

## PATIENT

Rocco Vena

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Castrated Male

## AGE

12

## WEIGHT

81

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christensen

## HOSPITAL NAME

Tranquility Veterinary  
Clinic

## REFERRING VET

Dr. House

## INVOICE

10733

## DATE

11/13/2025

## PRESENTING CLINICAL SIGNS

Hyporexia and weight loss. Vomiting and intermittent melena.

Abnormal PE/Chem/CBC/UA Results: On Mirtazapine 15 mg SID, Sucralfate 500 mg BID. ALT= 134, Alk-phos= 309.

## 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 8.0 mm.

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. Left kidney measures 6.8 cm, and the right kidney measures

### 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. Left adrenal measures 3.22 cm x 0.65 cm at the cranial pole and 0.73 cm at the caudal pole.

The right adrenal was enlarged, and irregular and measures 2.53 cm x 1.0 cm at the cranial pole and 1.4 cm at the caudal pole.

### Spleen

The **spleen** presented multifocal, hypoechoic target nodules. Parenchymal mass noted measuring 2.56 cm. A separate mass measures 3.58 cm. No cavitation noted. Micronodular changes noted throughout the spleen, in addition to the macronodular changes and mass.

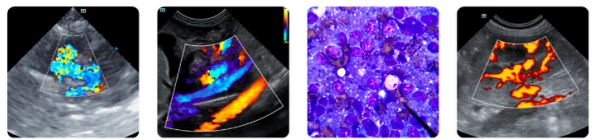
### Liver

The **liver** was riddled with multiple isoechoic nodular changes. Strongly suggestive for metastatic disease. Generalized hepatomegaly noted with hepatic lymphadenopathy. Slight areas of free fluid noted.

The gallbladder was overdistended with a minor amount of excessive debris.

### Gastrointestinal

Examination of the **gastrointestinal tract** presented variable areas of thickening with a 4.5 cm jejunal mass with reactive surrounding mesentery. Regional mesenteric lymphadenopathy also noted.



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**Pancreas**

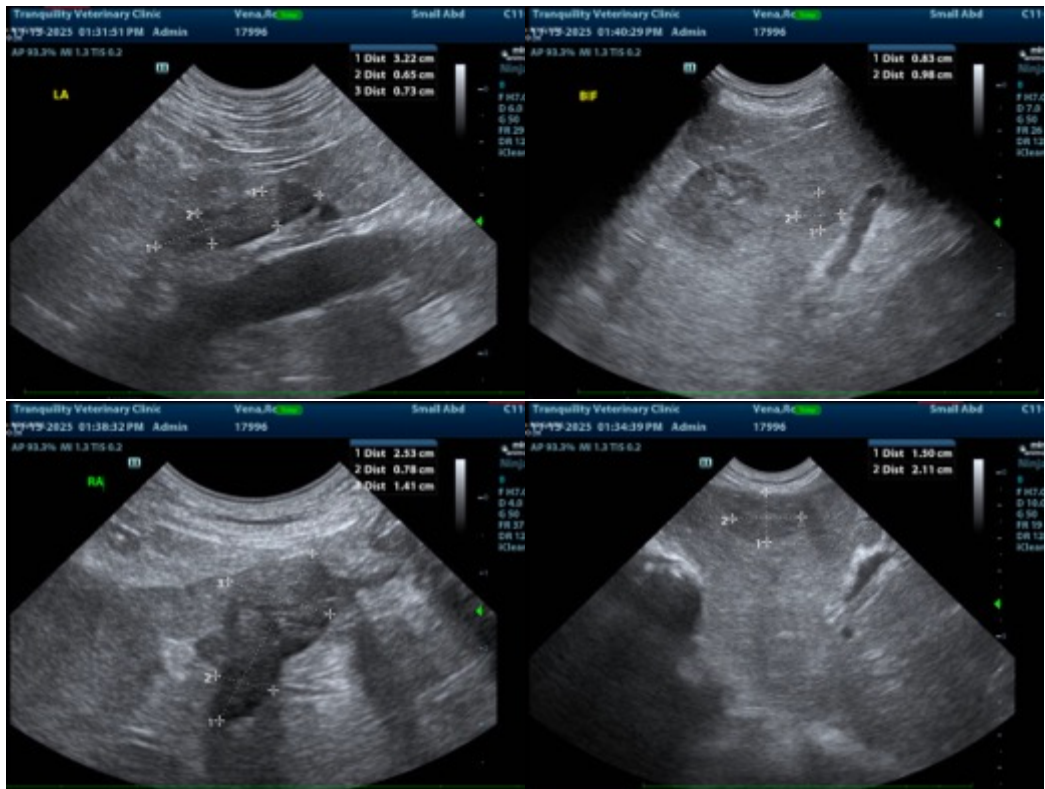
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

