



**PATIENT**

Marley Skelley

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

9 Years 9 Months

**WEIGHT**

82 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Bond Vet Paramus

**REFERRING VET**

Dr. Jemenez

**INVOICE**

71777

**DATE**

11/13/25

**PRESENTING CLINICAL SIGNS**

Decreased appetite/ vomiting/ weight loss  
Abnormal PE/Chem/CBC/UA Results: SDMA 15, BUN 7, ALT 191, AST 475, ALP 282, TBili 0.6, Neuts 20K

**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 2.0 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 7.44 cm. The left kidney measured 8.38 cm.

**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 2.7 cm x 0.52 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 3.38 cm x 1.2 cm at the cranial pole and 0.66 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself cranially and caudally. It was slightly enlarged and mildly swollen.

**Liver**

The **liver** presented swollen, irregular contour with enhanced mesentery, strongly suggestive for infiltrative disease. Multifocal nodular changes noted with disrupted architecture. The gallbladder and common bile duct were unremarkable. Regional expansive tissue noted adjacent to the gallbladder, impinging upon the gallbladder.

**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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**Free Abdomen**

Minor free fluid noted.

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium. Contractility and volumes were normal.

**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative hepatic pattern with potential splenic involvement.
- Minor free fluid.
- Age related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA spleen and liver recommended. Strong concern for round cell neoplasia. Nodular hyperplasia/cirrhosis possible yet less likely. Chest radiographs warranted to assess for metastatic disease. Prognosis is extremely guarded to poor depending upon cytology results.





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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,  
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