



PATIENT

Duke Gilbride

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

43.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

INVOICE

35819

DATE

2/13/26

PRESENTING CLINICAL SIGNS

P can't jump on furniture, is not using stairs, O has to carry P up and down the stairs and for P to eat O has to put the food in front of P with wet food but P is still eating less than normal when hand fed - lost 13 lbs since may, 3lbs in the last week, P having diarrhea, no C/S/V.

Abnormal PE/Chem/CBC/UA Results: LS pain, cranial abdominal discomfort - hunched stance, stiff hind end gait.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **left kidney** revealed slight irregular contour. Given the hepatic presentation, renal involvement may also be an issue. The left kidney measured 5.3 cm. An overt mass (2.0 cm) was noted in the left kidney with similar echotexture to the hepatic presentation.

The **right kidney** was slightly irregular. The right kidney measured 5.3 cm.

Adrenal Glands

The **left adrenal gland** was enlarged at the cranial pole, measuring 2.52 cm x 1.25 cm at the cranial pole and 1.2 cm at the caudal pole. The left adrenal gland revealed slight irregular contour and nodular changes with regional capsular expansion.

The **right adrenal gland** was not visualized.

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** revealed an expansive mixed hypoechoic mass occupying the left and portions of the medial liver. Right sided nodular changes were noted, as well as hepatic lymph node enlargement. Ultrasound guided FNA is indicated for further definition. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The small intestine and colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis.



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Pancreas

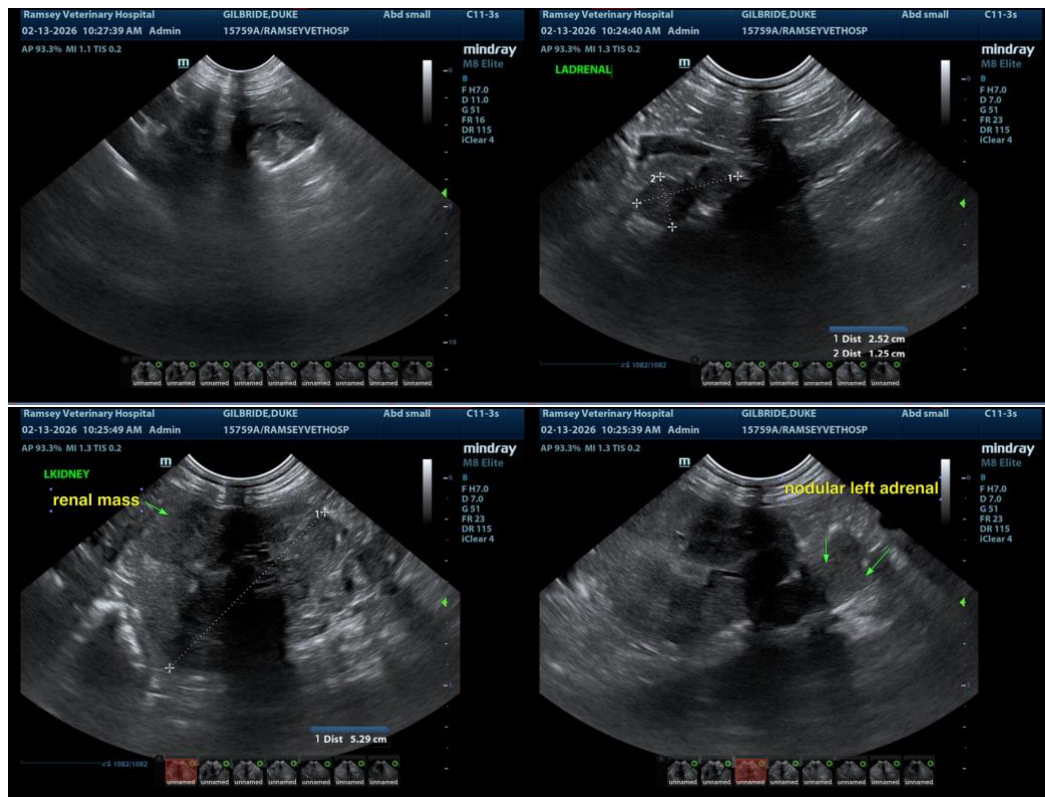
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Liver mass and nodular changes, neoplastic pattern potentially involving the kidneys
- Slight irregular left kidney with overt left renal mass
- Enlarged, irregular, nodular left adrenal gland- carcinoma versus pheochromocytoma
- Gastric stasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver, along with CT evaluation for potential surgical assessment would be ideal yet strongly suggestive for a neoplastic process (sarcoma is suspected). The pathologies are likely unrelated. Chest radiographs and echocardiogram are warranted to assess for metastatic disease.





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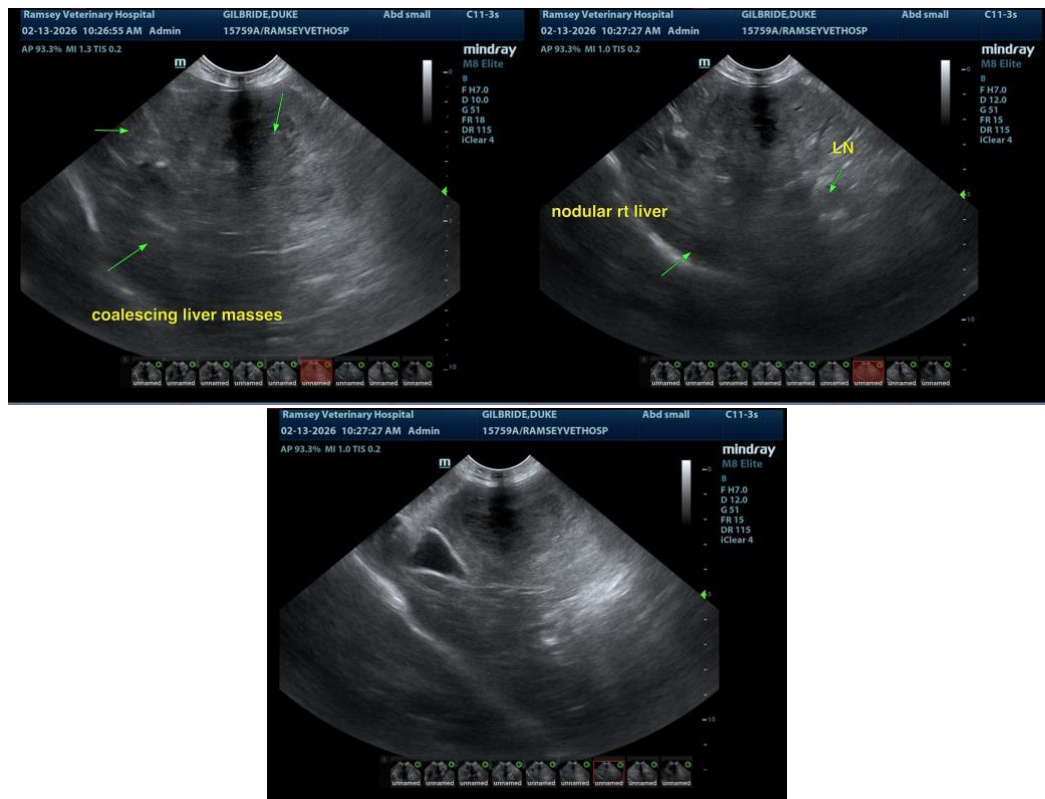
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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