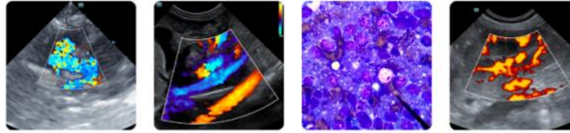


DATE

01/16/26

PATIENT

Ace Brown

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

04/13/16

WEIGHT

69.6 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Mengers

INVOICE

13229

PRESENTING CLINICAL SIGNS

Patient History: Presented 11/13/26 for acute lameness LF leg. A couple of similar episodes in the past year that seem to resolve w/ NSAID use. ON PE, immature cataracts (O notes that P may be as old as 12yo), grade II lameness LF w/ decreased extension/flexion of shoulder and elbow, soft tissue swelling around elbow, mod dental calc, mod muscle wasting along epaxials, SQ mass along spine prev aspirated to be keratinized cyst. Weight loss of 13lb since January 2025 with no intention of weight loss. P eating very well, no vomiting, no diarrhea except for a couple of days at the end of last NSAID course. Rads of forelimbs show mild soft tissue inflammation at level of elbow but no lytic or oseto proliferative lesions. BW normal, SpG 1.016, 1+ proteinuria.

Current Medications: dasaquin - 1 chew PO q24h; Galliprant 60mg - 1 tab PO q24h x 14 days then PRN for pain

Labwork Results: Labwork attached, reported as: 1/13/26 *CBC/CHEM/T4: WNL *UA: SpG 1.016, 1+ proteinuria *RF/LF lat and VD rads - mild L soft tissue swelling, no abnormal bone lucencies or lytic/proliferative lesions. 10/8/25 *Cytology of spinal mass: Inflamed keratin containing cystic or pseudo cystic lesion with secondary inflammation due to sterile foreign body response to keratin material. 6/18/25 *CBC/CHEM/T4: WNL

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Btilhart, RDMS.

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 were noted. Ureteral papillae were normal.

The residual **prostate** measured 1.3 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.0 cm width at the cranial pole and 0.85 cm width at the caudal pole. The right adrenal gland measured 3.08 cm x 1.01 cm width at the cranial pole and 0.95 cm width at the caudal pole.

Spleen

Slight hyperechoic lipid plaques were noted in the **spleen** yet not pathological.

Liver

The left **liver** revealed isoechoic 4.0 cm swelling consistent with hepatoma with possible low-grade neoplasia. The gallbladder and common bile duct were unremarkable.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

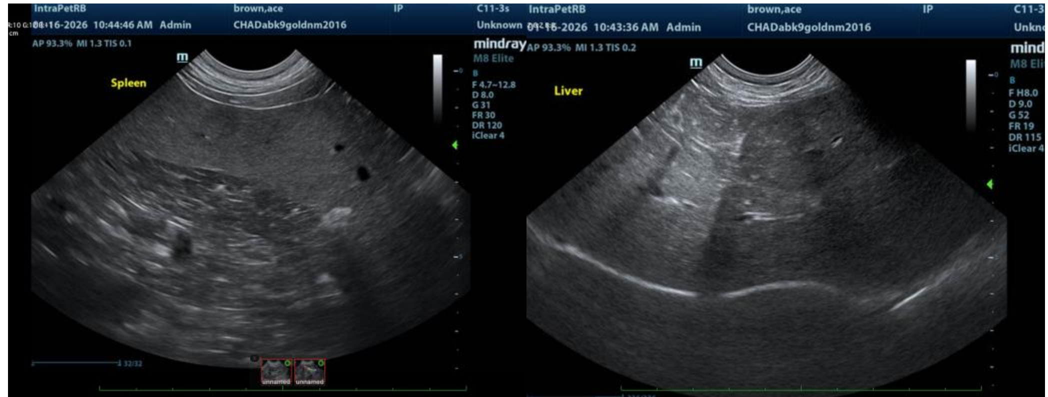
Rapid view of the **heart** revealed no evident pathology in the pericardium or right auricle.

