



**PATIENT**

Riley Brothers

**PRESENTING CLINICAL SIGNS**

Possible cranial abdominal mass.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Golden Retriever

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.

**SEX**

Neutered male

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 7.63 cm. The right kidney measured 7.5 cm.

**AGE**

12 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 2.42 x 0.6 cm. The right adrenal gland measured 2.7 x 1.23 cm at the cranial pole and 0.87 cm at the caudal pole.

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Basking Ridge AH

**Spleen**

The **spleen** revealed multi-focal, coalescing, hypoechoic, disruptive target nodules that created mass effects.

**REFERRING VET**

Dr. Hollo

**Liver**

The **liver** revealed multi-focal, coalescing parenchymal nodules with irregular contour creating mass effects. This was deriving from the caudate process and left medial liver. The gallbladder was deviated with undulating contour. Hepatic lymphadenopathy was also noted.

**INVOICE**

95108

**DATE**

1/4/22

**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.



**PATIENT**

**Pancreas**

Riley Brothers

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Splenohepatic infiltrative pattern. Round cell neoplasia, lymphosarcoma or similar is suspected.

Golden Retriever

**SEX**

FNA of the spleen and liver is recommended followed by immediate chemotherapeutic intervention. Three view chest radiographs are also indicated.

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

12 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

Dr. Hollo

**INVOICE**

95108

**DATE**

1/4/22



**PATIENT**

Riley Brothers

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered male

**AGE**

12 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

Dr. Hollo

**INVOICE**

95108

**DATE**

1/4/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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