

PATIENT

Duke Purnell

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

8 Years

WEIGHT

42.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Victoria Orlando

INVOICE

35186

DATE

1/3/26

PRESENTING CLINICAL SIGNS

History: Presented 1/2 for acute twice vomiting and marked lethargy today with a 6-7 week history of polydipsia and progressive hyporexia to anorexia. Intermittent single vomiting episodes over prior weeks; polydipsia since 2 days before Thanksgiving with owner restricting water. Oral Cavity: Mucous membranes pink to muddied pink/slightly moist to tacky, CRT 2-3s, Abdominal: Tense on palpation; moderate discomfort on palpation.

Abnormal PE/Chem/CBC/UA Results: EPOC: HCT 29 (L) CBC: RBC 4.98 (L), HCT 30.7 (L), HGB 11.1 (L), WBC 29.44 (H), Neut 26.14 (H), Mono 0.98 (N), Baso 0.03 (N), Plt 101 (L), Plt Est. 100-150, PCT 0.13 (L) Chem: ALT 266 (H) Pancreatic Lipase: >2000 Rad Report: 1. Mild peritoneal effusion in the cranioventral abdomen. 2. Rounded structure ventral to the stomach, overlapping with the liver, suggestive of hepatic mass (e.g. benign vs malignant), lobar hepatomegaly, dilated gallbladder, less likely another origin. 3. No radiographic signs of pyloric outflow obstruction or gastric foreign body. 4. No radiographic signs of mechanical ileus or intestinal plication. 5. Unremarkable thorax. No radiographic signs of pulmonary metastases. 6. Subcutaneous lipomatous mass along the ventral thorax (e.g. lipoma).

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 9.0 cm. The right kidney measured 9.0 cm.

Adrenal Glands

The **adrenal glands** were measurable normal, yet both adrenals appeared subjectively flattened. The left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.48 cm.

Spleen

The **spleen** revealed subtle scalloping contour and subtle heterogenous micronodular changes, consistent with hyperplasia, however, splenitis or emerging round cell neoplasia possible.

Liver

The **liver** revealed multiple hypoechoic masses. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. The gastric lumen was fluid filled. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were



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noted. This is consistent with response to irritation. The colon was unremarkable. Reactive mesentery was noted around the GI tract.

Pancreas

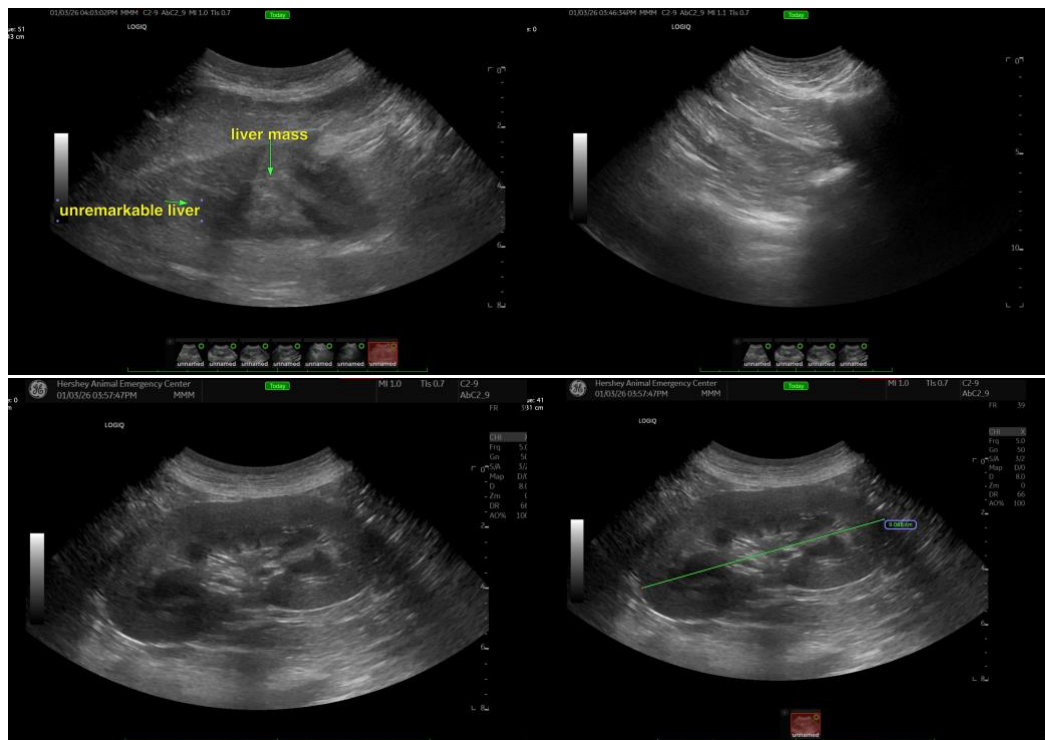
Heterogenous pancreatic changes were noted.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis
- Liver masses- potential suppurative hepatic lesions
- Micronodular splenic changes
- Heterogenous pancreatic changes
- Subjectively flattened adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect round cell neoplasia with possible abscessation. Ultrasound guided 25-gauge FNA of the liver lesions and spleen is indicated. GI protectants, broad spectrum antibiotics, and fluid support are all indicated in the meantime. Prognosis is guarded depending upon cytology results. Chest radiographs are warranted to assess for metastatic disease.





