



PATIENT

Stormy Trochez

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed Female

AGE

2 Years

WEIGHT

37 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

72719

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Not eating well Lethargic, Diarrhea Losing weight Mass effect cranial abdomen Pale mm
Abnormal PE/Chem/CBC/UA Results: Hookworms HCT = 27.3 % Neut = 16,580 Glucose = slightly low
Albumin = 2.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a moderate amount of suspended debris. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The iliac **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

The **left kidney** was swollen, corticomedullary definition was maintained. Pyelectasia noted at approximately 7.0 mm. The left kidney measured 6.28 cm. Left hydroureter noted.

The **right kidney** presented hydronephrosis and mild hydroureter. The right kidney measured 6.2 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. The right adrenal gland measured 2.17 cm x 0.96 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measured 2.9 cm x 0.42 cm at the caudal pole and 0.33 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed a concentric mass with 2.0 cm wall thickness and dilated lumen. The mass appeared to proliferate throughout the cranial abdomen as areas of cavitation. The small intestine and colon were unremarkable.



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Pancreas

The **pancreas** did not appear to have any primary pathology. However, portions of the mass appeared to potentially involve portions of the pancreas.

Free Abdomen

Free fluid noted in the cranial abdomen adjacent to the liver.

A poorly defined cystic mass appeared to be extending throughout the mid caudal abdomen. It was difficult to assess if this mass is related to the gastric mass or not. The mid caudal abdominal mass appears to be impinging upon the ureters and causing hydroureter.

ULTRASONOGRAPHIC FINDINGS

- Diffuse abdominal neoplasia involving the stomach and mid caudal abdomen.
- Secondary paraneoplastic free fluid.
- Bilateral hydroureter.
- Urinary bladder debris.
- Reactive iliac lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted. Prognosis is poor depending upon cytology results. CT evaluation and ultrasound guided FNA would be ideal with immediate chemotherapeutic intervention. The mass/masses were significantly poorly differentiated and involving multiple structures. It is difficult to ascertain where the masses begin and end.





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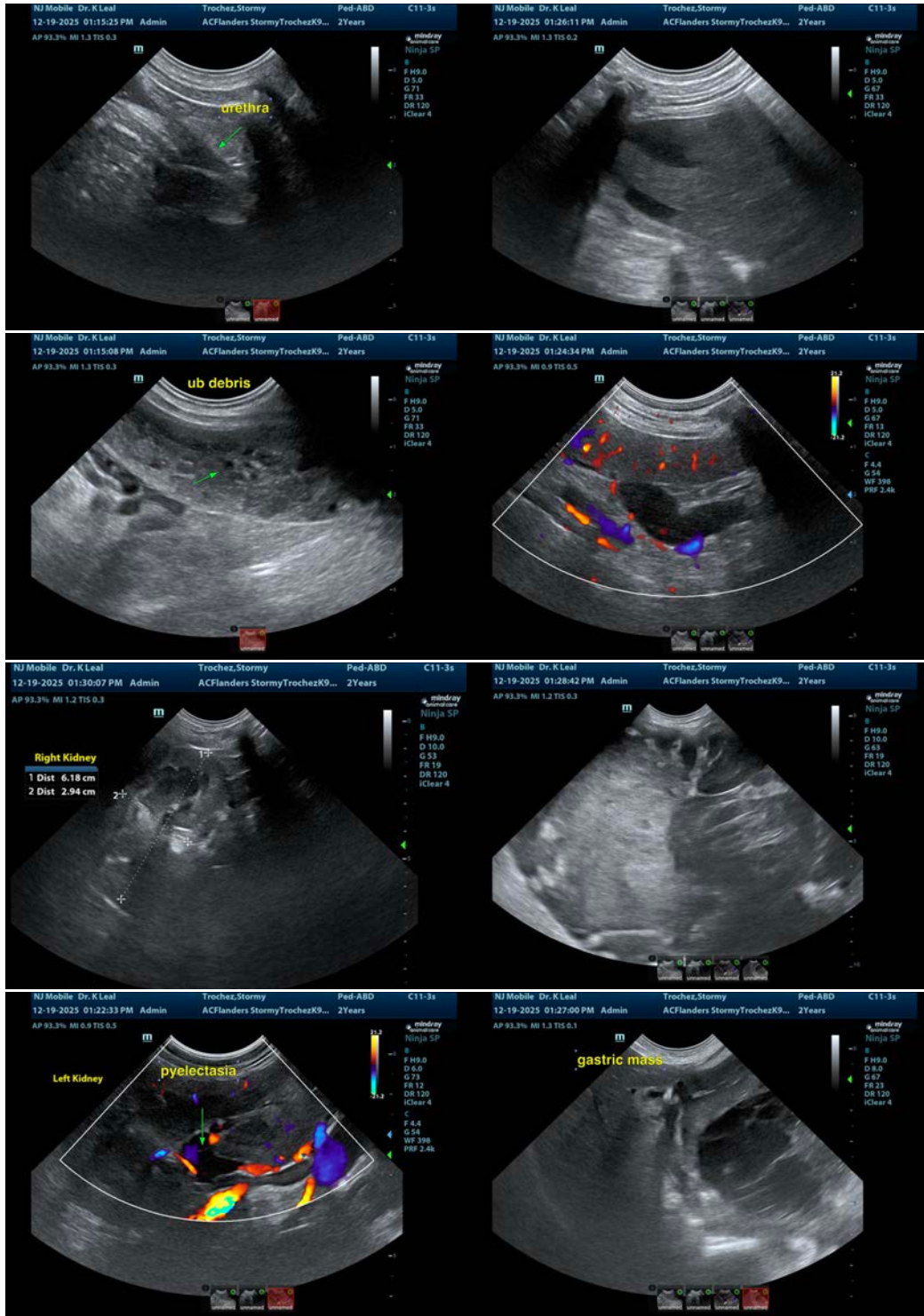
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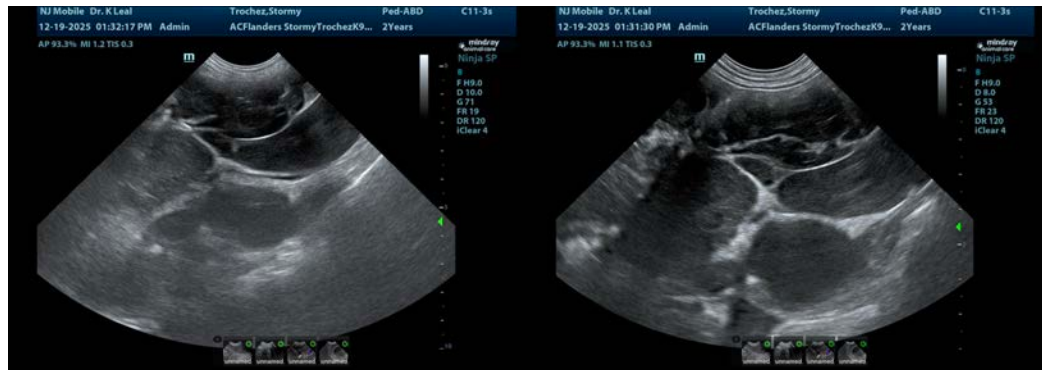
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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