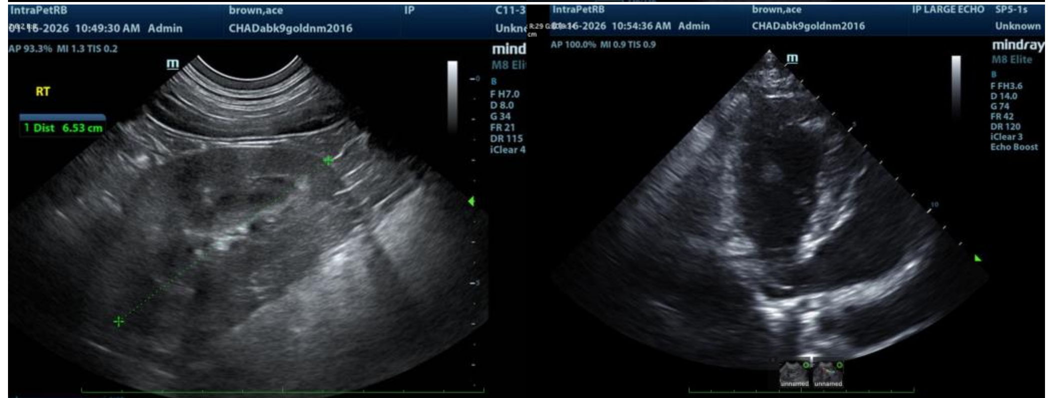
ULTRASONOGRAPHIC FINDINGS

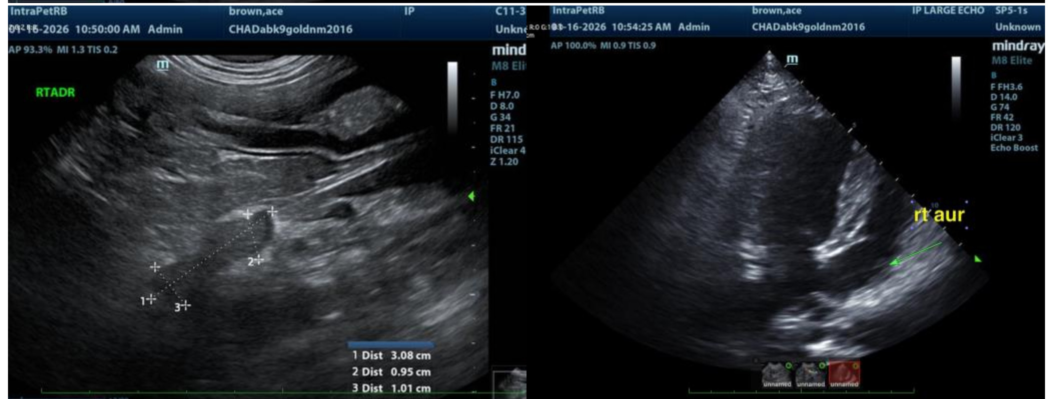
- Hepatoma like liver nodule/swelling in the liver.
- Prominent adrenal glands yet likely age-related.
- Heterogenous splenic changes yet not overtly concerning.
- Geriatric abdomen otherwise.

