



PATIENT

Harley Lang

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

13 Years 1 Month

WEIGHT

63.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Agnes Rupley, DVM

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Agnes Rupley, DVM

INVOICE

35977

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Hyporrhagia and chronic weight loss.

History:

- 1. Glaucoma/bilateral enucleation
- 2. mitral valve thickened vegetative echo 9/10/25
- 3. MRI and CT 10/3/2025 Conclusions:
 - a. L7-S1 intervertebral disc protrusion with suspected mild compression cauda equina and left foraminal stenosis
 - b. Multifocal chronic thoracolumbar disc degeneration and noncompressive
 - c. Hypointense splenic nodules
 - d. Mild bilateral sacroiliac and minimal hip osteoarthritis.
 - e. Mild internal iliac lymphadenopathy
- 4. Microscopic hematuria - cystoscopy neg
- 5. CKD 1/4
- 6. Bilateral enucleation secondary to glaucoma
- 7. Chronic hind limb weakness with loss of proprioception
- 8. Atopic dermatitis
- 9. Hypothyroidism
- Gallbladder inflammation noted on abdominal ultrasound today. Ultrasound guided aspiration of the gallbladder performed. Cytology revealed cocci in chains. Sample submitted for bacterial culture and susceptibility. AmoxiClav begun.
- MEDS: Gabapentin, Biomega, Immune Plus Provable, GlycoFlex, Immunotherapy, UC-II, Cerumene, Malaket with TrizEDTA & burrows solution weekly, Tramadol, Prednisone, Amantidine, Maropitant, Thyroxine, Entyce
- EXAM b/s 3/9. Normothermic. Pain on deep muscle palpation of lumbar spine and hips. Lacks proprioception and muscle atrophy in rear limbs.
- LABS: TLI, PLI, folate normal. Cobalamin low. ProBNP<500. Normal CBC and chemistry / triglycerides 107. Urinalysis protein 100, rbc 10-15/hpf. PT and aPTT normal.

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



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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 mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 7.6 cm. The right kidney measured 7.8 cm.

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 0.6 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

Spleen

A slightly hyperechoic nodule was noted in the **spleen**, measuring 4.0 cm, nondisruptive. A separate hypoechoic nodule (1.31 cm) was noted. Another separate nodule (0.9 cm) was also noted with disrupted architecture. Irregular contour was noted.

Liver

The **liver** itself was unremarkable. The gallbladder wall was echogenic and mineralized, consistent with porcelain gallbladder. No obstructive calculi were noted.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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

