



PATIENT

Forest Stewart

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

7 year

WEIGHT

80 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hardyston AH

REFERRING VET

Dr. Cerf

INVOICE

72299

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Lethargic, loss of appetite
- chronic weight loss
- BW WNL, (+) Lyme Disease- Started Doxy

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.67 cm. The right kidney measured 6.7 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 2.6 x 0.6 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 1.86 x 1.22 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive, mixed hypoechoic parenchymal splenic mass without cavitation measuring 7.7 x 9.0 cm. Regional, hyperechoic surrounding fat was noted. This is suggestive for regional inflammation.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. There was no overt evidence of metastatic disease. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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

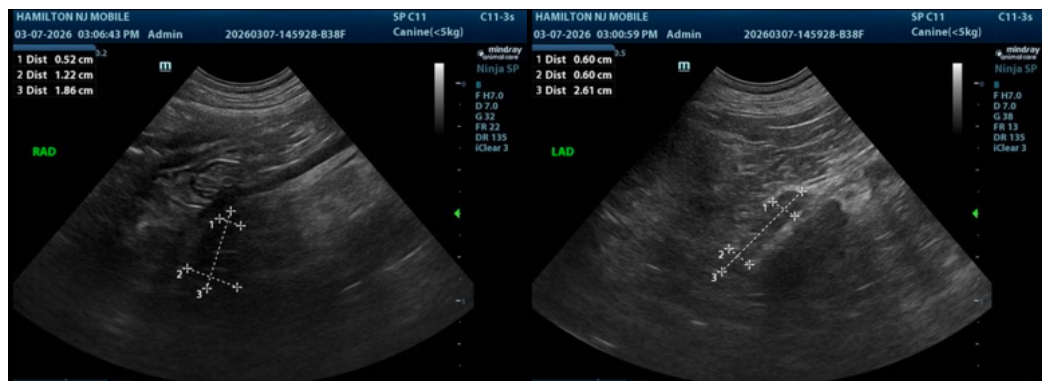
Rapid view of the heart revealed no evidence of pathology other than minor hypocontractility. The right auricle was free of evident pathology as was the pericardium.

ULTRASONOGRAPHIC FINDINGS

Inflamed, parenchymal splenic mass. Round cell neoplasia such as histiocytic sarcoma versus hemangiosarcoma. There was no overt evidence of metastatic disease; however, early mesenteric spread is a potential. Normal heart with minor hypocontractility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If chest radiographs are free of evident pathology, then an exploratory splenectomy and liver inspection and biopsy would be warranted.





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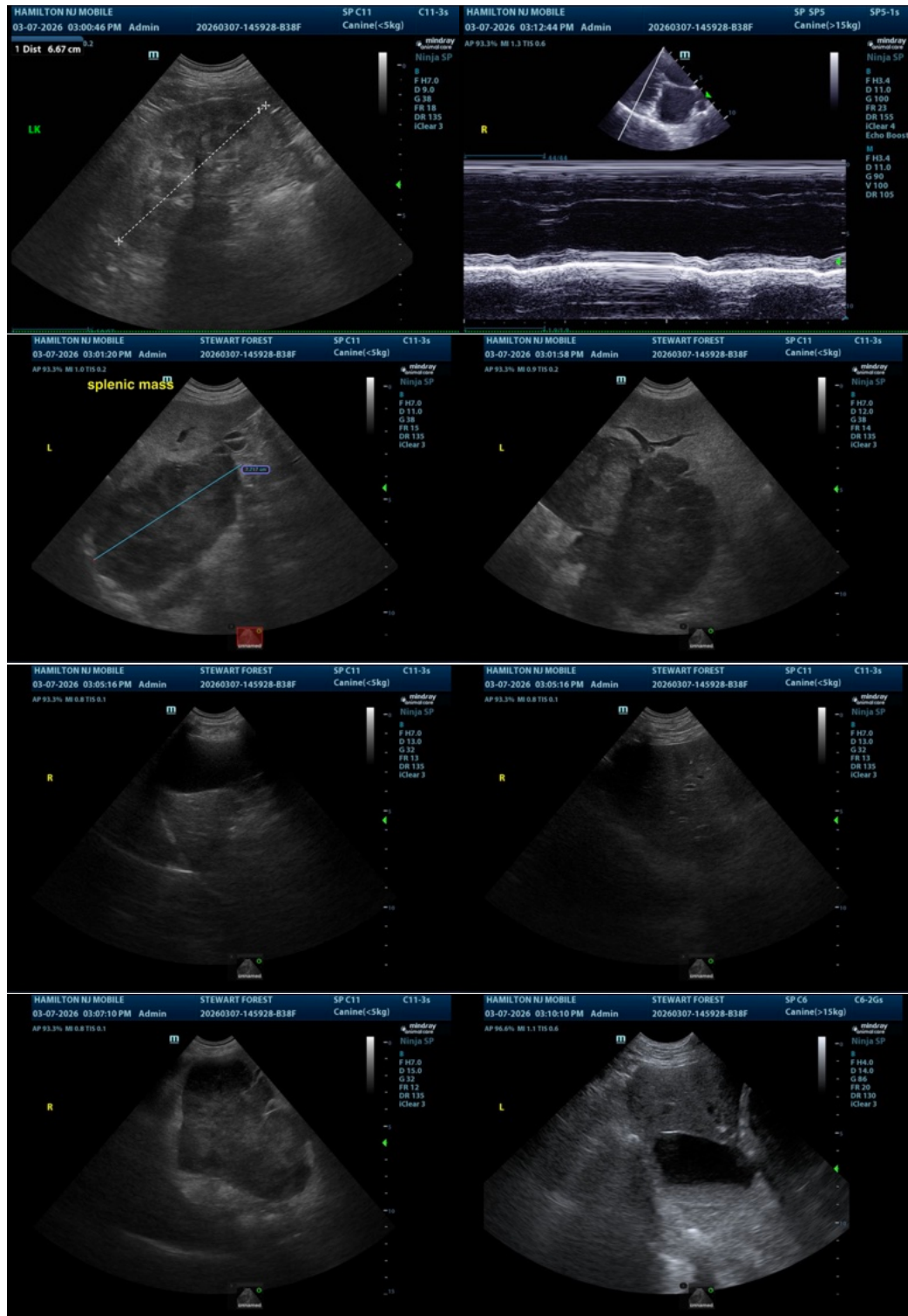
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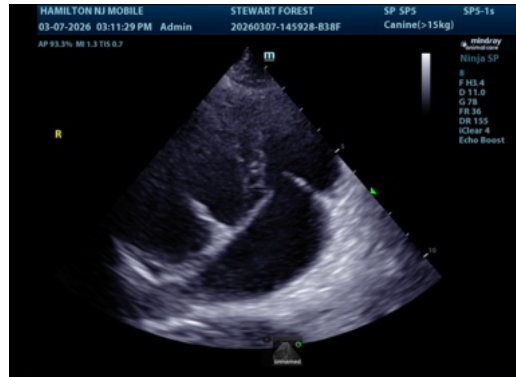
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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