


**DATE PRESENTING CLINICAL SIGNS**

12/6/25

**PATIENT**

Rosie McBain

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Spayed Female

**AGE**

7/22/14

**WEIGHT**

48.3 lbs

**INTERPRETED BY**
Eric Lindquist, DMV,  
DABVP, Cert. IVUSS
**HOSPITAL NAME**
Animal Emergency  
Hospital
**REFERRING VET**

Dr. Ruby

**INVOICE**

72398

**Patient History:** Presents for acute decline in mobility, lethargy, decreased appetite, and possible intra-abdominal bleeding. Patient History: - Hip dysplasia diagnosed at 6 months; chronic management, progressive slowing over past 6 months. - Recent increase in carprofen and gabapentin (~4-5 weeks ago) due to mobility decline; initial improvement. - Marked, acute decline in mobility began 2 days ago; required assistance to rise, would not stand, prolonged recumbency, anorexia, and minimal water intake. - Overnight improvement after collapse; ambulating, wagging tail. - Mild food intake last night (~1/4 packet at 10 PM). - No vomiting or diarrhea; normal defecation last night. - Normal urination; last urinated immediately prior to presentation. - Spot of blood noted on fur near right hock; no evident wound. - Chronic vulvar dark staining; no vulvar discharge, hematuria, pollakiuria, or stranguria. - Prior history of urinary tract infection with hematuria (resolved). - Recent intermittent odd odor noted. - Multiple stable cutaneous lipomas; no significant growth.

**Current Medications:** Carprofen (increased dose ~4-5 weeks ago) - Gabapentin (increased dose ~4-5 weeks ago).

**Labwork Results:** Labwork attached.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** DVM requested.

**Imaging Performed by:** Andi Parkinson, BS, RDMS.

**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 **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. Right measured 6.08 cm. Left measured 5.65 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. Right measured 2.25 cm x 0.73 cm at the cranial pole and 0.66 cm at the caudal pole. Left measured 2.0 cm x 0.52 cm at the cranial pole and 0.65 cm at the caudal pole.

**Spleen**

The **spleen** revealed an expansive mixed echogenic parenchymal mass measuring 2.92 cm with surrounding free fluid. Nodular changes noted elsewhere in the spleen.

**Liver**

The **liver** presented multifocal disruptive nodular changes with multifocal capsular expansion and irregular. A separate right cranial liver mass measuring 4.6 cm x 4.16 cm. The nodules/mass changes in the liver were

significantly disruptive and strongly consistent with metastatic disease. Areas of cavitation noted. The gallbladder was edematous. Free fluid and enhanced mesentery noted.

### ***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. 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.

### ***Other***

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium. Normal contractility and volumes.

