

PATIENT

Bentley Kanarr

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Midland Park
Veterinary Hospital

REFERRING VET

Dr. Shokoft

INVOICE

72867

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Not eating, lethargy/weakness, pale MM. Has been weak in hind end, recent decr. appetite beginning yesterday. hx of b1 valve dz, hypertension and proteinuria.

Meds- carprofen, enalapril, simperica

Abnormal PE/Chem/CBC/UA Results: psl-217 plt-401k

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.15	1.2	30	80	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	80	1.9	1.0	94	3.26	3.5	--

Cardiac Presentation

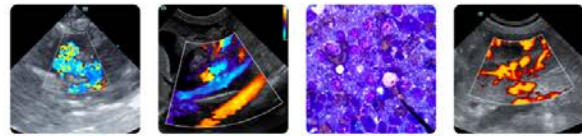
The cardiac presentation revealed a moderate amount of pericardial effusion with fairly normal left atrial and left ventricular volumes. The pericardial space was increased to 1.8 cm owing to occupying fluid. The right auricle revealed partial collapse, indicative of early tamponade effect. Hepatic veins were dilated.

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 **right kidney** 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. Right kidney measured 7.09 cm.

The **left kidney** was slightly irregular, with heterogeneous cortical changes. It may be involved in a neoplastic process. The left kidney measured 6.15 cm. A mass was noted caudal to the left kidney that appeared to be associated with the sublumbar space or regional vessels. The mass measured 6.0 cm.



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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 2.37 cm x 0.77 cm at the cranial pole and 0.53 cm at the caudal pole. Left measured 2.3 cm x 0.48 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

The **spleen** revealed a mass measuring 3.0 cm. Enhanced mesentery noted in the cranial abdomen associated with the splenic pathology.

Liver

The **liver** was riddled with multiple target type metastatic lesions, with disrupted architecture. Hepatic veins were dilated. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. A portion of intestine also appeared to be occupied by a mass type effect measuring 3.0 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.

Other

Large amount of ascites noted in this patient.

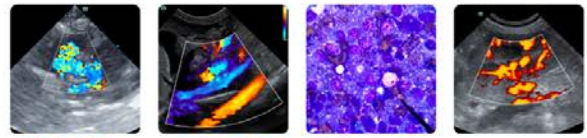
Pleural effusion noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Multicentric sarcoma pattern involving spleen, intestine, liver, left kidney, and pericardial space in all likelihood, with ascites, pleural effusion, and pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate chemotherapeutic intervention warranted, or hospice/humane euthanasia should be considered, given the extent of the pathology.



