



PATIENT

Ginger Dial

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

9 Years 4 Months

WEIGHT

88.7 pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King Veterinary
 Hospital

REFERRING VET

Dr. Aldridge

INVOICE

12697

DATE

12/15/25

PRESENTING CLINICAL SIGNS

P presented for US due to lethargy, weight loss, enlarged liver and possible mass effect in area of pylorus on rads. Chest rads showed enlarged heart.

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 **lymph nodes** were slightly enlarged measuring 7.0 mm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.3 cm in length. The right kidney measured 7.3 cm in length.

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 2.85 cm x 0.63 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland measured 2.75 cm x 1.55 cm width at the cranial pole and 0.56 cm width at the caudal 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 swollen with dilated hepatic veins and vena cava. Trace amount of ascites were noted with slight hepatic lymphadenopathy was noted in this patient. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Minor **pyloric** thickening was noted in this patient. The small intestine and colon were unremarkable.

Pancreas



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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

Slight pleural effusion was noted through the diaphragm. Rapid view of the heart revealed a DCM type presentation.

BREED

Golden Retriever

ULTRASONOGRAPHIC FINDINGS

- Swollen liver with hepatic lymphadenopathy and passive congestion pattern.
- Slight pleural effusion.

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Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I believe there are multiple issues in this patient. Strong concern for lymphoproliferative disease. Ultrasound guided FNA of the accessible lymph nodes and liver is indicated. Pleurocentesis and cytospin are indicated. Prognosis is very guarded for round cell neoplasia +/- DCM type presentation. DCM may be a paraneoplastic manifestation as well.

