



**PATIENT**

Bailey Lisk

**SPECIES**

Canine

**BREED**

Golden Retriever mix

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

34 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gaynor

**HOSPITAL NAME**

Lambertville VC

**REFERRING VET**

Dr. Coleman

**INVOICE**

42294

**DATE**

12/21/22

**PRESENTING CLINICAL SIGNS**

History: Bailey' O noted slow weight loss over the past year. From February 2021 to today he has lost 9 pounds. There has been no change to diet or activity level. No c/s/v/d. Bailey had a mass removed from his foot on 12/5/22 that was confirmed to be a benign melanoma, completely excised.  
Abnormal PE/Chem/CBC/UA Results: The patient has several large SQ masses on both sides of his thorax. They appear to subcutaneous, movable, fluctuant. Measuring approximately 10cm on the left and 4cm on the right. Bloodwork from 12/5/22 was mostly unremarkable other then mildly elevated ALP.

**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 was 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 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. Slight mineralization was noted in the kidneys. The left kidney measured 6.23 cm. The right kidney measured 6.35 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 0.6 cm.

**Spleen**

The **spleen** was mildly enlarged and uniform. A focal, hypoechoic, expansive nodule was noted at the caudal body of the spleen and measured 2.32 x 3.8 cm. This is technically a mass with mild disruption of architecture. Minor heterogenous changes were noted in the spleen. The spleen was folded upon itself cranially.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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**

