



PATIENT

Mary Jane Boston

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

2/9/15

WEIGHT

51

INTERPRETED BY

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

IMAGING PERFORMED BY

N.Stiff

HOSPITAL NAME

Steamboat VH

REFERRING VET

Dr. N.Stiff

INVOICE

35855

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- The pet was presented on 02.15.26 ADR with fever 105
- Hx of recent PE with normal BW at the regular DVM
- Hx of limping RH and rimadyl helped
- The owners are visiting from Boulder and reported that pet ingested something at a gas station on 02.14.26. The pet vomited once that evening
- BW and radiographs were performed on 02.14.26 (see attachment)
- Rimadyl and Cephalexin were prescribed
- The pet got better last night, ate
- This morning the pet drank lots of water and vomited once around 8:15 am. NPR since then

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change.

The **left kidney** cranial pole revealed a nodule or possible abscess. Ultrasound guided 25-gauge FNA is indicated. The left kidney measured 6.44 cm. Inflammation was noted around the nodule, which measured approximately 2.8 cm.

The **right kidney** revealed irregular contour with an expansive nodule deriving from the caudal pole, measuring approximately 1.0 cm, with slightly enhanced perirenal fat.

Adrenal Glands

The **left adrenal gland** was 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 0.74 cm.

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

Spleen

The **spleen** was slightly heterogeneous and mildly irregular with fairly uniform parenchyma.

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 normal volume with no evidence of congestion. The gallbladder presented acceptably



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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.

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Gastrointestinal

There was some residual chyme and gas 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.

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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.

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Free Abdomen

The iliac **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node size measured 2.2 cm x 0.75 cm.

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ULTRASONOGRAPHIC FINDINGS

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IVUS

- Renal nodules- strong concern for emerging neoplasia, such as round cell neoplasia or hemangiosarcoma. Abscessation or fungal disease is possible.
- Reactive iliac lymph nodes
- Age-related urinary bladder changes
- Partially full stomach
- Structurally unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up, coagulation panel, and 25-gauge FNA of the renal nodules (if platelet count, under medical management, is able to reach at least 75,000) indicated. Sampling is strongly recommended if coagulation panel normalizes under supportive care.

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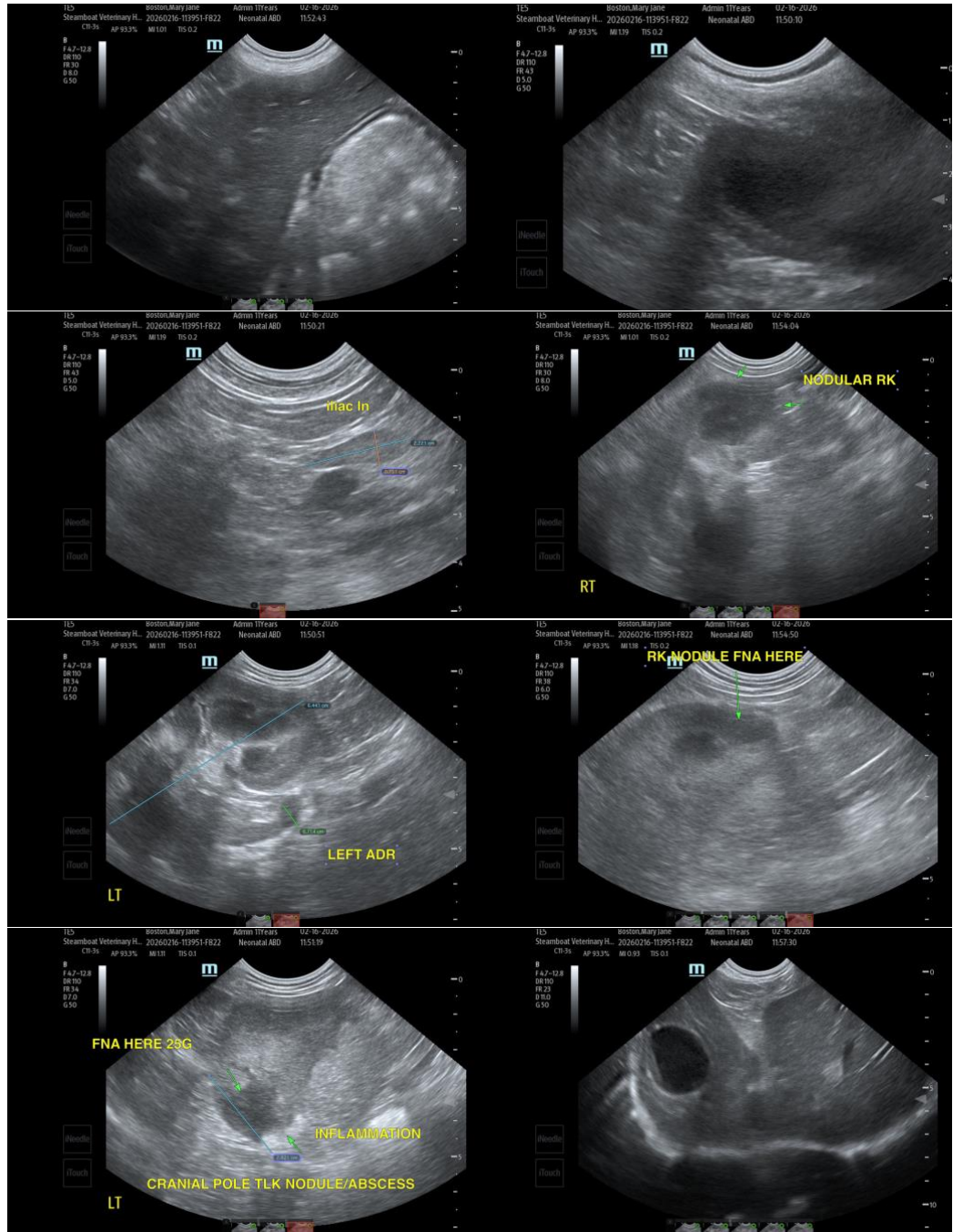
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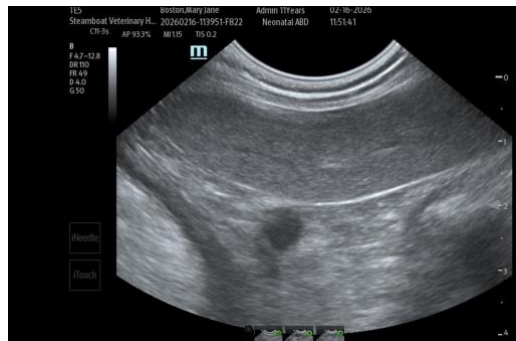
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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