



PATIENT

Ember Goedeker

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

92.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Hayden

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Dr. Kim Allyn DVM

INVOICE

14270

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- Came in for a wellness on 3-2-26.
- Did a Senior panel.
- Came back with low blood cell count.
- Re did a CBC and still was low.
- Ember seems to be doing great at home nothing has changed.
- Still running and paying with the other dogs at home.

PE: Mucous Membranes: pale Capillary Refill Time: Difficult to determine Circulatory System: Pulse pressure is a little thready; heart sounds normal; no murmurs or arrhythmias DONE ON 3-3-26CBC: 5.01 M/uL, 33.5%, 11.0g/dL, 22.0pg, 18.6pg,71 K/uL CHEM: Na: K Ratio 38, ALT 182 U/L, AST 63U/L, ALP 186U/L DONE ON 3-11-26 CBC: RBC 5.01M/uL, Hematocrit 32.6%, Hemoglobin 10.3g/dL, MCH 20.6pg, MCHC 31.6g/dL, Reticulocyte Hemoglobin 17.8pg, Platelets 68 K/uL

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 5.27 cm in length. The right kidney measured 8.78 cm in length.

Adrenal Glands

Both **adrenal glands** were 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 1.94 cm x 0.82 cm width at the caudal pole and 0.77 cm width at the cranial pole.

Spleen

The **spleen** was relatively normal in size, however, hypoechoic nodular changes were present.

Liver

The **liver** in this patient was diffusely mottled with coalescing hypoechoic nodular changes and significant disruption of architecture. This is strongly consistent with infiltrative disease. 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



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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

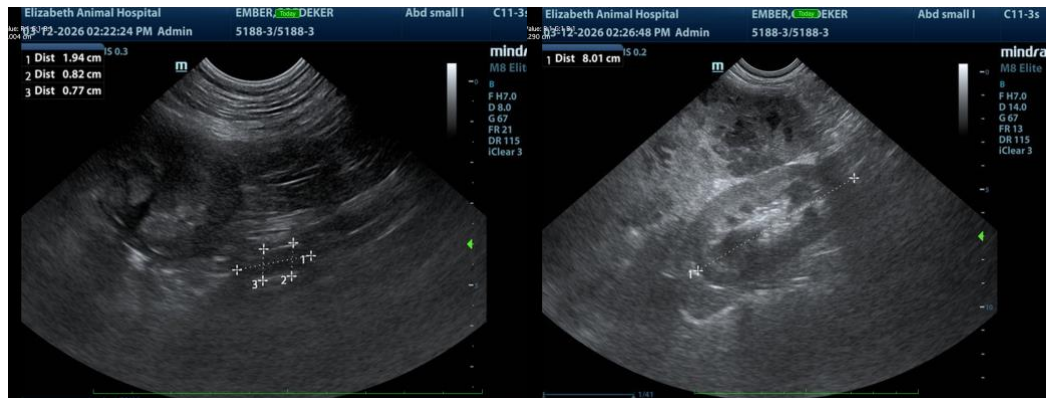
Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Significant hepatomegaly and nodular spleen- strong concern for round cell neoplasia, however, pronounced nodular hyperplasia, hepatic cutaneous syndrome and fungal disease are also potentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver and spleen is indicated. If any cresting skin lesions are present on this patient, then hepatic cutaneous syndrome is also a potential. Bile acid profile is indicated depending upon cytology results or core biopsy results. CBC path review and bone marrow aspirate may also be appropriate.





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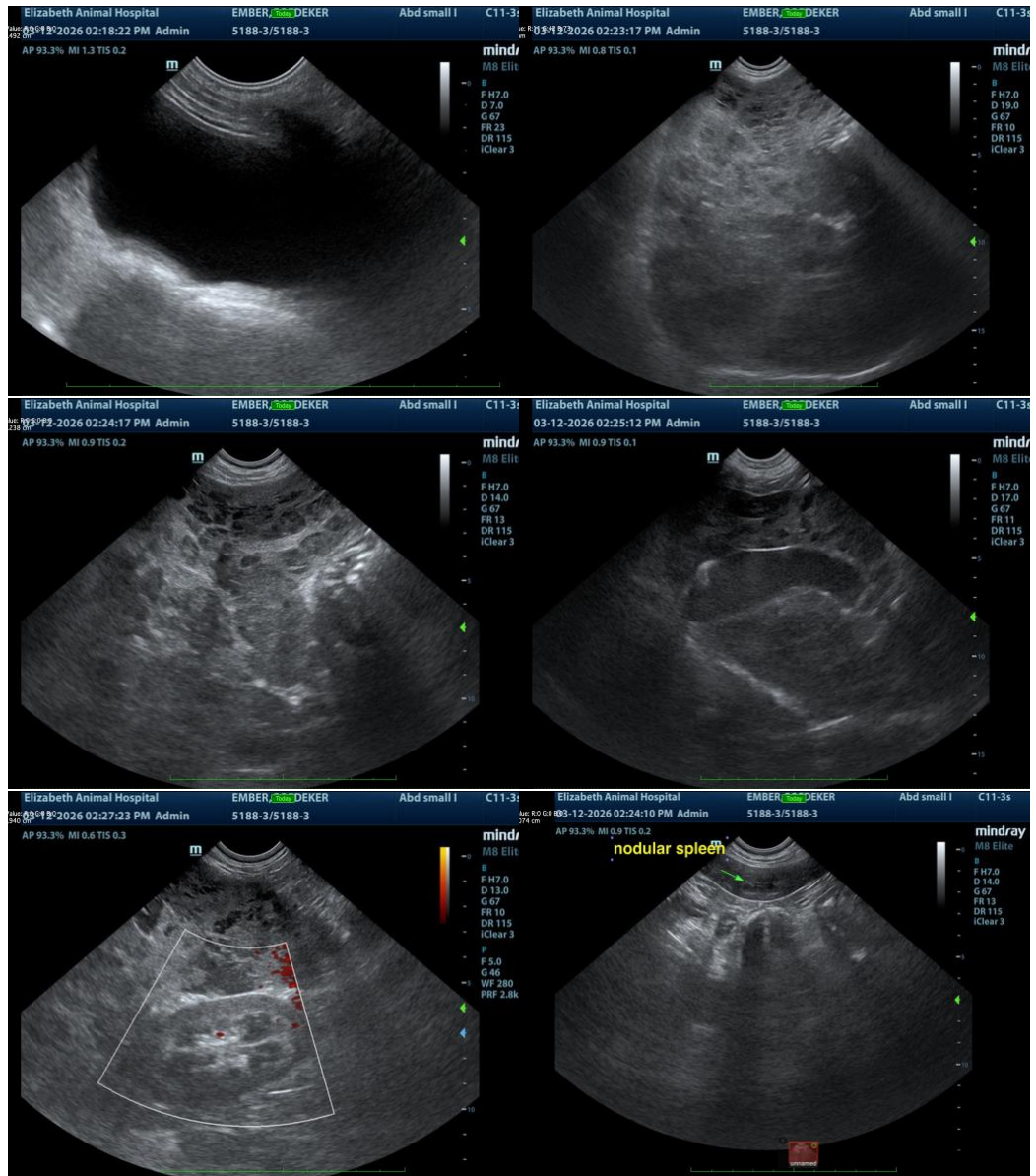
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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