



## PATIENT

Micco Lucas

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

33.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores VEC

## REFERRING VET

Dr. Lisa Miller

## INVOICE

35497

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

History:

- presented for lethargy and pale gums. Was ok this morning. owners went to grocery store and came home 2 pm. P was laying by laundry room. He was lethargic, did not want to get up and was panting. no interest in treats. owners were then able to coax him up and got him outside. owners gave a dose of deracoxib 1/2 tablet. Owner also called rdvm whom asked them to check P gum color. owners noted pale gums. rdvm told owner to seek ER care right away. no known toxins, medications, etc. exposure. prior history of FHO.
- concern for abdominal mass / bleed vs other; open

Abnormal PE/Chem/CBC/UA Results: PE: Temp 97.5 (at triage), HR 120, weak femoral pulses, MM pale pink and cold to touch, CRT 3 seconds; subtle pain, soft on abd palpation, no obvious mass palpable; weak, cool extremities CBC- retics125k(H), hct 45% Chem- NR except TP 5.3(L) EPOC- pH 7.230(L) K+ 2.7(L) lactate 7.50(H); poor peripheral circulation Cr 1.67(H) normal on Chem Coag pt/aptt- Normal rads: concern for abdominal effusion; no clear spleen noted; chest NR except possible smaller cardiac silhouette Fast scan verified abdominal effusion; no pericardial effusion noted; contractility of heart appears wnl.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a moderate change.

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 7.09 cm. The right kidney measured 7.0 cm.

### Adrenal Glands

The **left adrenal gland** was 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 0.5 cm.

The region of the **right adrenal gland** revealed no evident pathology.

### Spleen

The region of the **splenic fossa** was imaged, yet no clear spleen was visualized. Concern for hemorrhage and reabsorption, given that nodular omental changes were evident in the region of the splenic fossa.

### Liver



## PATIENT

Micco Lucas

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

33.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores VEC

## REFERRING VET

Dr. Lisa Miller

## INVOICE

35497

## DATE

1/19/26

The **liver** revealed heterogenous mixed hypoechoic nodular changes and coarse architecture. Some nodular changes were noted in the left lateral liver. The gallbladder and common bile duct were unremarkable. The hepatic veins were not dilated. No evidence of passive congestion.

### *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.

### *Free Abdomen*

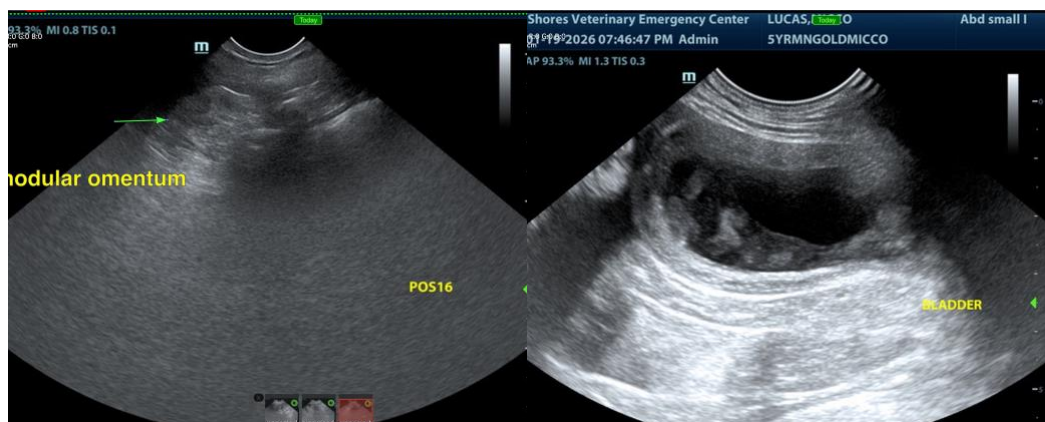
A large amount of **free fluid** was noted in the abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Abdominal effusion with concerning nodular left lateral liver changes and omental nodules.
- Urinary bladder debris
- No clear spleen was visualized- concern for hemorrhage and reabsorption, given that nodular omental changes were evident in the region of the splenic fossa.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The free fluid appears to be deriving directly from an abdominal source. Full coagulation panel is warranted to ensure coagulopathy is not an issue. Recommend abdominocentesis +/- exploratory surgery, depending upon abdominocentesis findings. Recommend assessment for the history of splenectomy in this patient, as no visible spleen was noted. If splenectomy was performed, histopathology of that tissue is warranted to assess if hemangiosarcoma is present in this patient's history, as this could represent a metastatic pattern. Urinary work up is indicated.





