



PATIENT

Skye French

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10 Years 11 Months

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Anthony Krawitz, DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Dermott

INVOICE

72485

DATE

12/10/25

PRESENTING CLINICAL SIGNS

In September 2025 she presented at another Veterinarian for an acute onset of Pericardial effusion and Ascites. A work up did not find anything specific at that time. Pericardiocentesis was performed and serosanguinous fluid removed and followed with furosemide and she improved and has been doing well since. This US is to follow up to see if anything is now obvious on retesting. She had an echocardiogram today with a cardiologist and nothing was seen.

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. Right kidney measured 7.68 cm. Left kidney measured 6.81 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. Left measured 2.3 cm x 0.70 cm at the cranial pole and 0.72 cm at the caudal pole. Right measured 2.4 cm x 0.73 cm at the caudal pole and 0.50 cm at the cranial pole.

Spleen

At normal resolution, much of the **spleen** was unremarkable. At high resolution, however, a splenic nodule was noted measuring 1.2 cm with heterogeneous areas. The spleen was folded upon itself caudally.

Liver

The majority of the **liver** appeared normal, yet subtle nodular changes noted with slight areas of capsular expansion. No overt neoplastic criteria. However, some capsular expansion and lack of structural detail evident with some nodules. 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.



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Pancreas

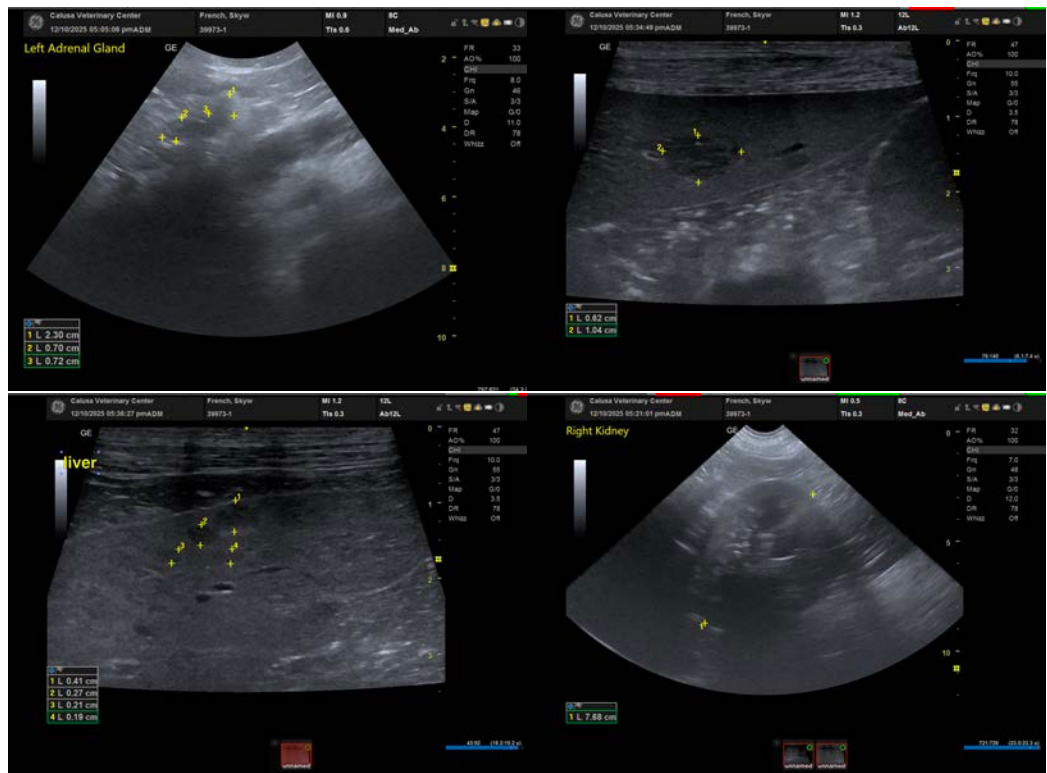
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule.
- Hepatic nodules.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided 25-gauge FNA of the liver nodules and various echogenic textures of the splenic nodule recommended. Nodular hyperplasia versus occult neoplasia. These are not necessarily neoplastic and could be monitored for growth over the next 7-10 days. If no definitive diagnosis found on cytology, then recheck sonogram would be recommended of both the heart and abdomen to assess for progression.





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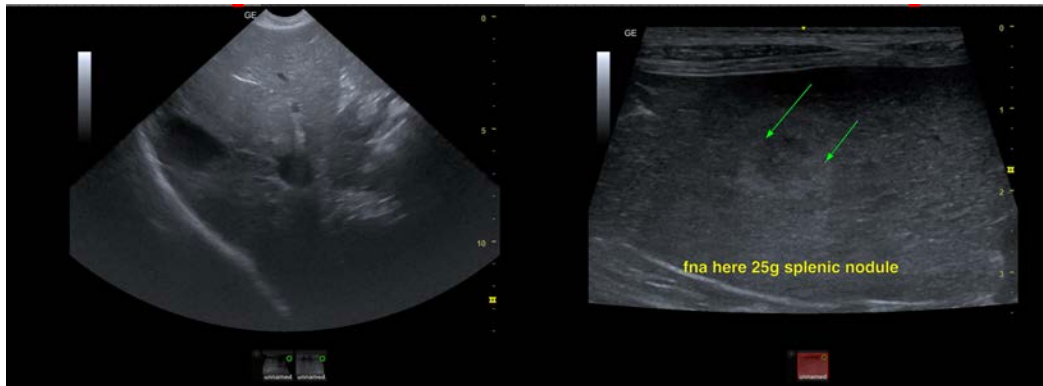
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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