capsular expansion without capsular escape was noted. The **right adrenal gland** was uniform and measured 2.9 x 1.27 cm at the cranial pole and 0.8 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was riddled with multiple, target lesions with irregular contour and regional hepatic lymphadenopathy with a complex, mixed echogenic mass that measured 11+ cm in the caudate process and right liver with multi-focal, nodular target lesions throughout the liver. The mass was mineralizing, which would suggest potential metastatic lesion from the right pancreatic base. Gallbladder calculi were noted and non-obstructive.



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Gastrointestinal

The upper **gastrointestinal tract** was largely unremarkable yet the pancreatic changes enveloped the upper GI.

Pancreas

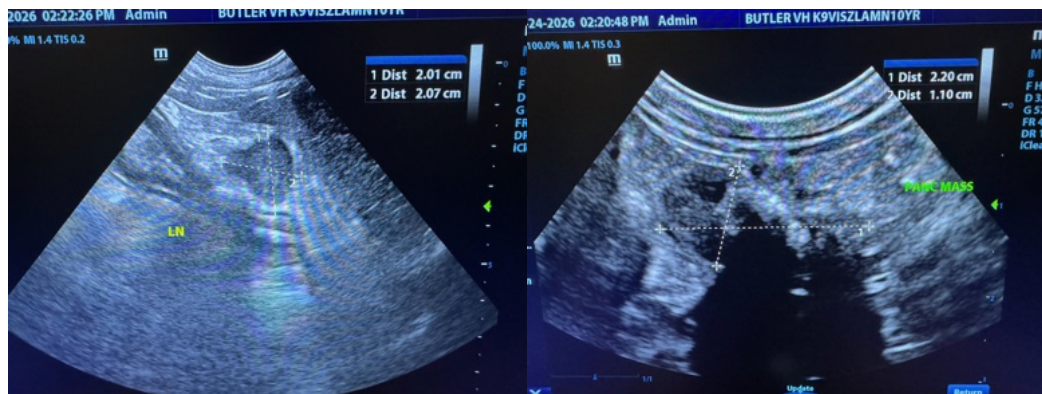
Mild, mixed echogenic pancreatic changes were noted and enveloped the upper GI with a focal 2.1 x 1.5 cm, mineralizing right pancreatic mass.

ULTRASONOGRAPHIC FINDINGS

- Multi-centric neoplasia involving mineralizing right pancreatic lesion with multi-focal lymphadenopathy and hepatic mass with target lesions. Suspect pancreatic carcinoma with metastatic disease.
- Moderate degenerative renal changes, interstitial nephrosis pattern.
- Heterogenous adrenal glands.
- Urethral/prostatic mineralization, possible prostatic carcinoma.
- Bladder thickening, chronic cystitis versus carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas is indicated for further definition. The prognosis is poor given the extent of the pathology.





