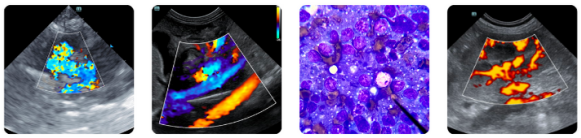


DATE

11/25/25

PATIENT

Malon Goode

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

11/27/12

WEIGHT

72.2 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Heydt

INVOICE

35649

PRESENTING CLINICAL SIGNS

Patient History: P Presented on 11/24/25 for decreased appetite and lethargy. P was seen on 11/19 for constipation and suspected UTI. rDVM diagnosed p with UTI and possible pancreatitis and p was started on Amoxicillin(500mg) - 1 tab PO BID. O notes since that appointment, p lethargy has progressed and seems very uncomfortable. O notes p is eating treats and some people food but not her normal diet. On examination, p was QAR, MM - pale pink, moist CRT

Current Medications: November 24, 2025 - Cerenia 3.2cc SQ. Medications: -Pregabalin (75mg) - 2 tab PO TID, -Tramadol (50mg) - 2 tab PO BTD, -Amantidine (100mg) - 1 tab PO SID, -Acetaminophen w/ codeine - 1 PO TID. -Incurin (1mg)- 1 tab PO in evening, -Entyce - 30mg - 3.4ml PO daily, -Amoxicillin (500mg) - 2 tab PO daily
Monthly -Cytopoint monthly -Librela monthly. O give zofran 8mg PRN. P gets laser/acupuncture/water treadmill; Bi-weekly ketamine injection by CVSS rehabilitation
Labwork Results: Labwork not attached, reported as: November 19,2025- BW - WBC 18.9 K/uL; Hct 45%; AST 316 (15-66); ALP 499 (5-131); PSL 814 (>216 supportive of pancreatitis), November 19, 2025- U/A - color - yellow/cloudy; pH 8; USG - 1.015; protein 1+; glucose - neg; WBC 11-20/hpf; RBC none; bacteria rod >100. November 24, 2025- iSTAT - Hct 27%. November 24, 2025- U/A: Color - dark yellow, clear; USG 1.030, pH 6.5; protein 500mg/dL, glucose - neg;WBC 10/hpf; RBC
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended at the time of the sonogram. The 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 5.9 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 2.58 cm x 0.65 cm at the caudal pole and 0.59 cm at the cranial pole.

The **left adrenal gland** revealed mild uniform enlargement. The left adrenal gland measured 3.03 cm x 1.13 cm at the caudal pole and 0.94 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** in this patient was riddled with multiple coalescing mixed hypoechoic target lesions. The liver masses measured up to 4.8 cm. They were diffuse and nonresectable. These are multifocal manifestations of a diffuse parenchymal disease. FNA is indicated for further definition. The gallbladder and common bile duct were unremarkable.

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 **pancreas** was mildly enlarged and slightly heterogenous. No evidence of primary disease.