## PATIENT

Micco Lucas

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

33.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores VEC

## REFERRING VET

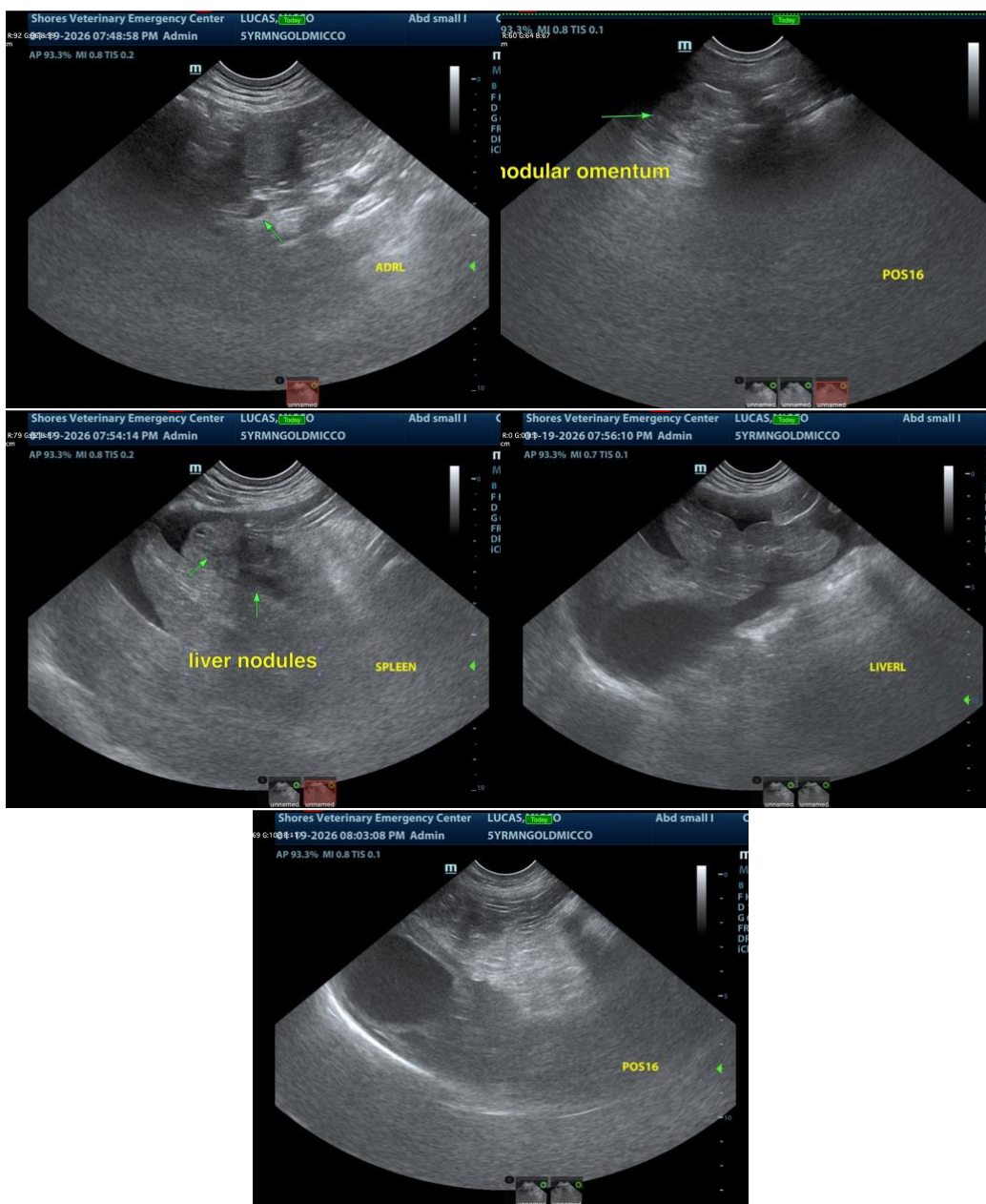
Dr. Lisa Miller

## INVOICE

35497

## DATE

1/19/26



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](mailto:info@SonoPath.com)