



## PATIENT

Cali Machado

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

7 Years 10 Months

## WEIGHT

83

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Cathleen Whitcraft,  
DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Cathleen Whitcraft,  
DVM

## INVOICE

16420

## DATE

06/06/26

## PRESENTING CLINICAL SIGNS

Patient presented on 06/02/2026 for heavy panting and coughing on and off for about 2 weeks. Multiple bumps on pet's body o says they are spreading declined FNA. O states pet has had decreased appetite for the past 2 years. Pending Tick serology, T4, Reticulocyte count.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 5.94 cm. The right kidney measures 5.79 cm.

### *Adrenal Glands*

Both adrenal glands are visualized and have 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 measures 0.56 cm. The right adrenal gland measures 0.53 cm.

### *Spleen*

The spleen is subjectively enlarged with a diffusely mottled or heterogeneous parenchyma and mixed ill-defined hyper- and hypoechoic nodular changes. There is a moderately sized mass effect that distorts the splenic capsule at the tail of the spleen. The vasculature is normal with no evidence of congestion, spontaneous echocontrast or thrombosis. The spleen measures 2.4 cm at the hilus.

### *Liver*

The liver is subjectively mildly prominent with a diffusely normal parenchyma that is naturally coarse and hypoechoic to the spleen. The vasculature is normal with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

### *Gastrointestinal*

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

### *Pancreas*



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The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

### Free Abdomen

There are several prominent mesenteric lymph nodes in the region of the spleen that are slightly hypoechoic with a mildly distorted length-to-width ratio.

### ULTRASONOGRAPHIC FINDINGS

- The mottled and irregular spleen with a mass effect that distorts the splenic capsule is concerning for infiltrative neoplastic disease. Round cell neoplasia or hemangiosarcoma are considered primary differentials. The hypoechoic enlarged lymph node in this region may represent a metastatic lesion.
- The enlarged liver may be an incidental or normal finding for this patient. However, given the changes to the spleen, infiltrative metastatic disease cannot be definitively excluded.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen and liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.





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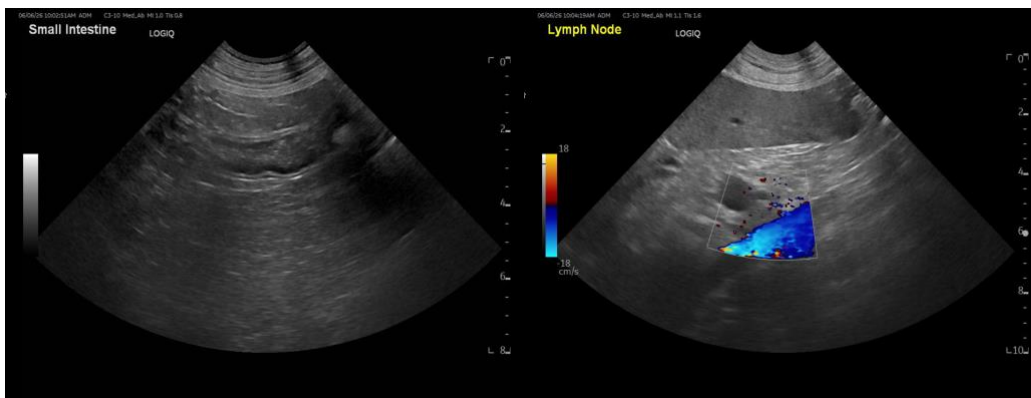
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

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