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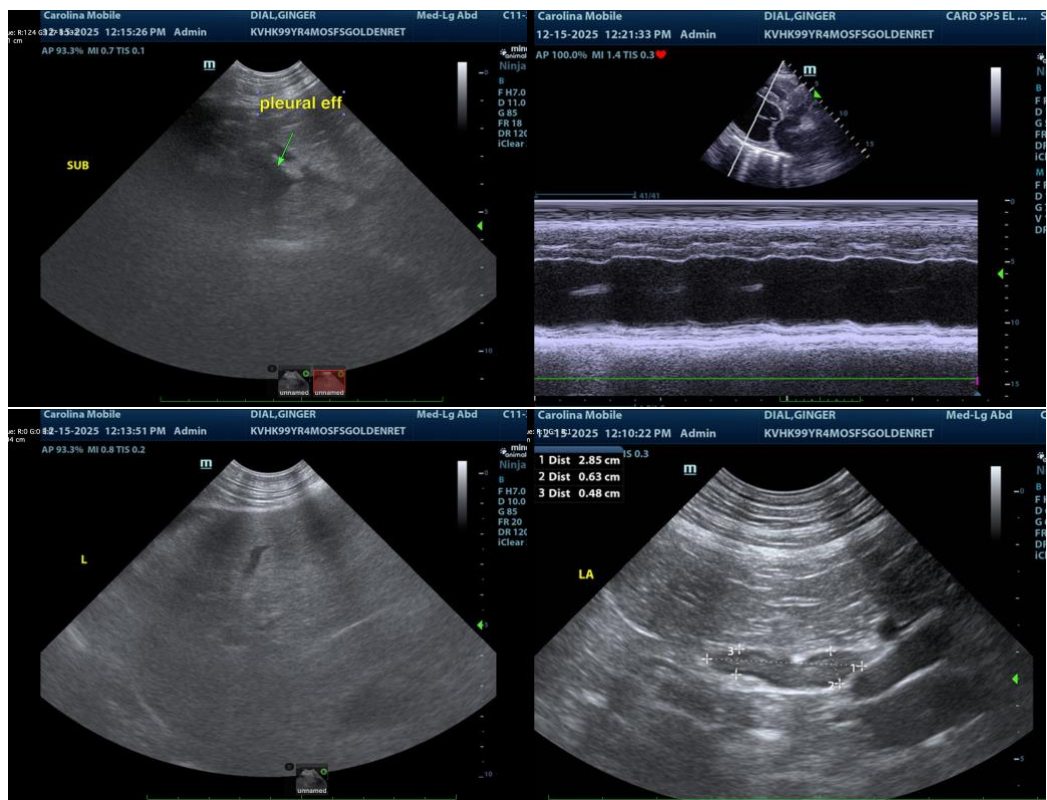
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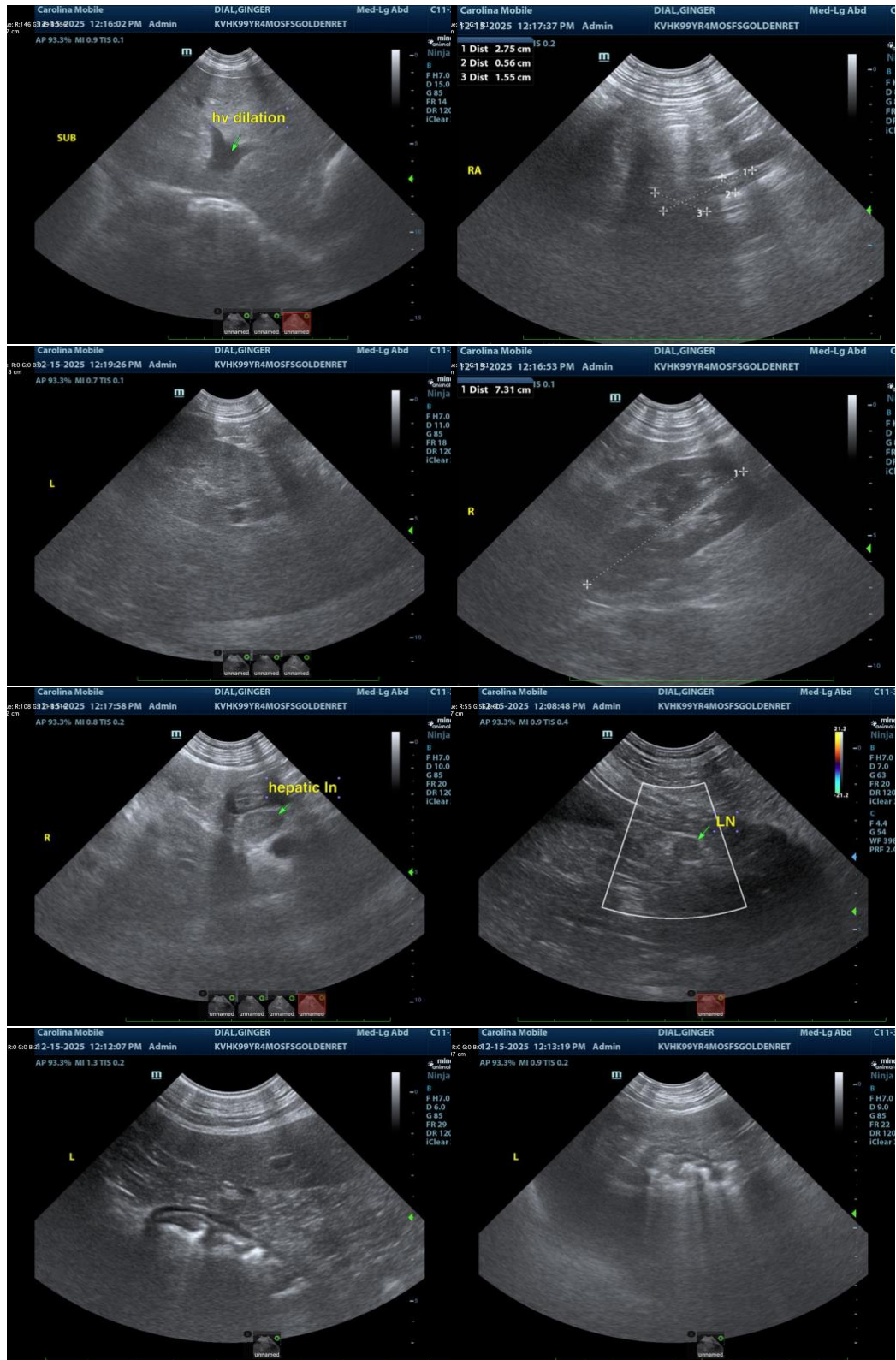
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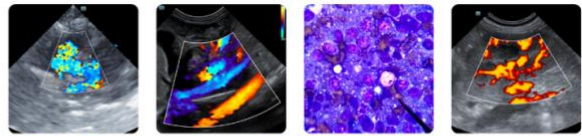
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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