



## PATIENT

Penny Rose

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed female

## AGE

12 years

## WEIGHT

75.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Laura Owens

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Hawkesworth-Heft

## INVOICE

72066

## DATE

2/27/26

## PRESENTING CLINICAL SIGNS

- Pet presented on 2/14 for a mass found by groomer on the caudal aspect of the groin . The mass was not there 7 weeks prior noted by groomer. Lipomas/ sebaceous adenomas have been removed in the past as well as a previous SQ MCT on the right shoulder removed with complete margins. No other concerns with owner at home. Was previously on Rimadyl as needed for mobility. Scripted out prednisone for 2 weeks (after wash out period from NSAID) and Benadryl with prilosec. Returned today for recheck CBC and exam due to low WBC count prior to potential surgery. Ultrasound recommended due to decreased WBC prior to considering surgery and for cancer staging.
- PE: 2.5 x 1.0 inch cutaneous mass on caudal inguinal area aspirated as mast cell tumor with other soft SQ masses previously aspirated as lipomas Historic anaplasma positive CBC: 2/14 WBC: 4.1 (L) Neuts: 2.899 (L) Lymphs: 0.804 (L) Eos: 0.111 (L) 2/27 WBC: 3.6 (L) Neuts: 2.41 (L) Lymphs: 0.83 (L) Chem: 2/14 TP: 7.6 (H) Glob: 4.1 (H) Chol: 367 (H) Lipase: 296 (H) Normal UA, T4, neg for lyme, ehr, and heartworm. Chest rads normal. On exam today, Previous aspirated MCT has shrunk to 1.2x1.0 inch. 2 cm SQ mass in right inguinal fat pad aspirated some mixed cells, not obvious mast cell tumor but concerning for other tumor and not just fat.

## 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 was 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 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 right kidney measured 8.0 cm. The left kidney measured 6.07 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 0.65 cm. The region of the right adrenal gland was unremarkable.

### Spleen

The **spleen** was isoechoic to hypoechoic nodule that measured 2.2 cm in the mid body. Heterogenous parenchymal changes were elsewhere in the spleen. A hyperechoic nodule was noted in the caudal pole of the spleen. This is consistent with lipid plaque and measured 1.0 cm. The spleen measured 8.0 cm.



## PATIENT

Penny Rose

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed female

## AGE

12 years

## WEIGHT

75.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Laura Owens

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Hawkesworth-Heft

## INVOICE

72066

## DATE

2/27/26

## Liver

The **liver** also presented heterogenous changes with variable swellings. A macronodular change was noted measuring 3.1 cm. The caudate process revealed a hepatomatous mass or swelling. The gallbladder and common bile duct were unremarkable.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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

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.

## Heart

Rapid view of the heart revealed no evidence of pathology.

## ULTRASONOGRAPHIC FINDINGS

Micronodular splenic changes.

Macronodular hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend screening FNA of the various spleen and liver in this patient to assess for metastatic disease versus hyperplasia. The prognosis is guarded depending on cytology results.