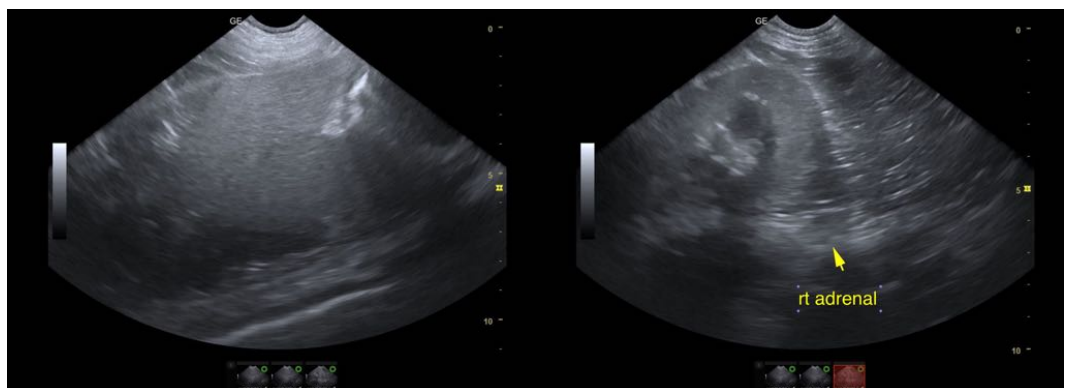
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Hypoechoic, expansive splenic nodule/mass. Isoechoic, generalized splenomegaly.  
Minor renal mineralization with benign hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's history and the splenic nodule I recommend FNA of the splenic nodule/mass and the general parenchyma as well as FNA of the liver for further definition. Justification to splenectomy can be considered; however, it may not be the underlying source of the clinical history. The splenic lesion is not typical of melanoma; however, FNA is warranted to confirm this. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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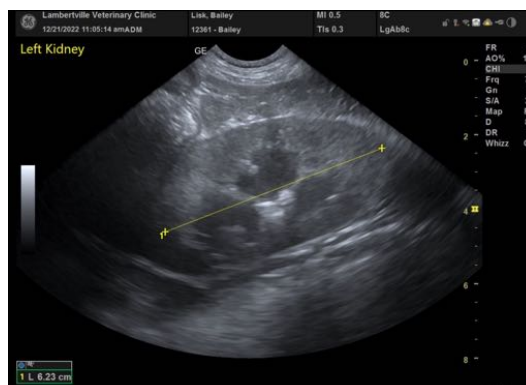
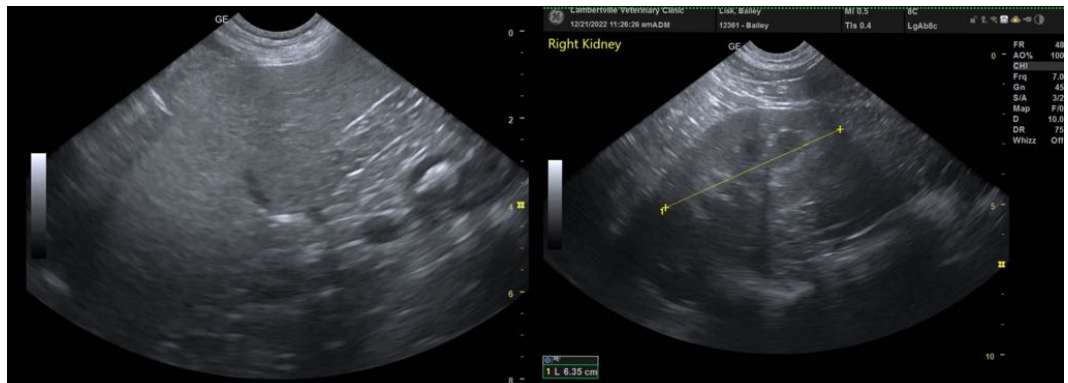
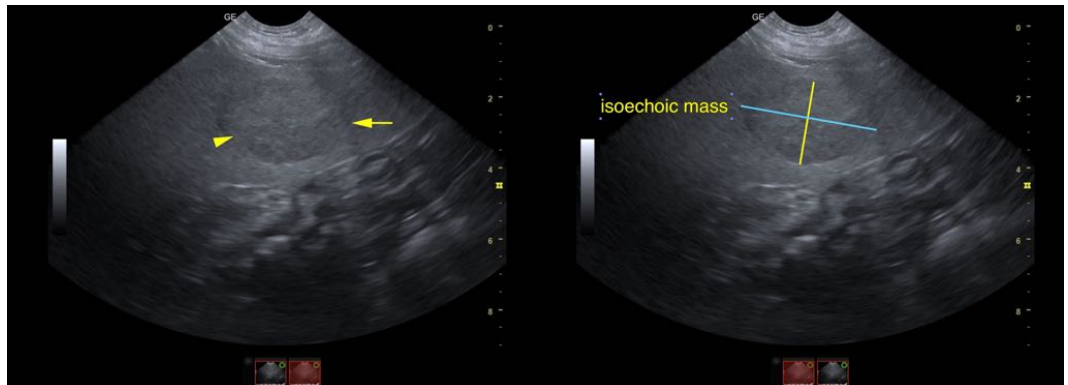
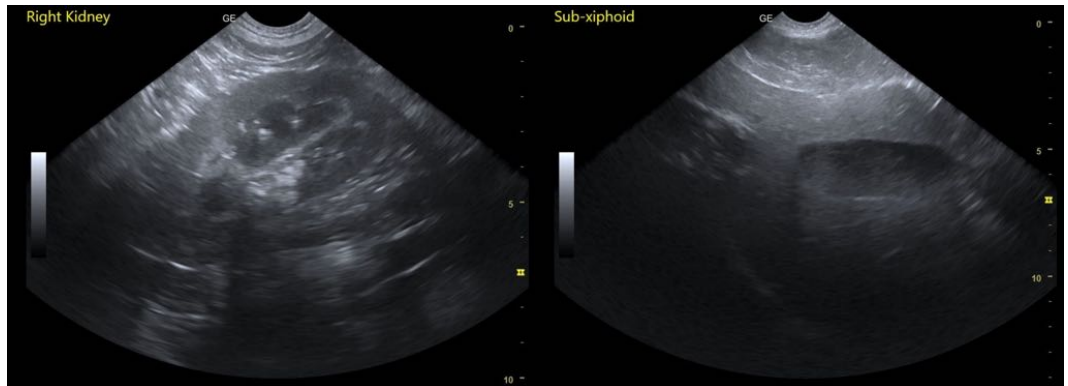
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com