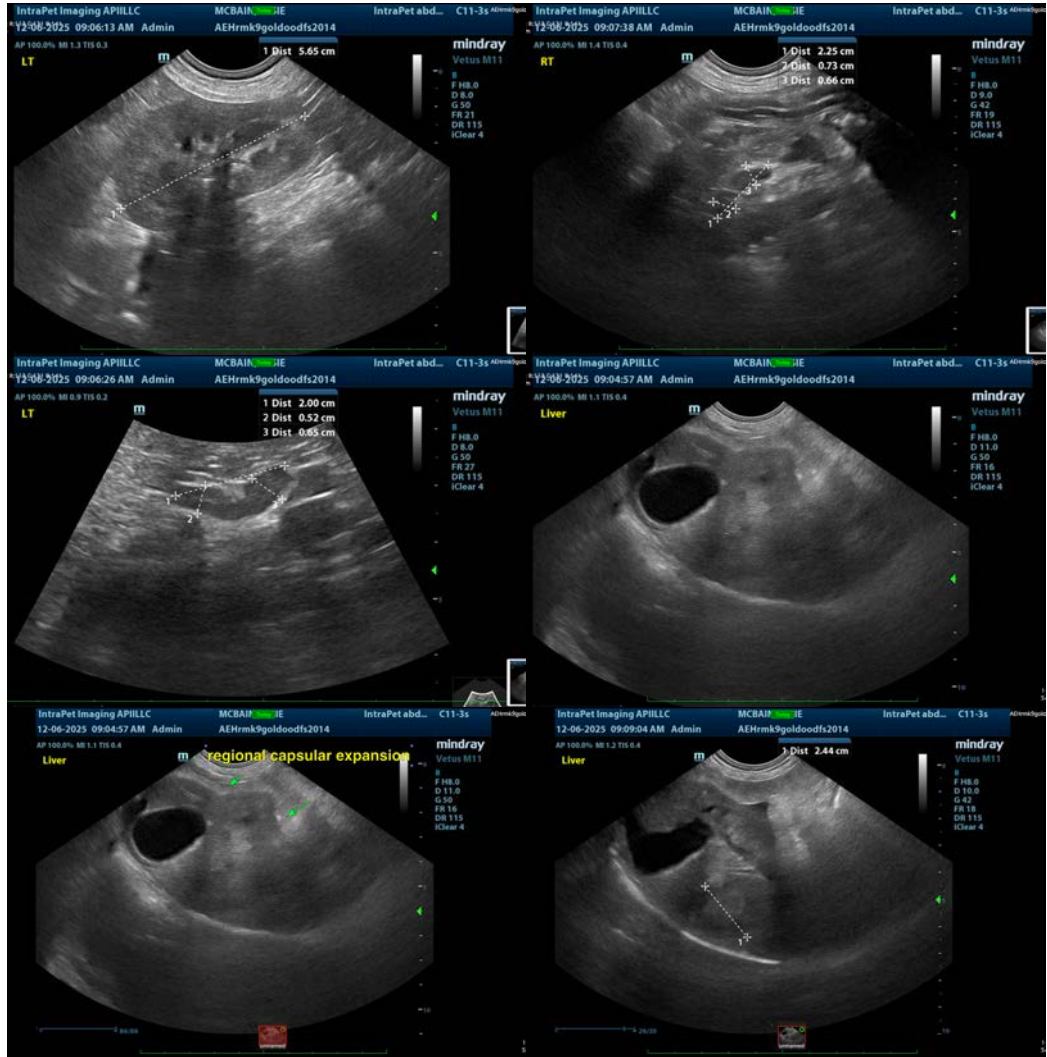
## **ULTRASONOGRAPHIC FINDINGS**

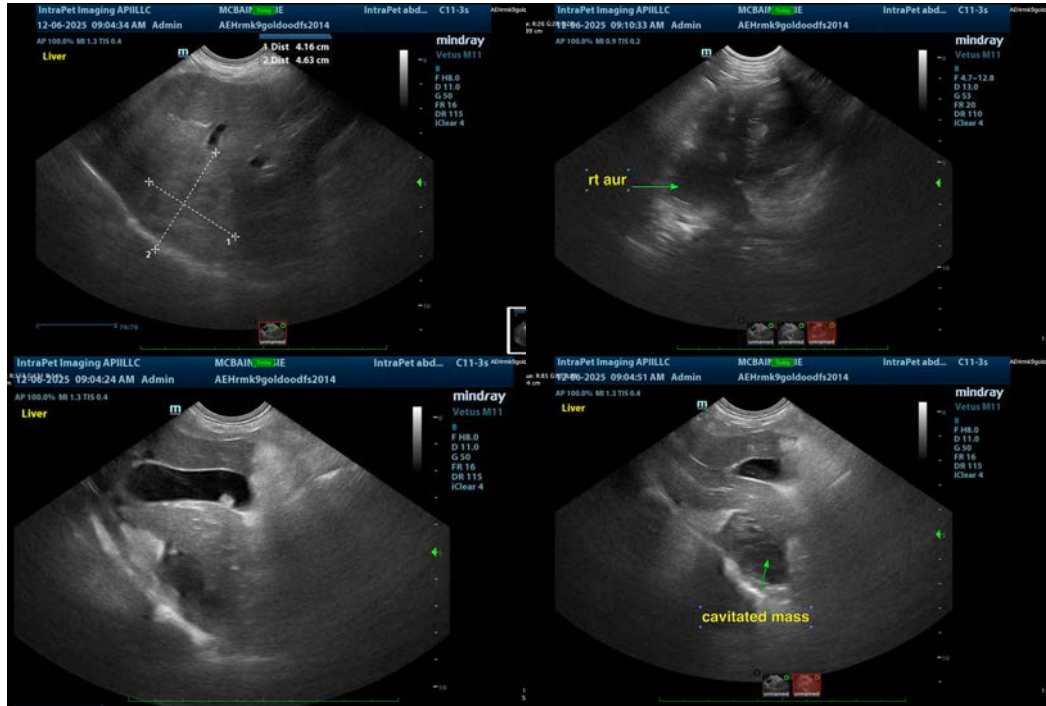
- Splenohepatic multicentric neoplasia – hemangiosarcoma pattern.
- Age related renal changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate chemotherapeutic intervention recommended. I do not feel that this is a surgical case. Ultrasound guided 25-gauge FNA of the parenchymal portions of the splenic and hepatic masses may allow for definitive diagnosis. Chest radiographs warranted if not already performed to assess for metastatic disease to the lung fields or cranial mediastinum.







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.

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