



## PATIENT

Miley Haynes

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

8 Years 10 Months

## WEIGHT

56.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Goodman

## HOSPITAL NAME

Evendale-Blue Ash Pet  
Hospital

## REFERRING VET

Dr. Goodman

## INVOICE

73394

## DATE

3/4/26

## PRESENTING CLINICAL SIGNS

First saw as a new patient on 1/14/25 for integrative medicine/acupuncture to help with chronic GI issues. Previously diagnosed with Lymphadenopathy and IBD. Very sensitive to food and have tried a wide variety of proteins and types of food. Came in on 3/2/26 for diarrhea, so we increased the prednisone dosing temporarily on the advice of Dr. Lane at Medvet and changed to HSD i/d and P is doing well on it. No more diarrhea and eating well as of 3/4/26. Has been steadily losing weight from September (60lbs) to 3/2/26 (55lbs) but went back up to 54.6lbs today. GI biopsies done in February of 2025, previous abdominal ultrasound in May 2025 (Results for both attached)

Current meds: Has been on prednisone since February of 2025; Increased Prednisone 20mg to 1/4 tablet (5mg) in the morning and 1/2 tablet (10mg) in the evening for 7 days during flare up with diarrhea starting 3/2/26, Tramadol 50mg (Give 2 tabs PO every 6 - 8 hours for pain), Cisapride 10 mg (Give 1 capsule 30 minutes prior to a meal. Can be given 3 x a day.), Incurin Tablets 1 mg (Give 1 tablet every 24 hours), Chlorambucil 2.5mg (1 tab twice weekly) First started in May of 2025, ProSynbiotic 3x daily. Omeprazole once daily, Fluoxetine 20mg, (Give 1 cap PO SID).

Abnormal PE/Chem/CBC/UA Results: ALT was normal at 61 on 8/20/25 ALT= 262 on 12/17/25 ALT= 232 on 1/29/26 ALT= 280 on 3/3/26

## 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 6.33 cm. Right kidney measured 7.03 cm.

### Adrenal Glands

The **left adrenal gland** was flattened in contour, likely owing to Prednisone therapy, measuring 2.0 cm x 0.34 cm.

The **right adrenal gland** was flattened yet measurably low-normal at 1.91 cm x 0.46 cm at the cranial pole and 0.37 cm at the caudal pole.

### Spleen

The **spleen** was slightly enlarged and folded upon itself. Subtle micronodular changes noted.

### Liver

The **liver** presented subtle heterogeneous parenchymal changes with generalized enlargement. The gallbladder and common bile duct were unremarkable.



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## Gastrointestinal

The **stomach** revealed a large amount of gas accumulation. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## 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

- Subtle Splenohepatic enlargement with subtle micronodular changes.
- Flattened adrenal glands.
- Large amount of gas in the stomach.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The Prednisone may be suppressing a more significant presentation. 25-gauge screening FNA of the spleen and liver with PARR or PCR would be appropriate if necessary, as an occult underlying round cell neoplasia may be an issue. Occult Addison's could be considered as well with partial management on Prednisone therapy. Strongly recommend FNA spleen and liver as a screening process in this patient.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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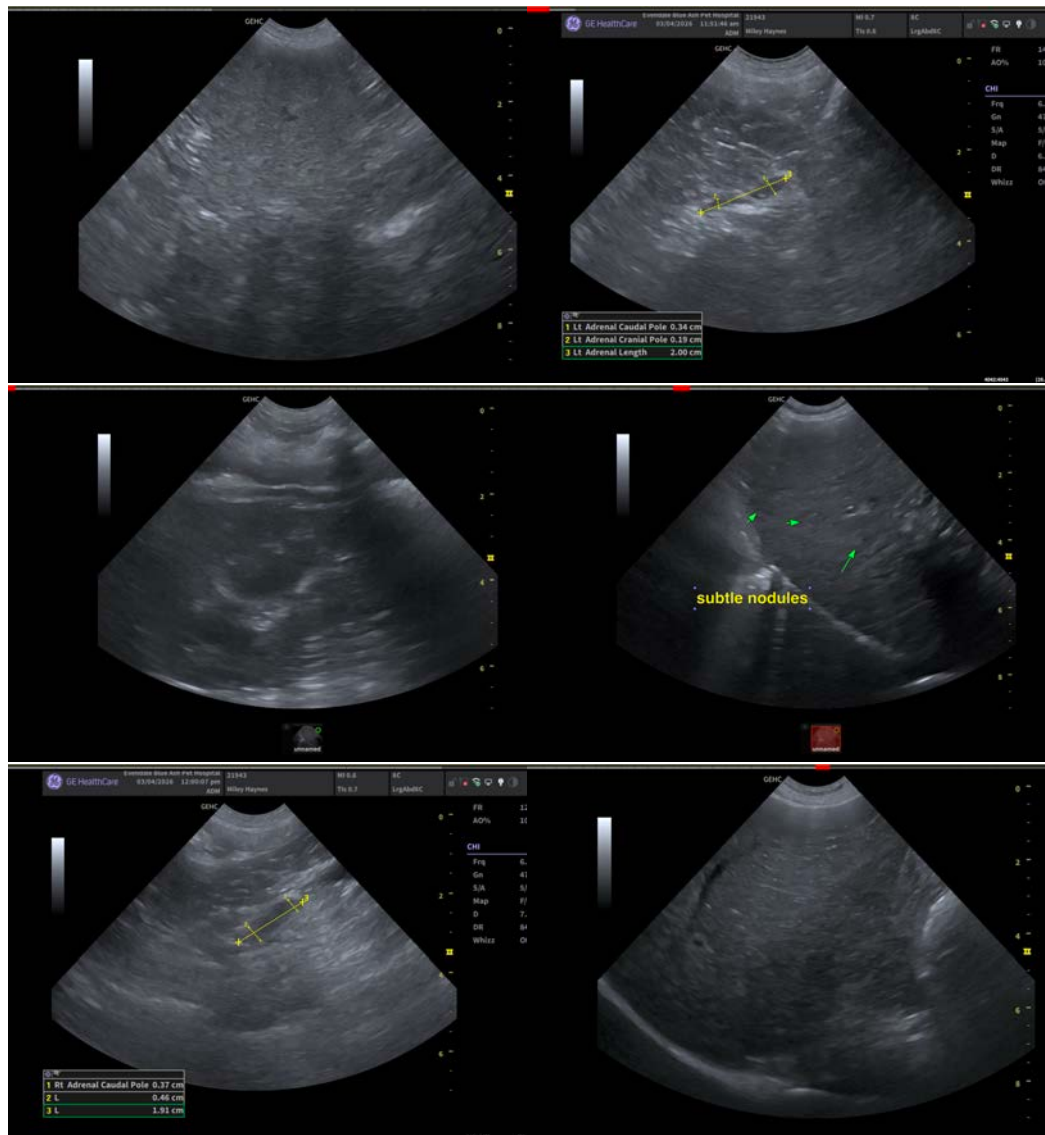
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)