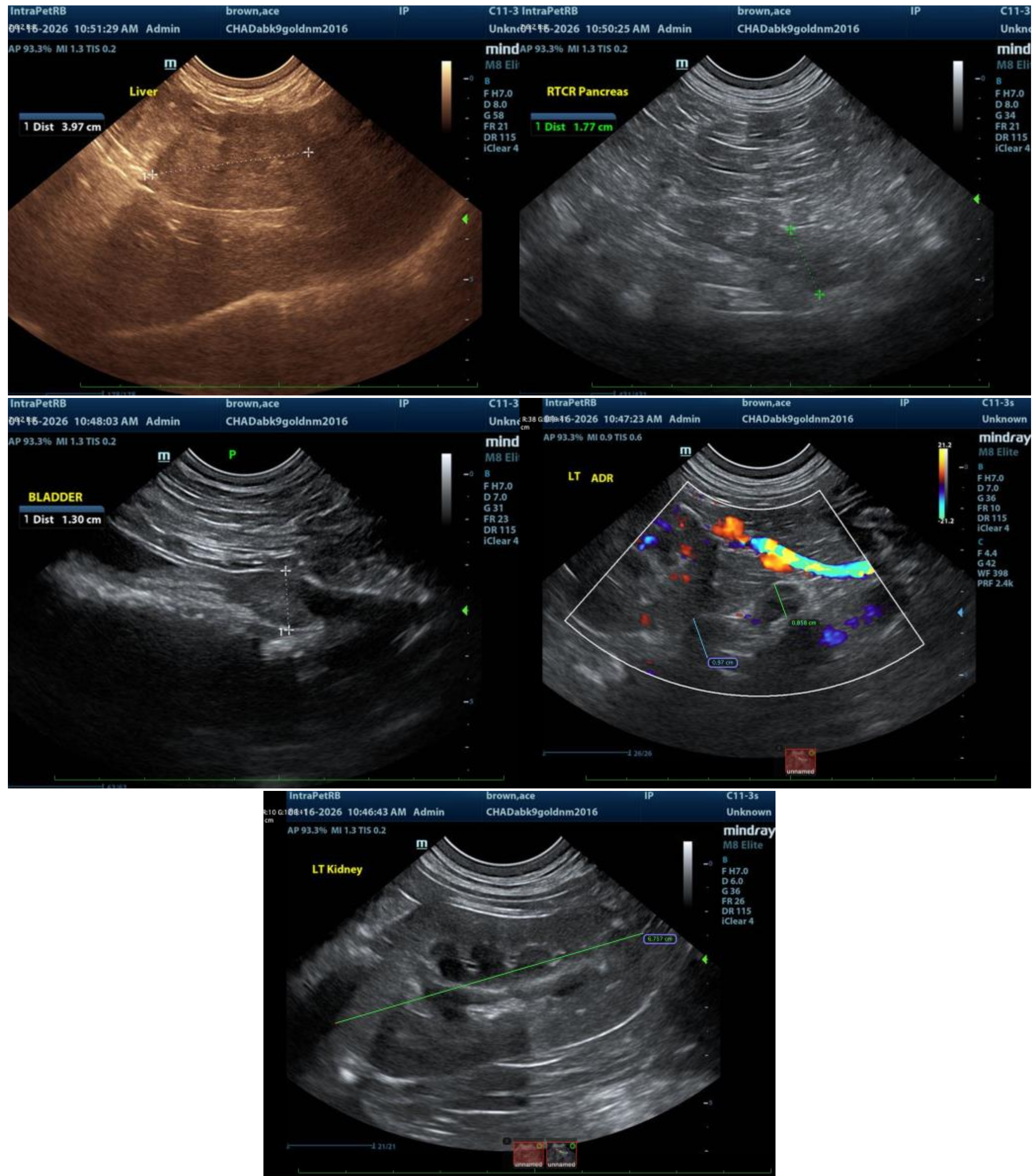
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodule is indicated for further definition. If any evidence of Cushing’s syndrome is present. Then PDH may be emerging. No other evidence of significant pathology.


IntraPetRB
brown,ace
IP
C11-3s
10:44:46 AM Admin
CHADabk9goldnm2016
Unknown
AP 93.3% MI 1.3 TIS 0.1
mindray
M8 Elite
Spleen
B
F 4.7-12.8
D 8.0
G 31
FR 30
DR 120
iClear 4
IntraPetRB
brown,ace
IP
10:43:36 AM Admin
CHADabk9goldnm2016
AP 93.3% MI 1.3 TIS 0.2
Liver
B
F H8.0
D 9.0
G 52
FR 19
DR 115
iClear 4


IntraPetRB
brown,ace
IP
10:49:30 AM Admin
CHADabk9goldnm2016
AP 93.3% MI 1.3 TIS 0.2
RT
1 Dist 6.53 cm
B
F H7.0
D 8.0
G 34
FR 21
DR 115
iClear 4
IntraPetRB
brown,ace
IP LARGE ECHO
SP5-1s
10:54:36 AM Admin
CHADabk9goldnm2016
Unknown
AP 100.0% MI 0.9 TIS 0.9
mindray
M8 Elite
B
F FH3.6
D 14.0
G 74
FR 42
DR 120
iClear 3
Echo Boost


IntraPetRB
brown,ace
IP
10:50:00 AM Admin
CHADabk9goldnm2016
AP 93.3% MI 1.3 TIS 0.2
RTADR
B
F H7.0
D 8.0
G 34
FR 21
DR 115
iClear 4
Z 1.20
1 Dist 3.08 cm
2 Dist 0.95 cm
3 Dist 1.01 cm
IntraPetRB
brown,ace
IP LARGE ECHO
SP5-1s
10:54:25 AM Admin
CHADabk9goldnm2016
Unknown
AP 100.0% MI 0.9 TIS 0.9
mindray
M8 Elite
B
F FH3.6
D 14.0
G 74
FR 42
DR 120
iClear 3
Echo Boost
rt aur



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, Owner, Founder -- SonoPath.com

info@SonoPath.com