



**PATIENT**

Bailey Clarke

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

27.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

33959

**DATE**

1/5/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for not eating or drinking for four days. O stated P has been lethargic, but getting up for walks. P has not gotten phenobarbital for 4 days and vomited up medication yesterday. Previous Health Concerns: seizures, spinal issues, deaf Current Medications/Supplements/OTC: phenobarbital 32.4mg q12, carprofen 75mg q12, methocarbamol 500mg q12  
Abnormal PE/Chem/CBC/UA Results: Abdominal: tense with caudal abd palpation 1) 2V Abd Rads – splenomegaly, decreased detail caudal to stomach, mass effect pushing intestines to left on VD but no discrete mass 2) CBC/Chem/EPOC – normal 3) PLI - normal

**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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.67 cm. The left kidney measured 6.94 cm.

**Adrenal Glands**

The **left adrenal gland** was upper limits of normal, fairly uniform, measuring 3.32 cm x 0.84 cm at the cranial pole and 0.72 cm at the caudal pole. The **right adrenal gland** was visualized obliquely, measuring approximately 1.0 cm in width.

**Spleen**

The **spleen** presented multifocal hypoechoic nodular changes. Ultrasound guided FNA strongly recommended. Mild generalized splenic enlargement present.

**Liver**

The **liver** presented irregular contour, multifocal nodules and disrupted architecture. Some of the nodules presented a target type appearance. Minor gallbladder polyps and debris noted.

**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.



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**ULTRASONOGRAPHIC FINDINGS**

- Concerning Splenohepatic nodular changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

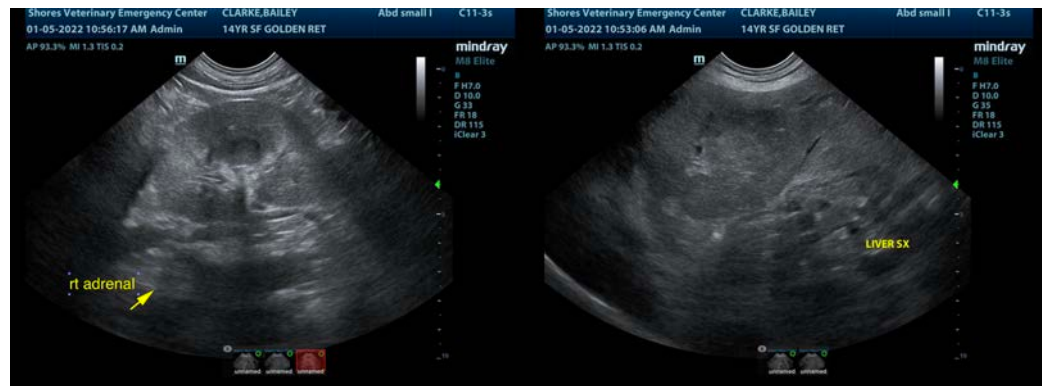
Ultrasound guided FNA strongly recommended, as round cell neoplasia is a strong potential in this patient. Pronounced nodular hyperplasia less likely. Prognosis is extremely guarded. 3-view chest radiographs and rapid echocardiogram recommended to assess for pericardial effusion, right auricular masses, or other signs of thoracic metastatic disease.

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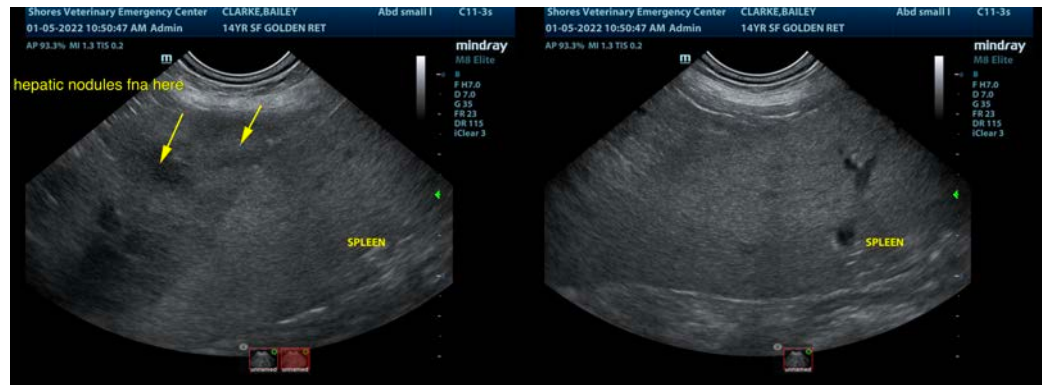


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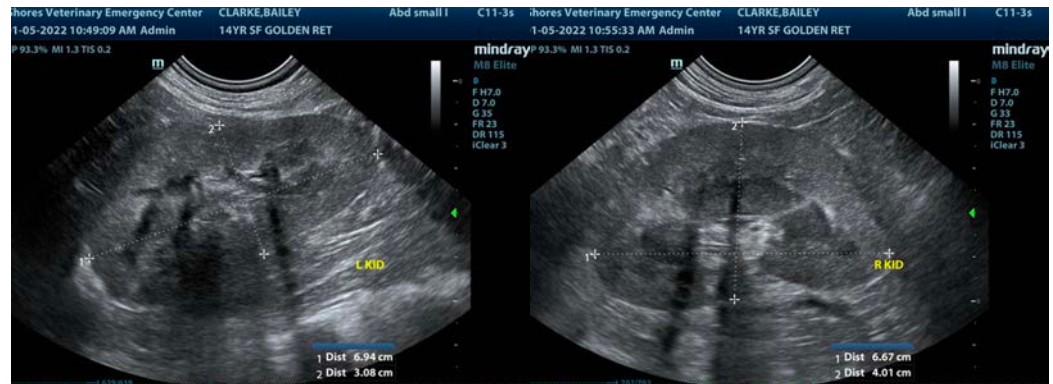
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)