



## PATIENT

Bella Battey

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

78.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Michelle  
Lindemulder DVM

## HOSPITAL NAME

Southkent Veterinary  
Hospital

## REFERRING VET

Dr. Becca Kursch

## INVOICE

14592

## DATE

03/25/26

## PRESENTING CLINICAL SIGNS

- History of soft tissue sarcoma on the chest, intermediate grade, incomplete margins November 2025
- Presenting today for lethargy, anorexia, and hind end weakness that started this morning

CBC - lymphocytosis, monocytosis, neutropenia Chemistry WNL Abdominal x-ray has mass effect in cranial abdomen, loss of serosal detail in ventral abdomen, hepatomegaly

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **left kidney** 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 4.75 cm in length.

The **right kidney** was not visualized.

### 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 2.5 cm x 0.70 cm width.

The **right adrenal gland** was not visualized.

### Spleen

The **spleen** in this patient revealed a mixed hypoechoic parenchymal mass deriving from the mid cranial body of the spleen extending cranially towards the liver. Irregular contour and free fluid were also noted. Hypoechoic nodules were present.

### Liver

The **liver** presented with slightly swollen mildly heterogenous hypoechoic nodules. The hepatic veins were not dilated. 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.



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**Pancreas**

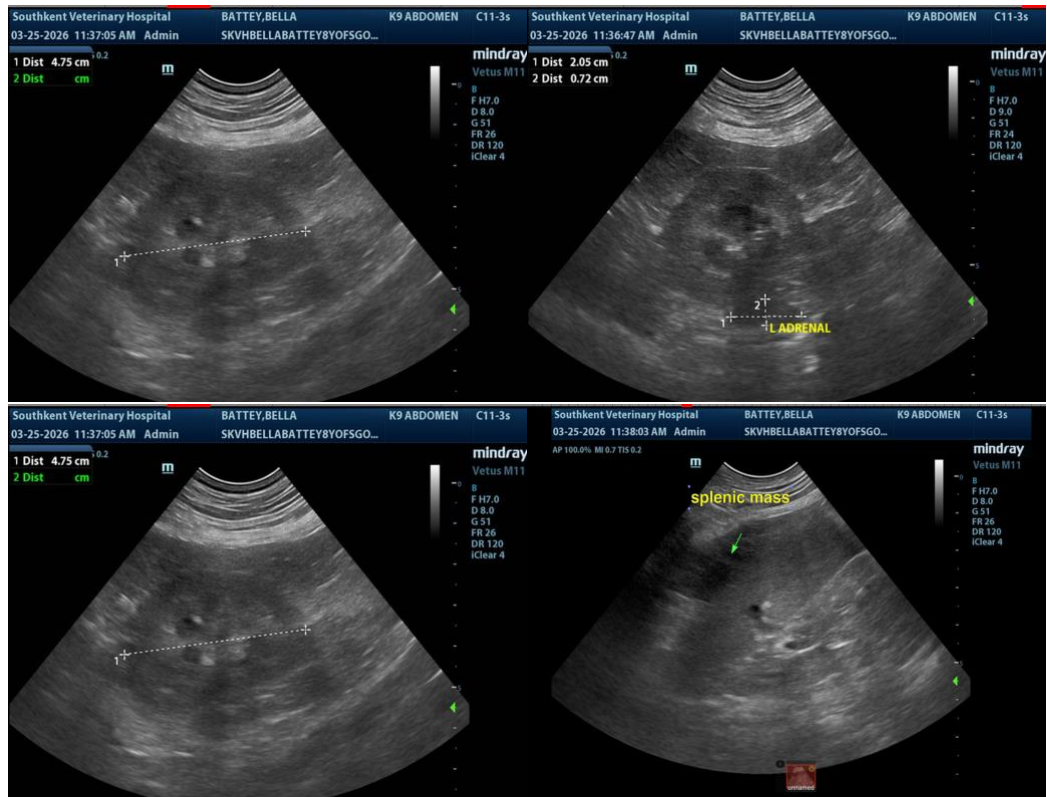
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Strong concern for neoplastic event involving the liver and spleen.
- Secondary free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge hepatosplenic FNA cytology is indicated for further definition with abdominocentesis. An echocardiogram would be ideal for further definition of the heart to ensure that metastatic event is not present.





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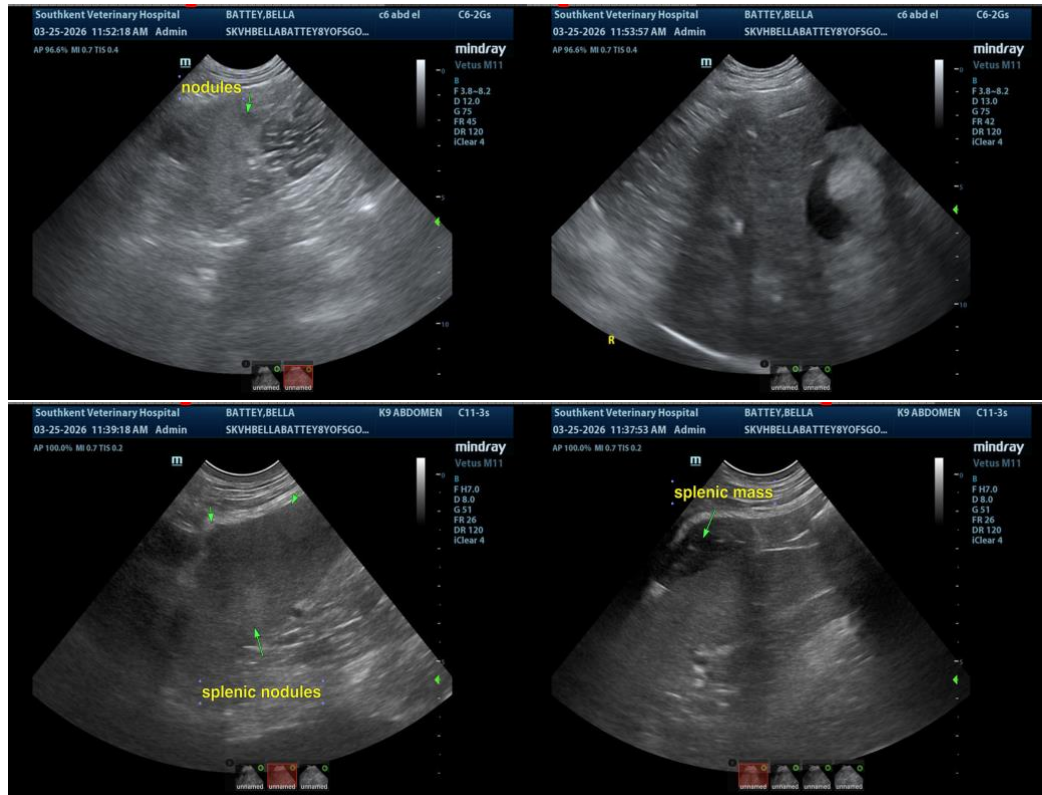
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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