



PATIENT

Shelby Baranko

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

12 Years 1 Month

WEIGHT

43 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

13826

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- History of elevated liver values
- PU/PD, panting, polyphagia, signs of Cushing's disease
- Treatment: Amoxicillin for suspected bacterial cystitis; trazodone as premed

Abnormal PE/Chem/CBC/UA Results: Jan 2026 BW: AST 364, Total Bilirubin 0.7, Glucose 114, Potassium 3.6 Dec 2025 Pocket path- Site #1 - Ventral Chest- Round cell tumor, most consistent with plasmacytoma Dec 2025- Uricult: 24hr check @ 12/4 2pm - possible pseudomonas, 48hr check @ 12/5 2pm - suspect pseudomonas. Aug 2025- LDDS with the 8 hrs cortisol- 1.0; Chest rad- Suspect non-specific hepatopathy. Consider steroid or vacuolar hepatopathy, hepatitis, or round cell neoplasia.

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 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 6.4 cm in length. The right kidney measured 6.33 cm in length.

Adrenal Glands

The region of the **adrenal glands** were imaged with no evident pathology.

Spleen

The **spleen** presented slightly heterogenous and mildly swollen.

Liver

The **liver** was uniformly swollen with mild, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

There was some residual chyme and gas was 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.

Pancreas



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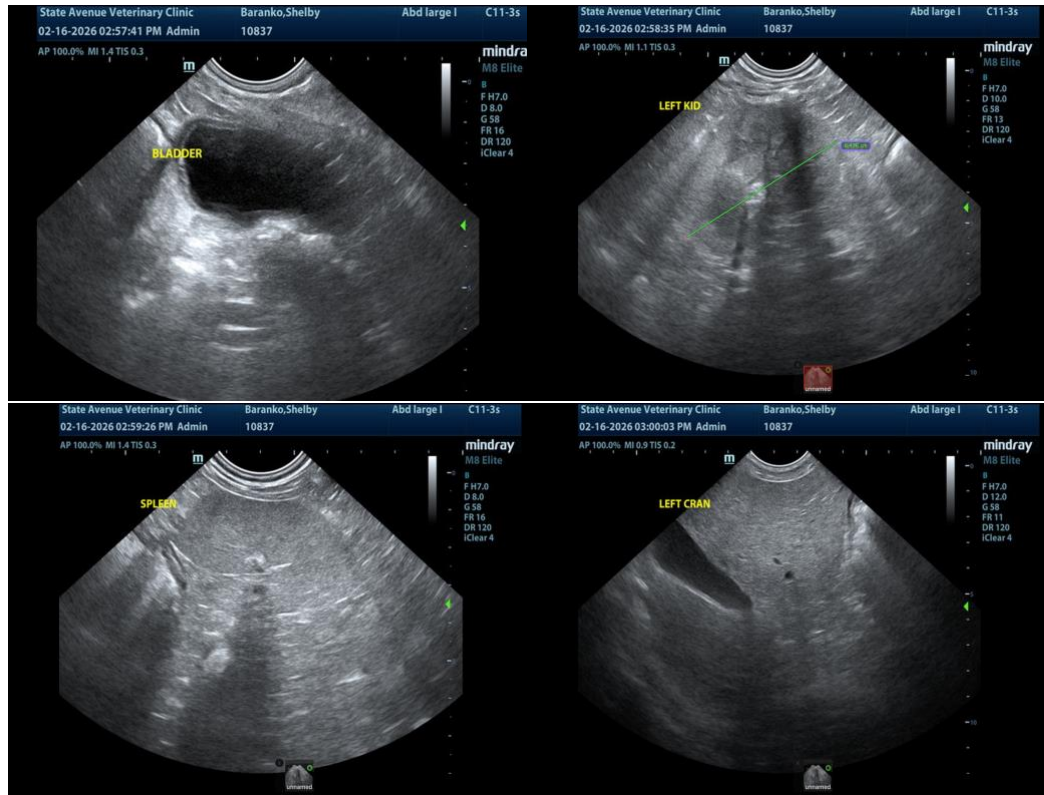
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly- nonspecific. Reactive spleen, occult round cell neoplasia possible.
- Benign hepatopathy pattern.
- Post prandial gastric presentation.
- Structurally unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If adrenal disease is suspected, further imaging under sedation is recommended and/or lower frequency probe. Screening FNA of both the spleen and liver is warranted given the patient's history.





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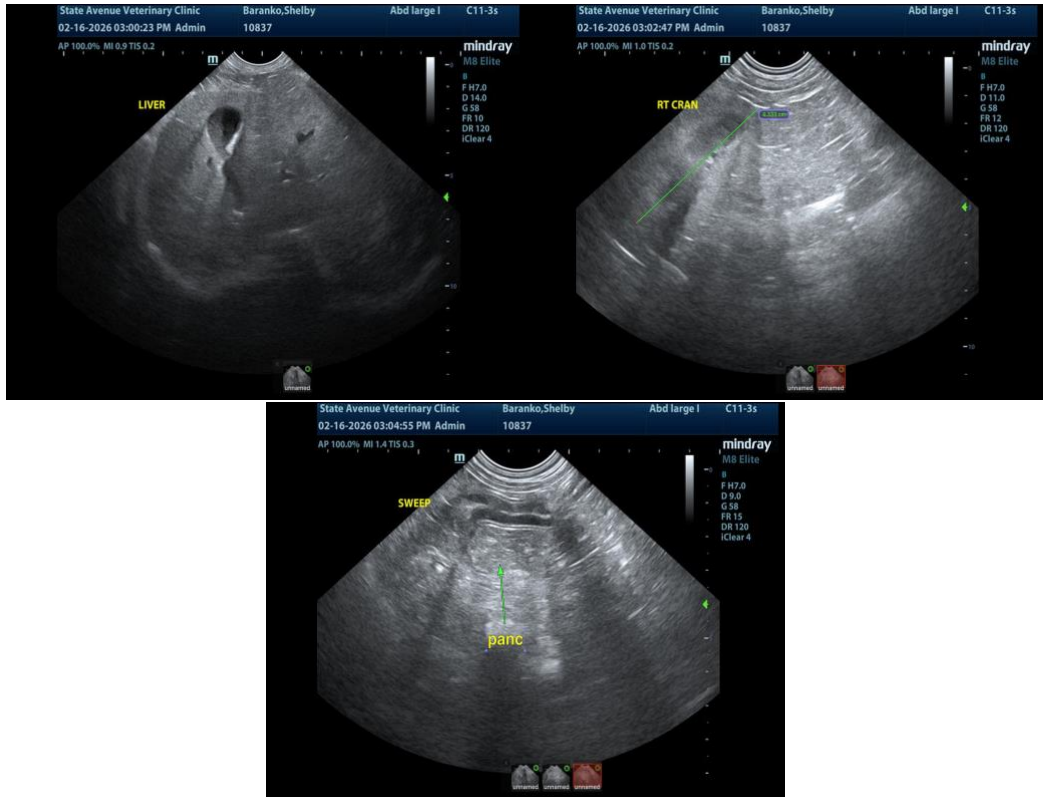
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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