



**PATIENT**

Brandi Dowling

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

11 Years 6 Months

**WEIGHT**

40.3 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Newton Veterinary  
 Hospital

**REFERRING VET**

Dr. Wyman-Greenwald

**INVOICE**

12720

**DATE**

12/17/25

**PRESENTING CLINICAL SIGNS**

Decreased appetite Lethargic Vomiting

Abnormal PE/Chem/CBC/UA Results: CPL = WNL Chol 398 All else WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 3.0 cm) 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.

An iliac lymph node mass was noted in this patient measuring 3.0 cm x 5.7 cm presenting nodular, irregular and comprised of multiple lymph nodes. This may be a primary mass in itself or metastatic.

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 5.33 cm in length. The right kidney measured 5.0 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 2.54 cm x 0.79 cm width at the cranial pole and 0.58 cm width at the caudal pole. The right adrenal gland measured 2.84 cm x 1.26 cm width at the cranial pole and 0.69 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 **gallbladder** presented with a large calculus and was nonobstructive yet may be irritative and measured approximately 2.5 cm. Smaller calculi were also noted. The liver was unremarkable.

**Gastrointestinal**

The **stomach** revealed a minor amount of chyme with no evident obstruction. The small intestine and colon were unremarkable.

**Pancreas**



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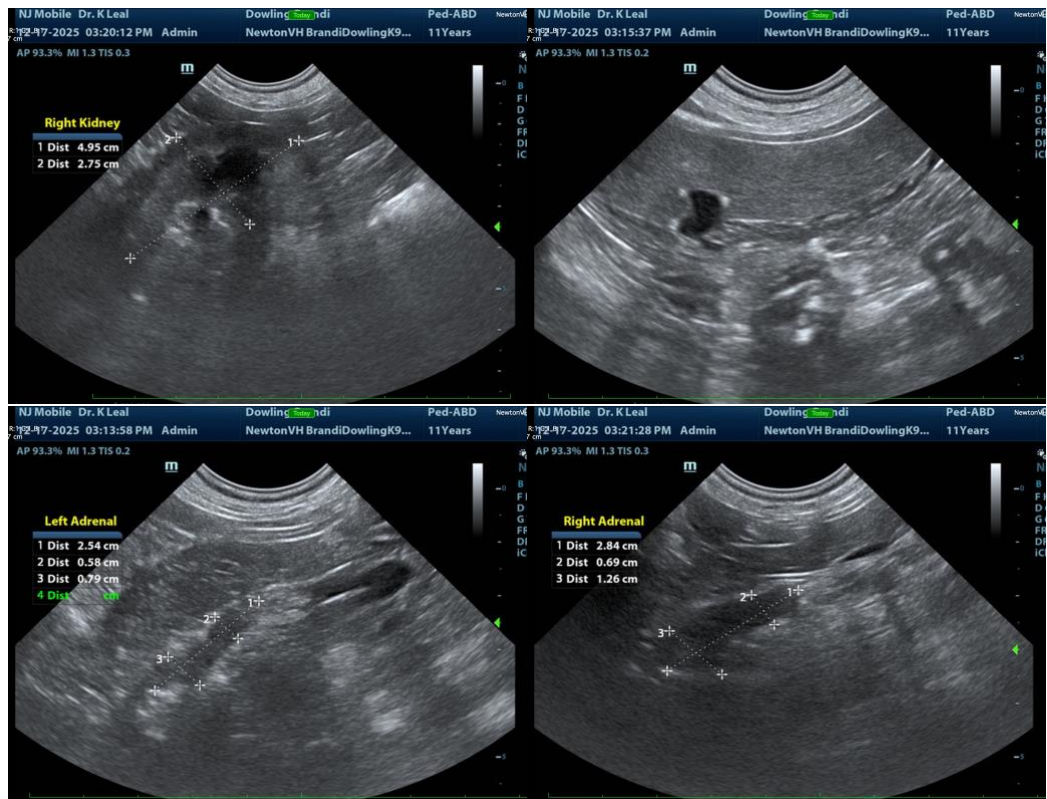
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

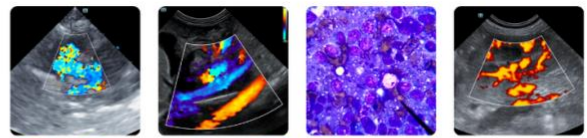
**ULTRASONOGRAPHIC FINDINGS**

- Iliac lymph node mass.
- Gallbladder calculus.
- GI upset.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An anal gland examination is recommended to assess for any masses in the region. FNA of the iliac lymph node mass is indicated for further definition. The most long-term issue in this patient may be the iliac lymph node mass. Nonspecific GI upset or possible irritation from the gallbladder calculus may be playing a role in the vomiting, however, a neoplastic process owing to the iliac lymph node may also be playing a role. Supportive care for GI upset is warranted in the meantime.





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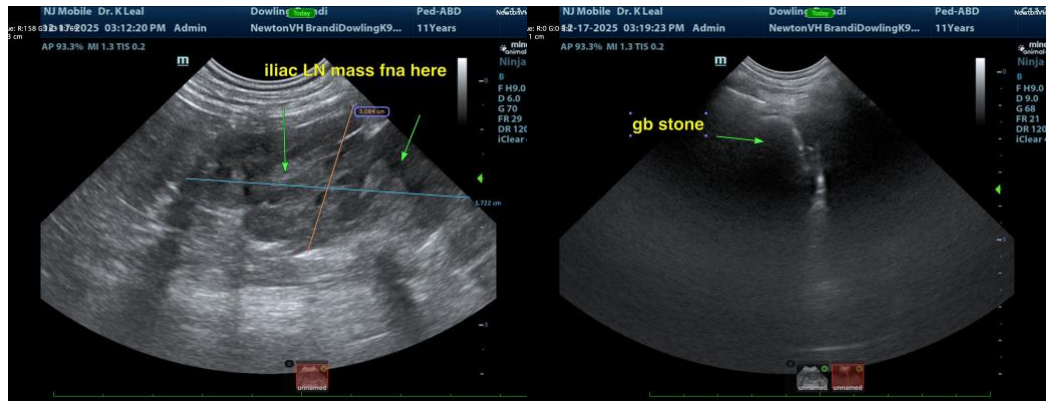
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

CEO, Owner, Founder -- SonoPath.com

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