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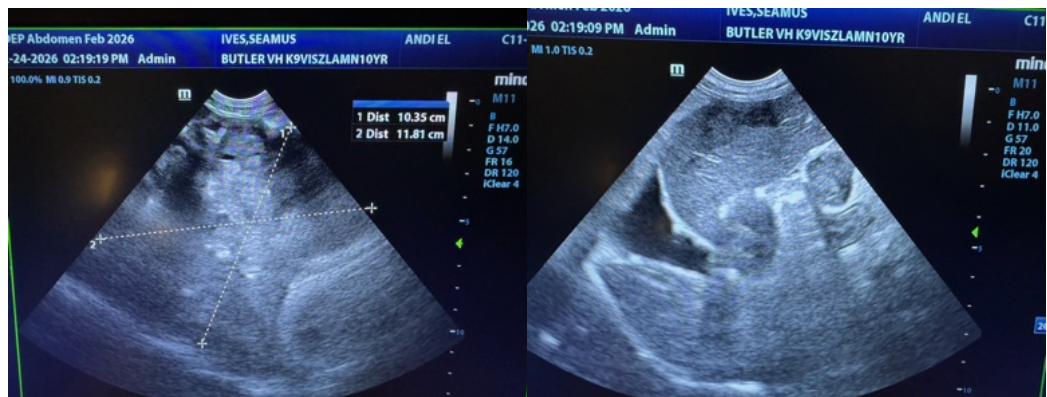
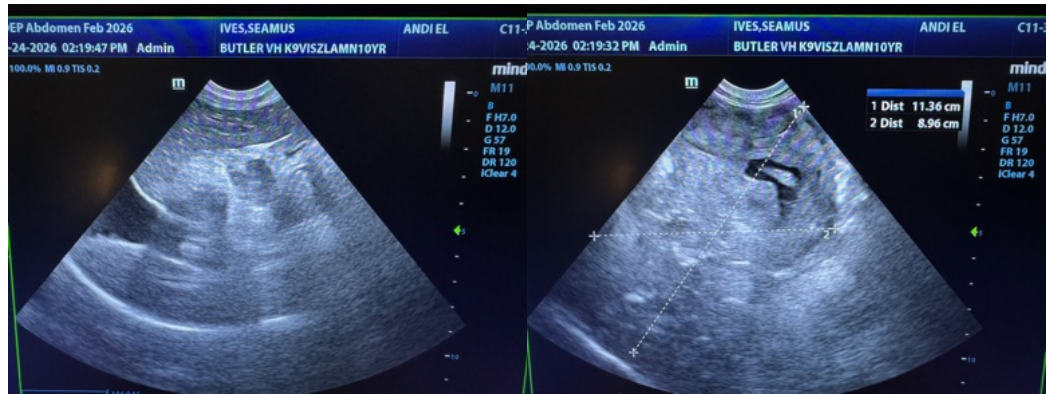
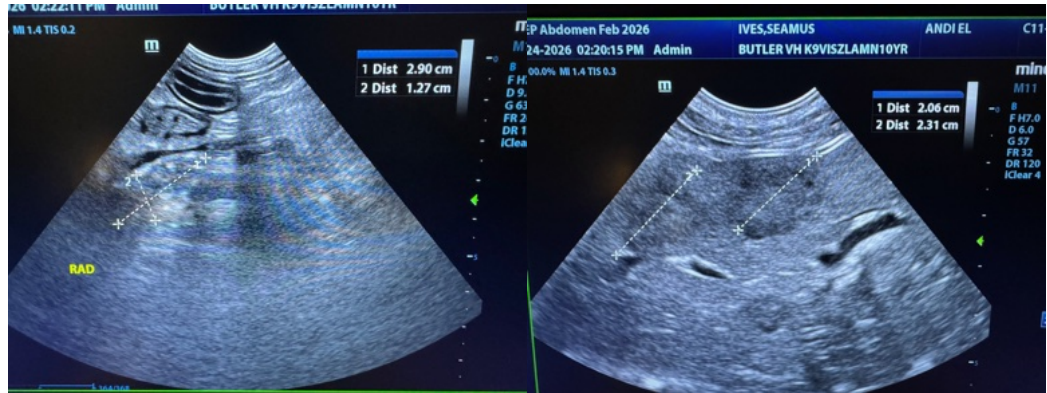
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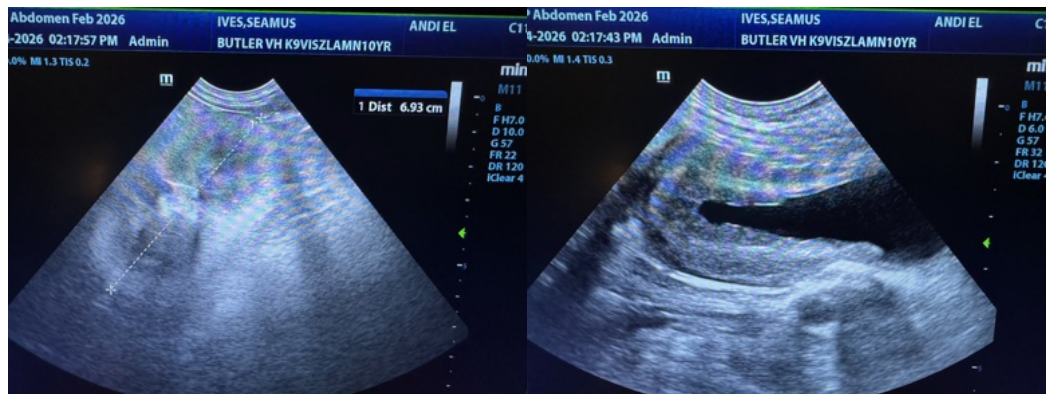
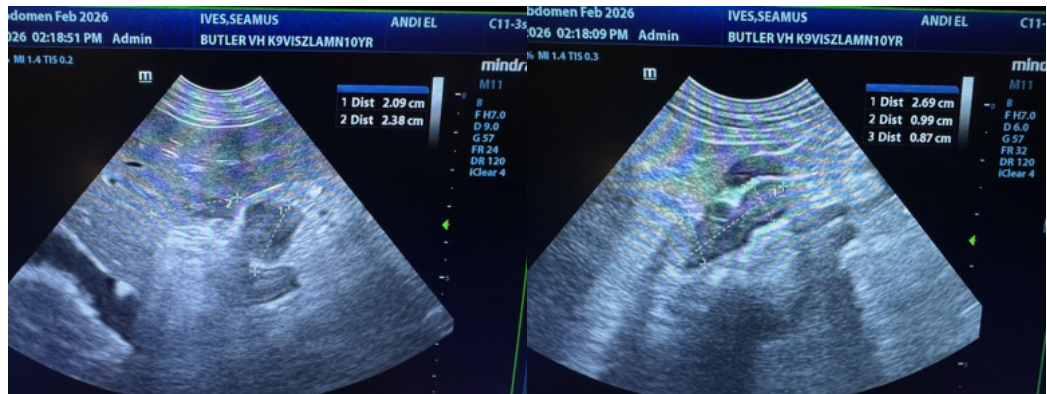
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com