Free Abdomen

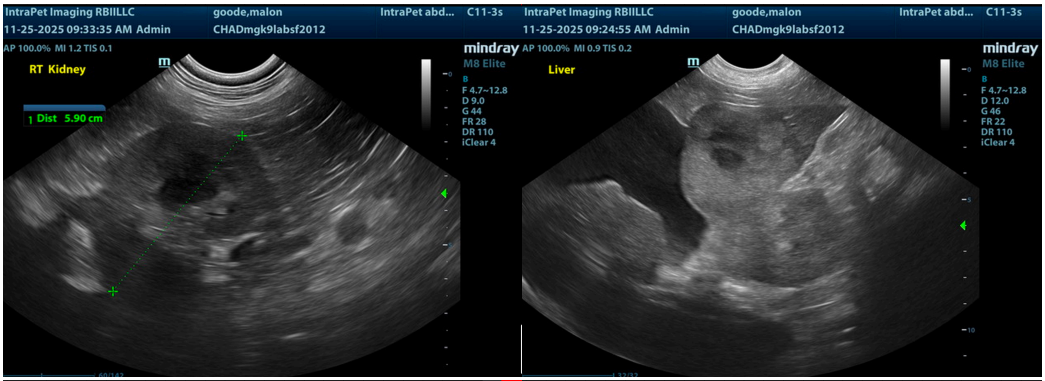
A caudal abdominal **lymph node** was enlarged, rounded and hypoechoic, measuring 2.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia
- Caudal abdominal lymphadenopathy
- Left adrenal gland, mild uniform enlargement
- Mildly enlarged and slightly heterogenous pancreas
- Age-related renal changes
- Overdistended urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is indicated for further definition. Hepatic sarcoma versus carcinoma are primary differentials. If the patient has been exposed to fungal disease, this is a remote potential.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mindray
M8 Elite
RT Kidney
1 Dist 5.90 cm
B
F 4.7~12.8
D 9.0
G 44
FR 28
DR 110
iClear 4
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goode,malon
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mindray
M8 Elite
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D 12.0
G 46
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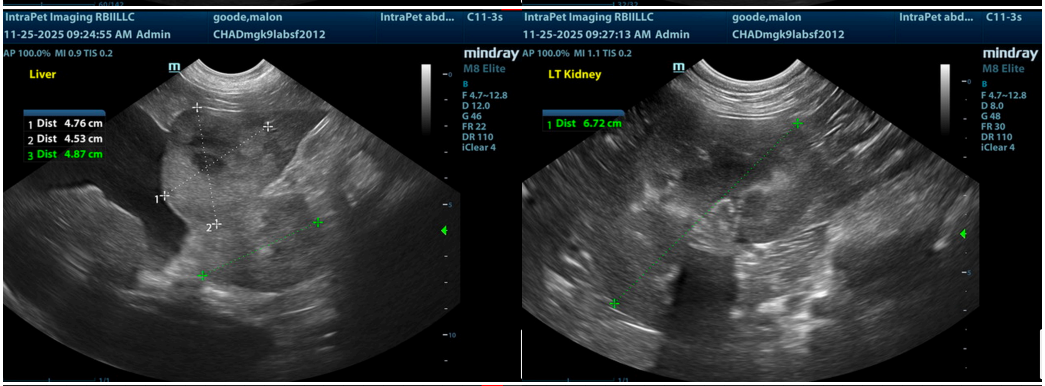
DR 110
iClear 4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Liver
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2 Dist 4.53 cm
3 Dist 4.87 cm
B
F 4.7~12.8
D 12.0
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D 8.0
G 48
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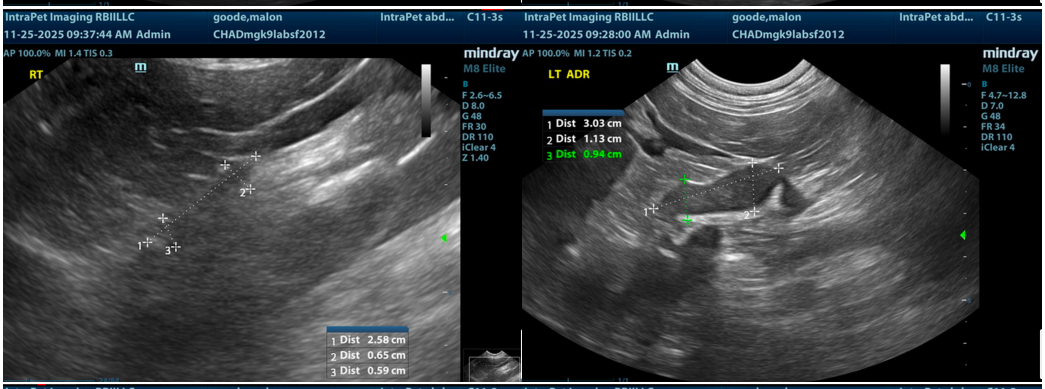
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M8 Elite
RT
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3 Dist 0.59 cm
B
F 2.6~6.5
D 8.0
G 48
FR 30
DR 110
iClear 4
Z 1.40
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M8 Elite
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D 7.0
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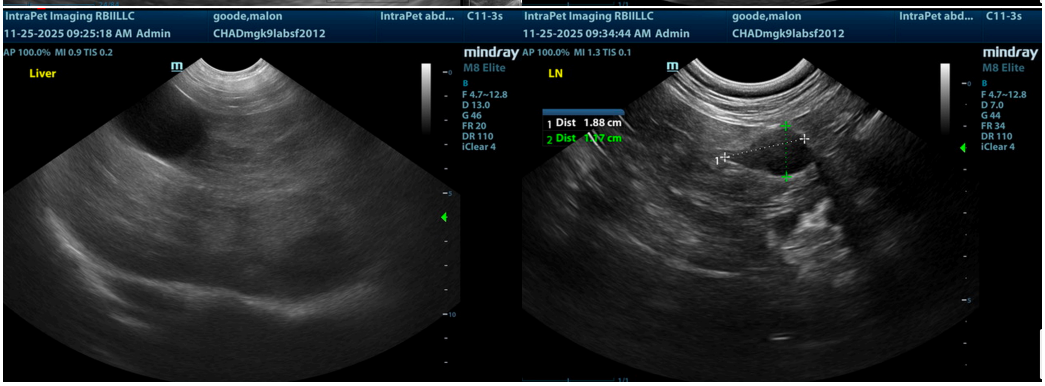
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M8 Elite
Liver
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D 13.0
G 46
FR 20
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goode,malon
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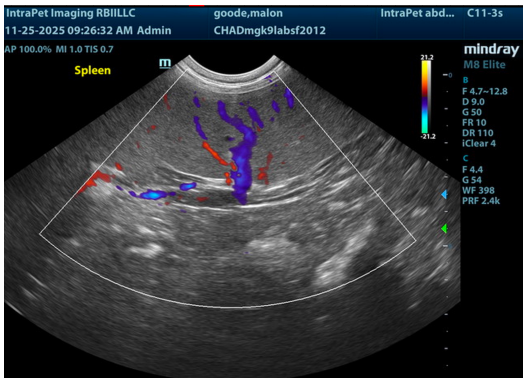

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com