



## PATIENT

Blue Taylor

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered male

## AGE

4 years

## WEIGHT

59 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nikki RVT

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Hawkesworth

## INVOICE

69497

## DATE

12/22/25

## PRESENTING CLINICAL SIGNS

History: Patient was seen at emergency clinic on 12/4 for sand ingestion. Calcium incidentally was found to be 15.9 at this visit. Patient was seen for follow-up with rDVM on 12/6 where calcium was then 16.7. Creat at ER was 1.7 and at our facility 1.6. SDMA at our facility was 16. WBC on 12/6 was 4.6. Neutrophils was 1.863. A hypercalcemia of malignancy panel was sent out on 12/16. Report showed most likely hypercalcemia of malignancy with Ionized Ca being 2.13 and PTHrP being 0.0. Parathyroid hormone (CLIA) was <0.50. Lymph nodes at ER and rDVM on 12/4 and 12/6 were WNL. No anal gland tumor palpated. Cortisol 12/22/25 did not support Addison's (3.83). On presentation today, axillary and submandibular lymph nodes were enlarged. FNA of right axillary lymph node showed numerous large lymphocytes. 1.026 specific gravity 12/22/25 as well as < 1/ HPF of Non-squamous epithelial cells and > 1/ LPF of Non-hyaline casts. Full body radiographs appear WNL.

## 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 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 7.0 cm. The right kidney measured 6.4 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 left adrenal gland measured 2.62 x 0.59 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 1.73 x 0.75 cm at the cranial pole and 0.43 cm at the caudal pole.

### Spleen

The **spleen** in this patient was mildly enlarged with slight swollen contour. The spleen was folded upon itself cranially. This is a positional variant and is not pathological. No obvious infiltrative pattern; however, given the generalized enlargement, I strongly recommend 25-gauge FNA.

### 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



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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

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. The mesenteric lymph nodes were reactive and measured up to 2.8 x 0.8 cm.

## 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.

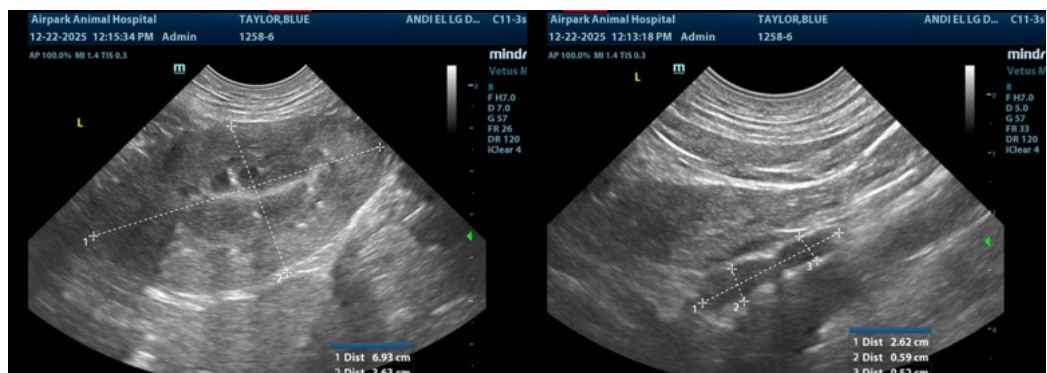
## ULTRASONOGRAPHIC FINDINGS

Enlarged spleen.

Reactive mesenteric lymph nodes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of PARR, PCR of the peripheral lymph nodes and cranial mediastinal imaging is indicated given the patient's history along with 25-gauge FNA of the spleen would be ideal.





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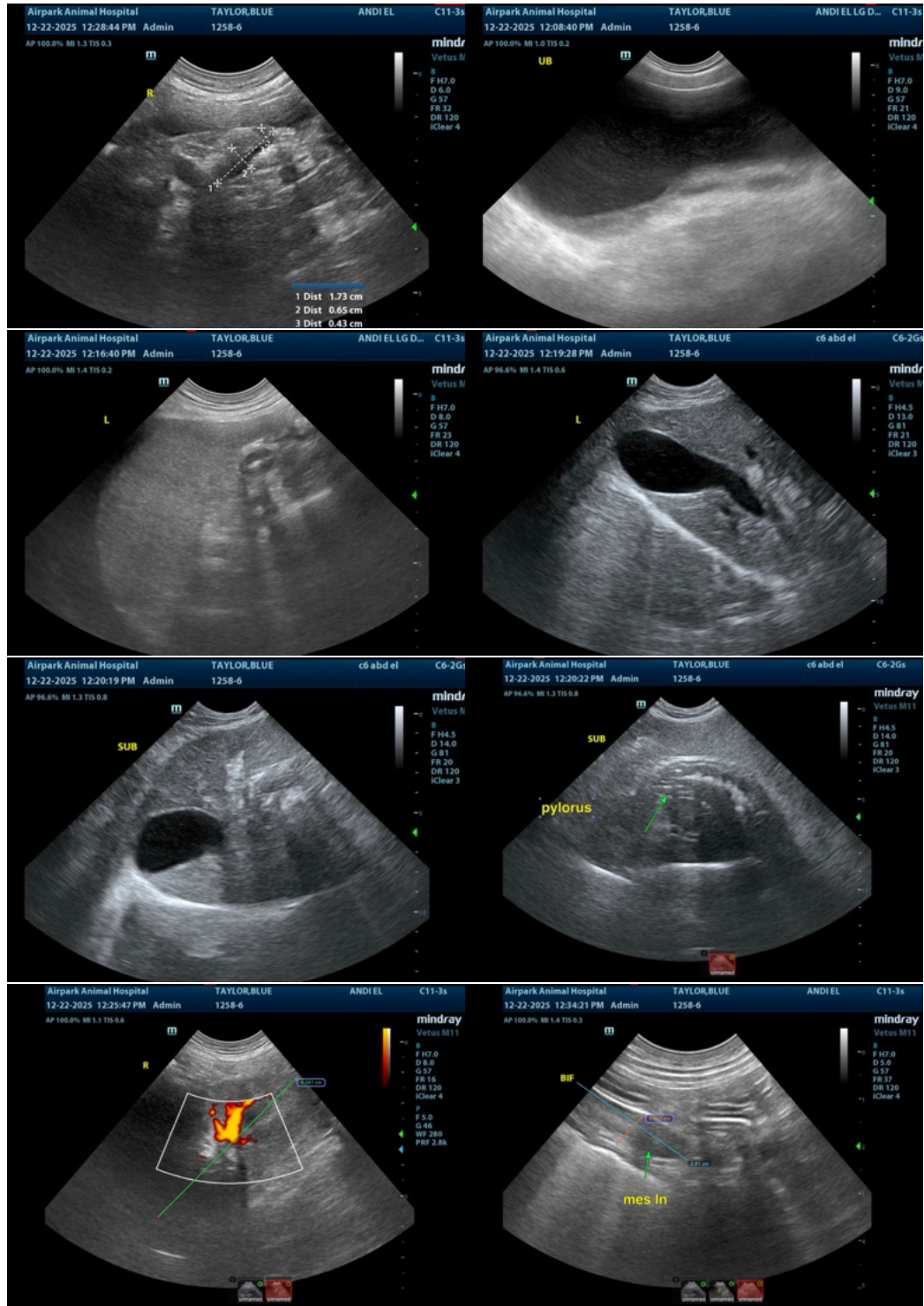
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The information and recommendations provided are based on the images presented by the



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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 of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)