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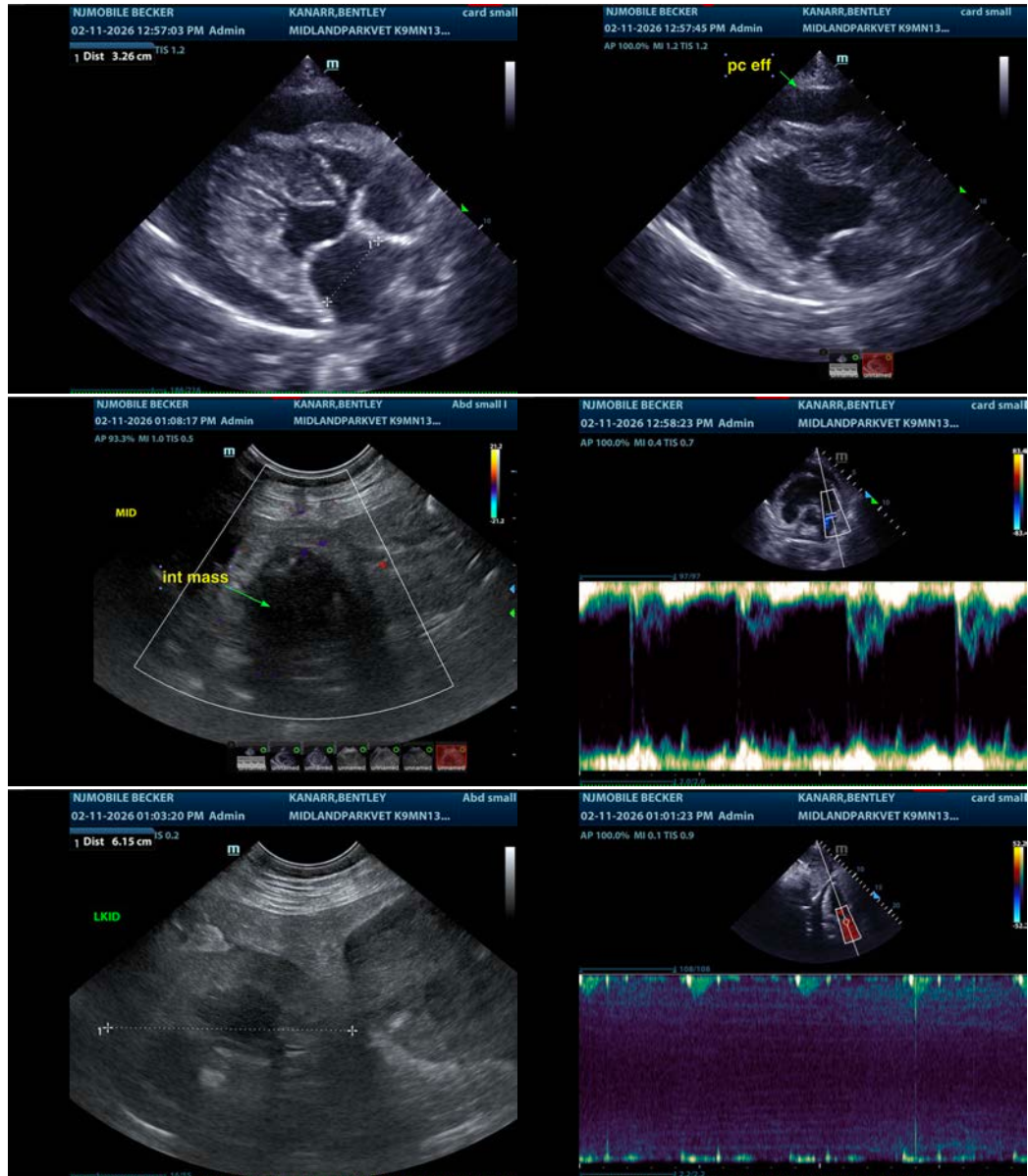
Dr. Shokoft