**PATIENT**

Penny Rose

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

75.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Laura Owens

**HOSPITAL NAME**

Airpark AH

**REFERRING VET**

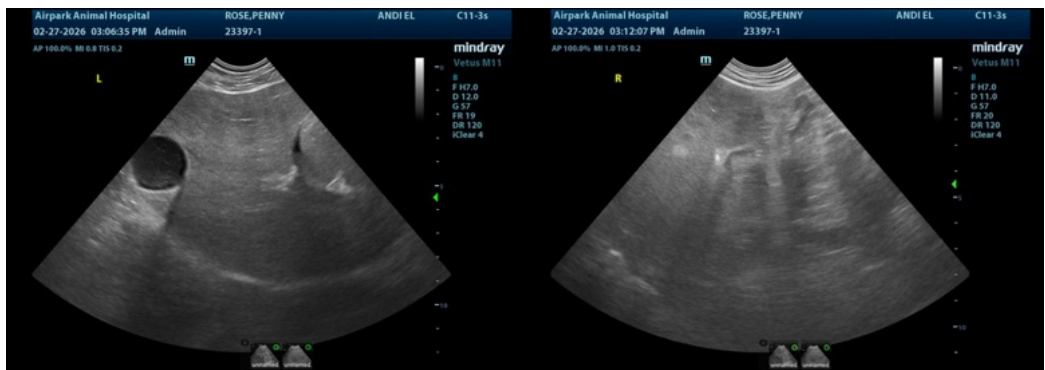
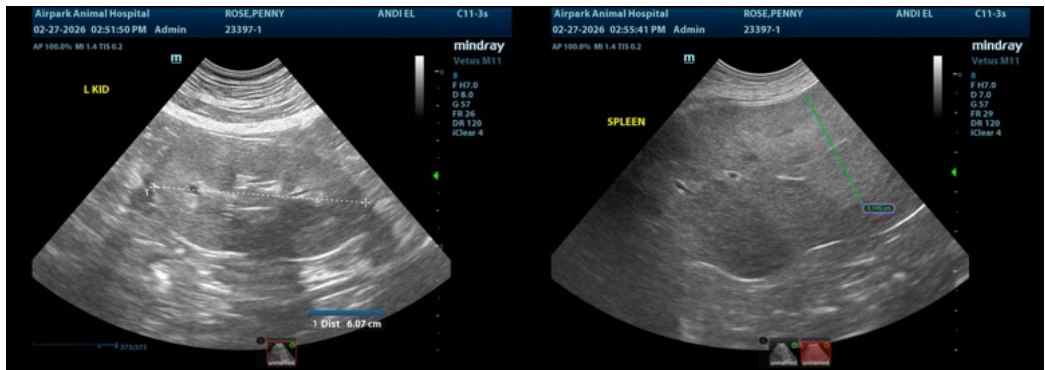
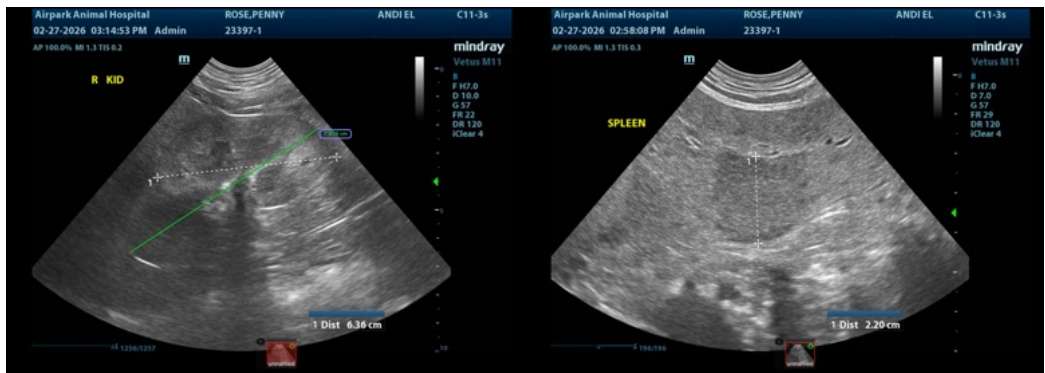
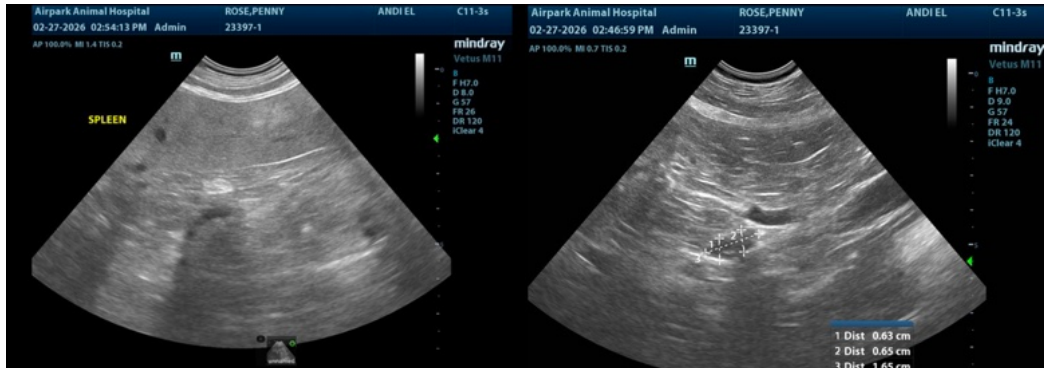
Dr. Hawkesworth-Heft

**INVOICE**

72066

**DATE**

2/27/26





## PATIENT

Penny Rose

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed female

## AGE

12 years

## WEIGHT

75.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Laura Owens

## HOSPITAL NAME

Airpark AH

## REFERRING VET

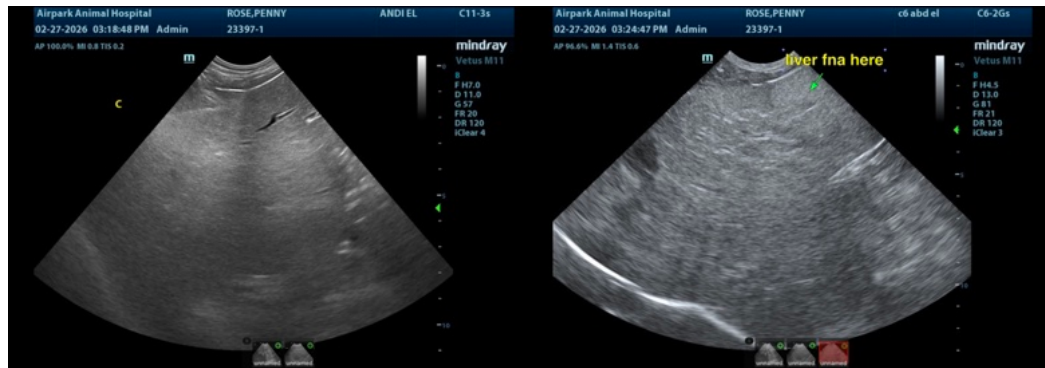
Dr. Hawkesworth-Heft

## INVOICE

72066

## DATE

2/27/26



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 of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)