



**PATIENT**

Riley Harrison

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

90.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dallas Ramberg

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Dr. Gowda

**INVOICE**

14535

**DATE**

3/25/22

**PRESENTING CLINICAL SIGNS**

History: P presented for ~2-day history of lethargy and vomiting. Per O he has been PU/PD for about two weeks. He was lethargic as of yesterday and vomited once yesterday afternoon and again this morning, mostly bile. Appetite also low for past 2-3 days.

Abnormal PE/Chem/CBC/UA Results: Painful on palpation of lower abdomen. Moderate neutrophilia and ALP elevation on bloodwork; remainder wnl

**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.

Both **kidneys** were mildly irregular. An anechoic cyst was noted at the dorsal cortex of the left kidney, measuring 1.1 cm. A 1.84 cm hypoechoic nodule was noted in the cranial pole of the left kidney, strongly suggests for metastatic disease. Disruptive architecture was present.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** was mildly swollen with increased portal markings and irregular contour. A focal hypoechoic 1.4 cm nodule was noted. A separate 2.03 cm nodule was noted. The nodules were noted both in the left lateral and right medial liver. Other nodular changes were noted, strongly suggestive for metastatic disease. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**Pancreas**

The **pancreas** was significantly inflamed, secondary to the infiltrative pathology.



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**Free Abdomen**

Riley Harrison

A mixed hypoechoic, moderately complex, peripherally inflamed, 4.5 cm mass was noted. The mass appeared to be sublumbar **lymph node** origin. Other lymph nodes also enlarged. Cranial abdominal lymph nodes were also enlarged and irregular, creating mass effects.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric aggressive neoplasia with secondary inflammation

**BREED**

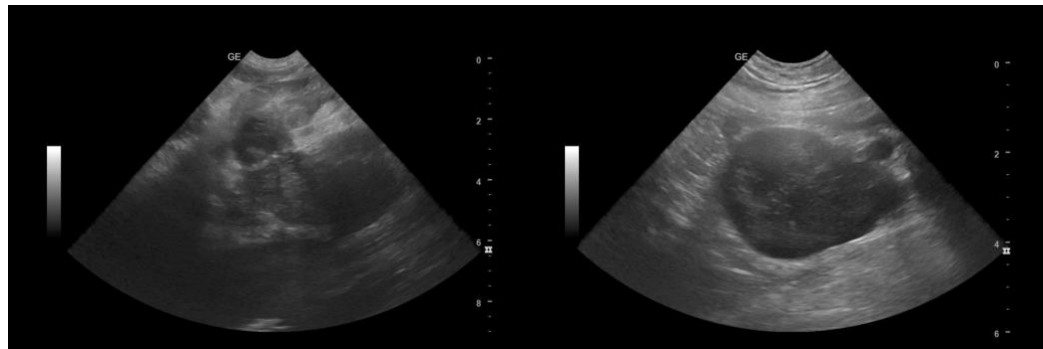
Labrador

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of any of the lesions would be recommended for a definitive diagnosis. Immediate chemotherapeutic intervention recommended.

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Neutered male



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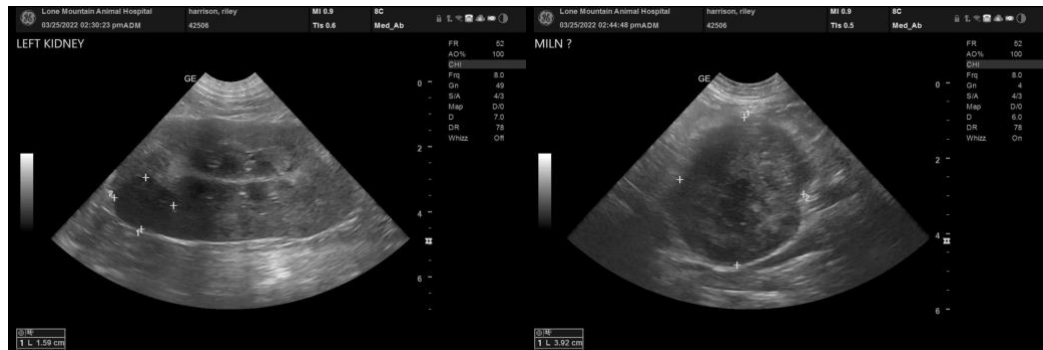
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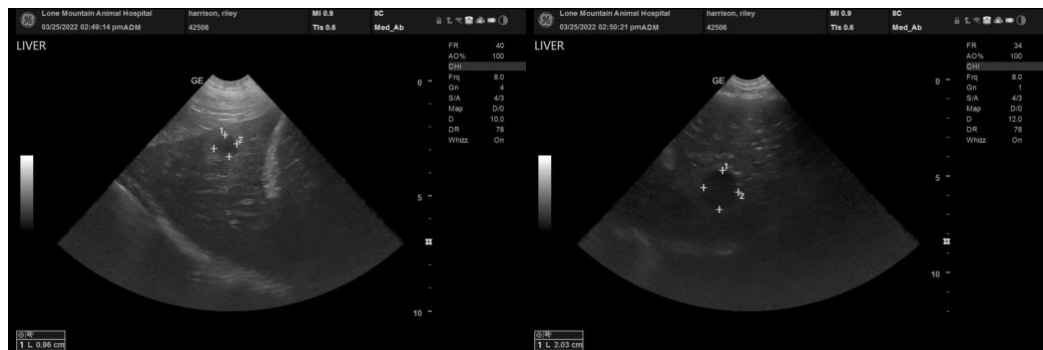


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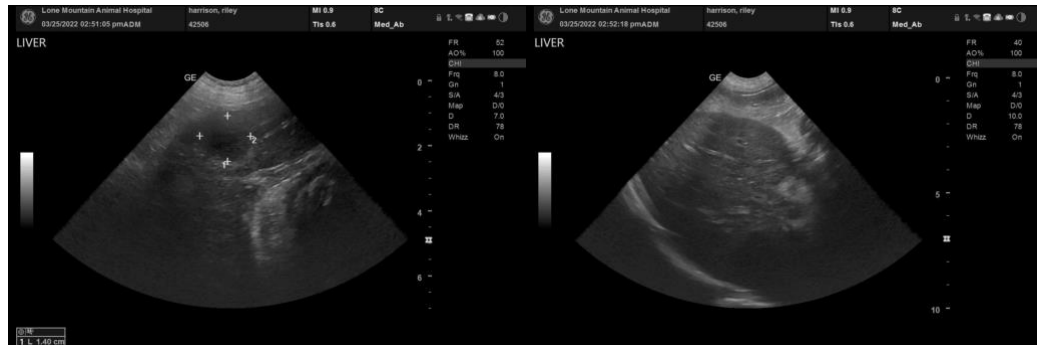
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com