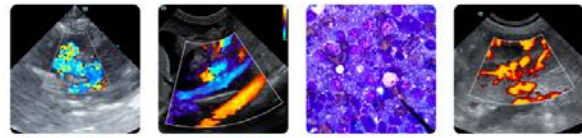
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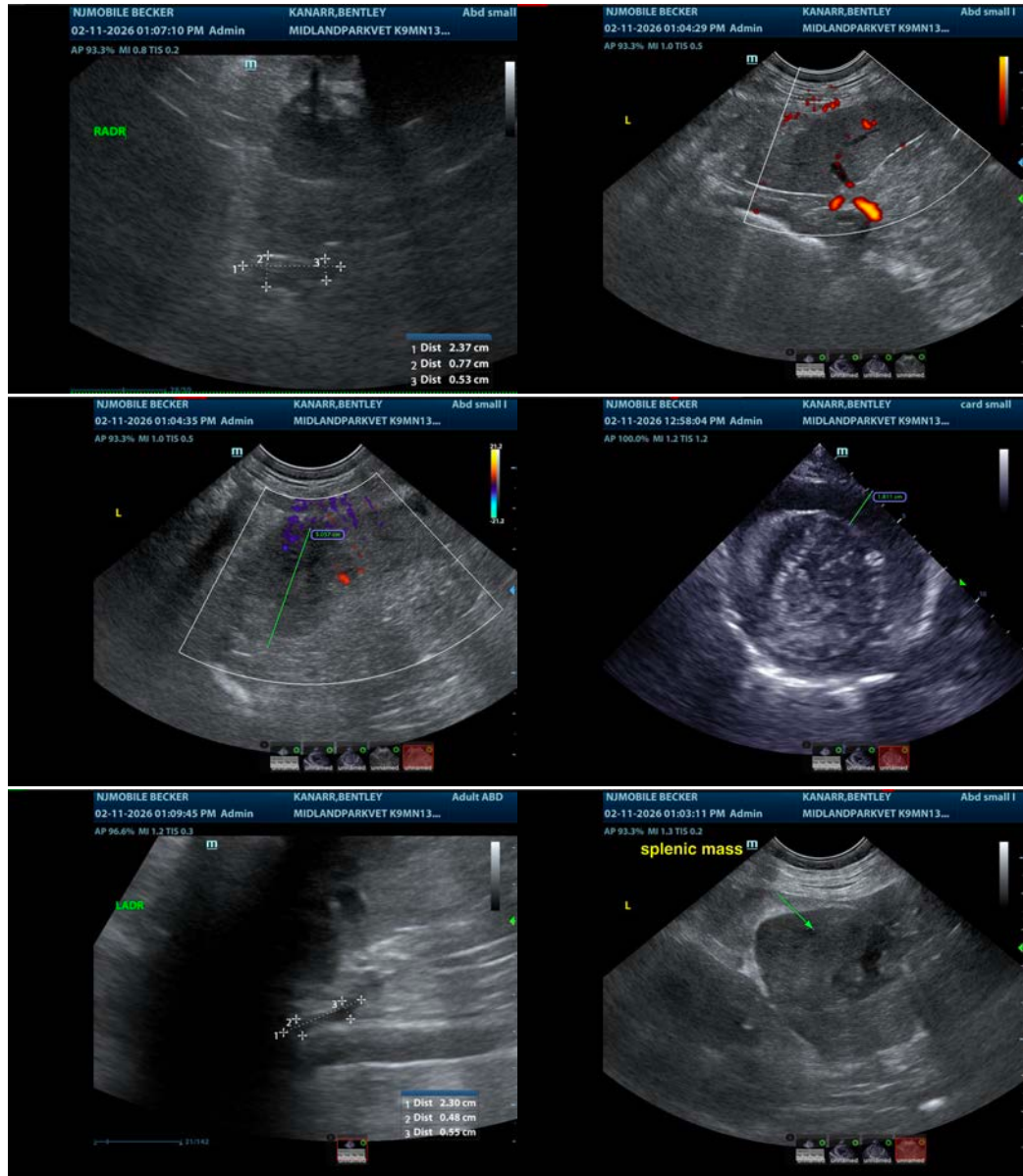
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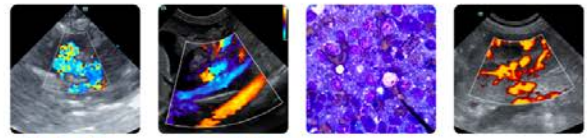
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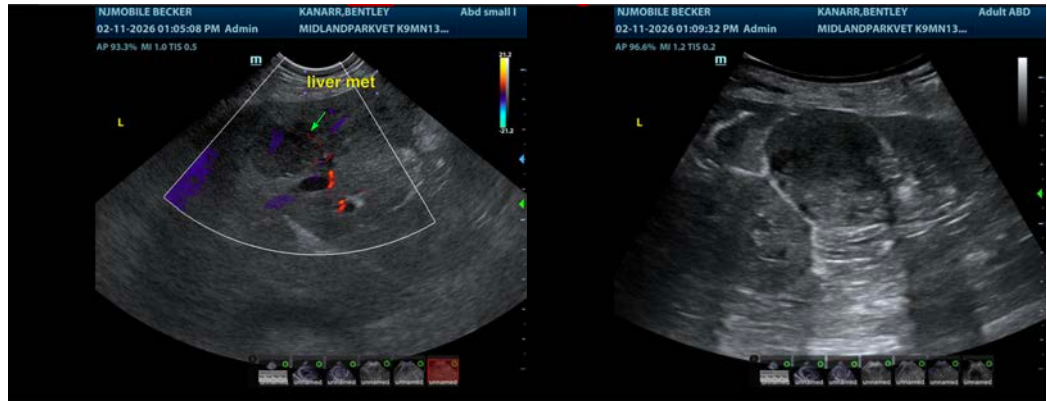
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com