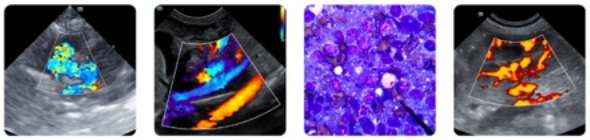


PATIENT

Hime Josey

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

8 ½ years

WEIGHT

20.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jordyn Walters

HOSPITAL NAME

Viking VH

REFERRING VET

Dr. Lonchar

INVOICE

73482

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- P referred from pDVM for suspected abdominal mass visualized on radiographs.
- P sick off and on since August with GI signs
- Hx diarrhea, started vomiting after eating 1x week ago
- Weight loss
- CBC - WBC elevated 17.50 (Normal 5.05-16.76) Neut elevated 13.86 (normal 2.95-11.64) Mono elevated 1.84 (normal 0.16-1.12) MPV elevated 13.9 (normal 8.7-13.2) Chem 10 - WNL

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. The ventral apical wall thickening in a region of 4.5 x 1.0 cm. This is most consistent with cystitis; however, I cannot rule out emerging carcinoma.

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. The right kidney measured 5.32 cm.

Adrenal Glands

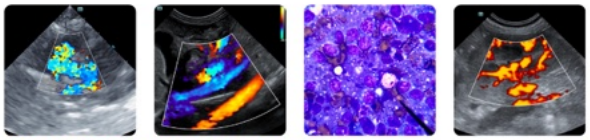
The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** was mildly enlarged and folded upon itself caudally. The parenchyma was uniform. Slight free fluid was noted between the spleen and liver.

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 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

The mesenteric root in this patient revealed a cluster of mixed, hypoechoic, undifferentiated lymph nodes in a grouping of 6.0 cm with hyperechoic surrounding fat and variable intestinal thickening. This created a mass effect.

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. 6-8 cm of pathology was noted.

Free Abdomen

Enhanced mesentery was noted throughout the midabdomen. This is associated with the spleen and liver.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated, hypoechoic mass involving lymph nodes, mesentery and intestine with secondary free fluid. Extensive abdominal pathology. Lymphoproliferative pattern. Likely undifferentiated round cell neoplasia. There is a potential early splenic and hepatic involvement.

Ventral bladder wall thickening, incidental finding. This may be related to cystitis, hypertrophy from prior insult or underlying carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the undifferentiated pathology in the midabdomen is recommended.

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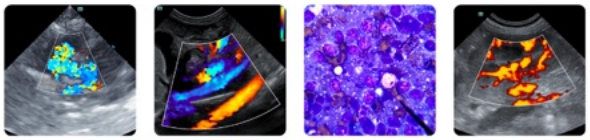

Clinical Sonography & Telecytology
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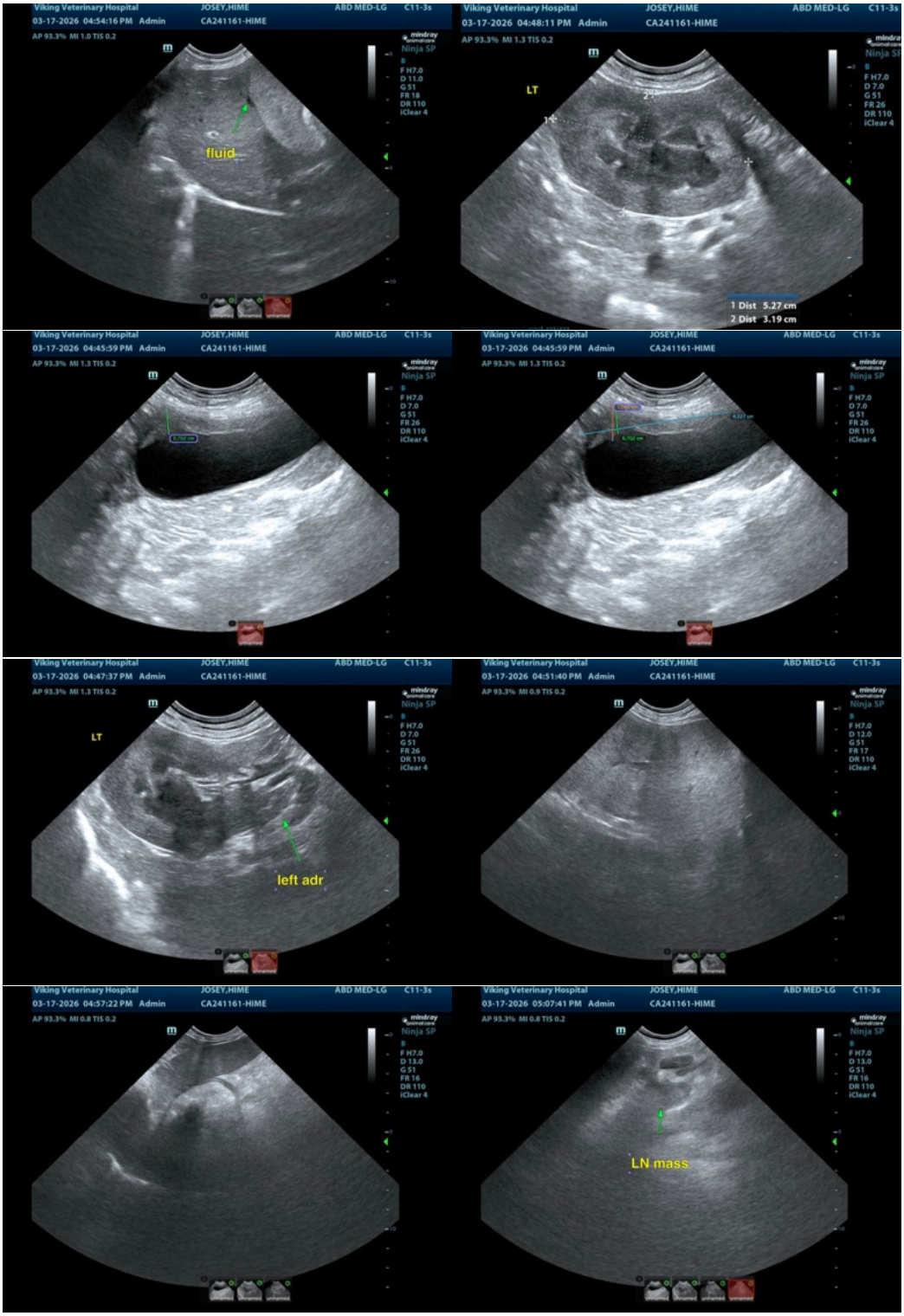

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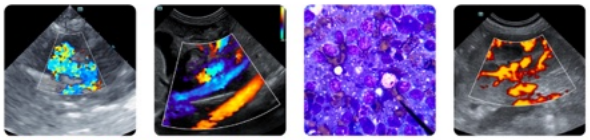

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com