- Splenic nodules- benign hyperplasia versus round cell neoplasia or other neoplastic event.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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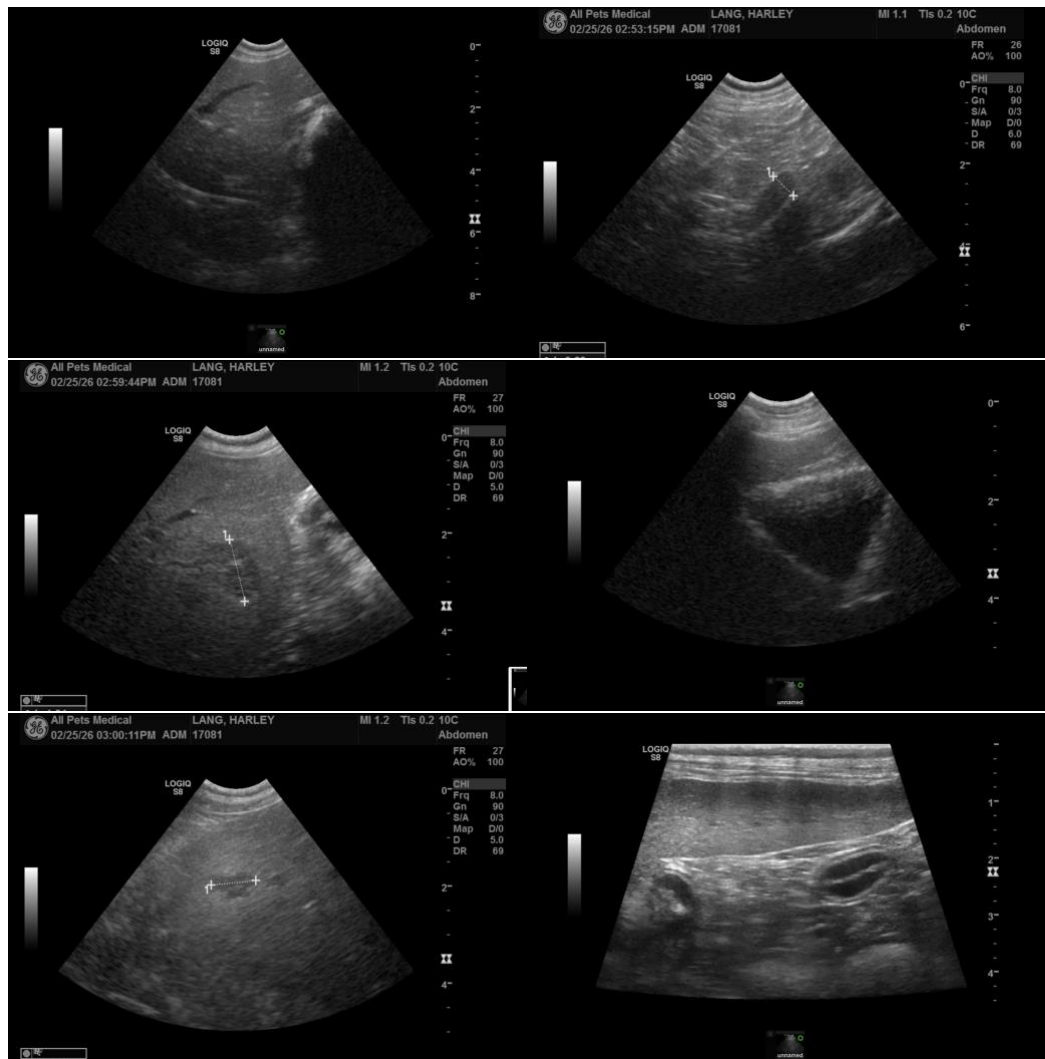
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Ultrasound guided 25-gauge FNA of the splenic nodules is indicated for further definition, however, no significant evidence of neoplasia is noted in the abdomen. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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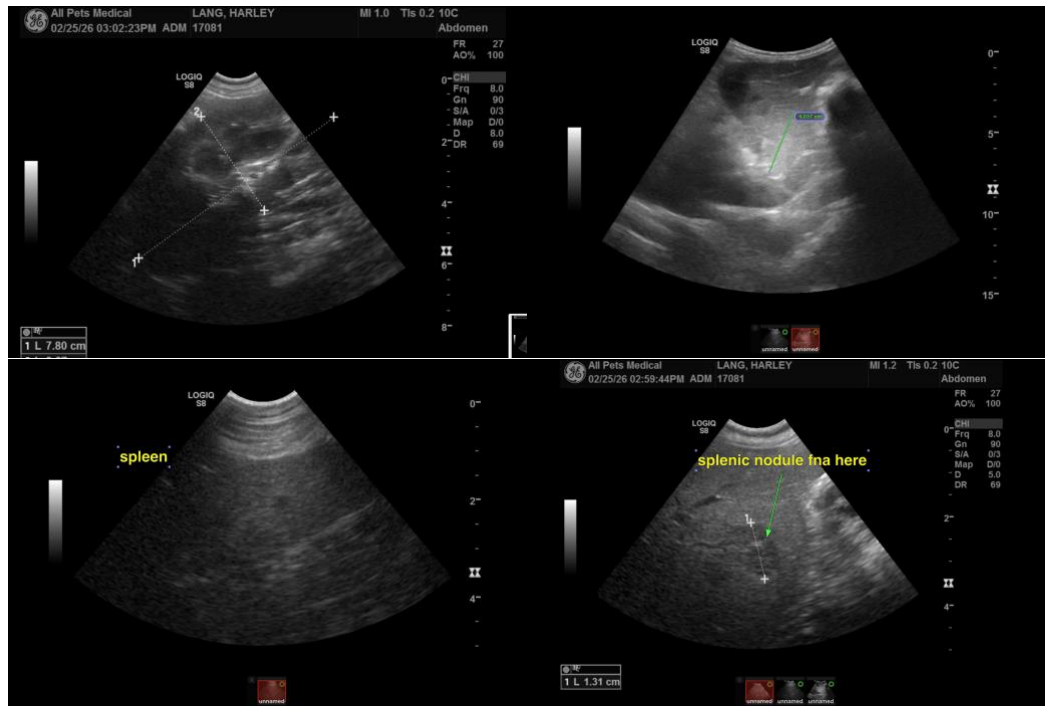
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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