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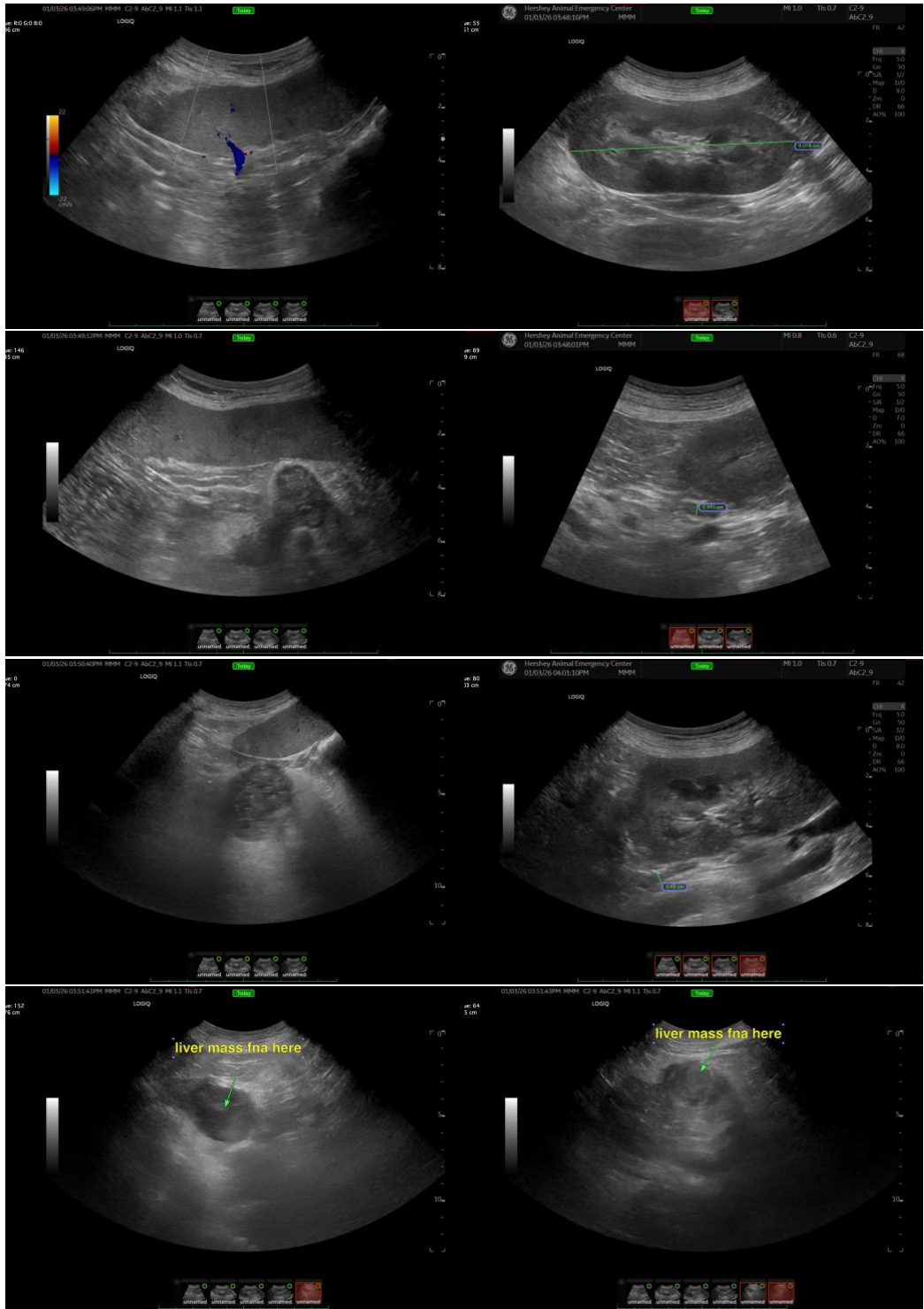
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The information and recommendations provided are based on the images presented by the referring



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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,
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