**ULTRASONOGRAPHIC FINDINGS**

- Spleno-hepatic infiltrative pattern - Round cell neoplastia pattern.
- Gallbladder overdistended with excessive debris.
- Mild age-related renal changes.
- Enlarged, irregular right adrenal. Carcinoma versus pheochromocytoma. Adenoma less likely.
- Age-related pancreatic changes.
- Variably thickening GI with jejunal mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Multicentric round cell neoplastia pattern. Ultrasound guided 25-gauge FNA of the spleen, intestine, liver indicated with immediate chemotherapeutic intervention.





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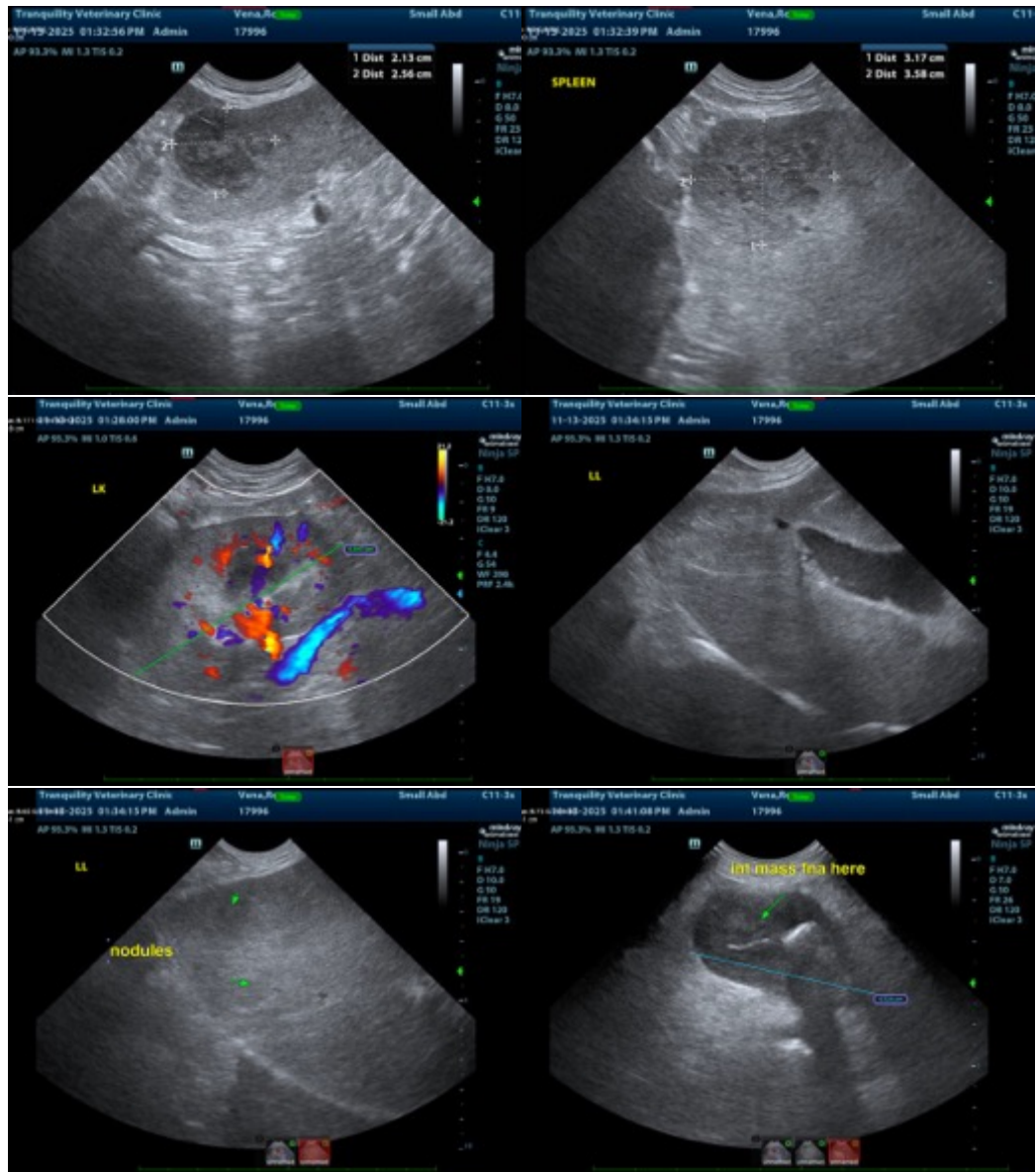
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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