



PATIENT

Smokey Bowball

SPECIES

Canine

BREED

Goldendoodle

SEX

Intact Male

AGE

7

WEIGHT

51.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kaitlyn Slump

HOSPITAL NAME

TotalBond Veterinary
Hospital

REFERRING VET

Dr. Kaitlyn Slump

INVOICE

73364

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Patient presented for lethargy, anorexia, and weight loss. On exam underweight and QAR. Minimum database revealed severe azotemia (creat 11, BUN and phos too high to read), mild hypoalbuminemia (2.1) moderate anemia (Hct 27%), mild leukocytosis, UA in house revealed rods on a cysto sample with low numbers of WBC and RBC in urine. Cortisol not consistent with addisons disease, leptospirosis in clinic test negative. No known toxin exposure.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended at the time of the sonogram, unremarkable otherwise.

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 7.5 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The **right adrenal gland** presented normal size and contour, measuring 0.91 cm at the cranial pole and 0.76 cm at the caudal pole.

The region of the **left adrenal gland** was unremarkable.

Spleen

The **spleen** presented a focal hypoechoic expansive nodule at the cranial pole measuring 1.1 cm. A 2nd splenic nodule was noted at the cranial pole with capsular expansion, measuring approximately 8.0 mm. A 3rd splenic nodule at the caudal pole measured 0.95 cm. Other hypoechoic nodules noted in the spleen.

Liver

The **liver** was swollen and presented mild irregular contour with isoechoic nodular changes. Enhanced surrounding mesentery noted. The gallbladder was mildly overdistended.

Gastrointestinal

The **gastric** wall was thickened up to 1.4 cm with hypertrophied mucosa. The small intestine and colon were unremarkable. No overt evidence of foreign body.

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.



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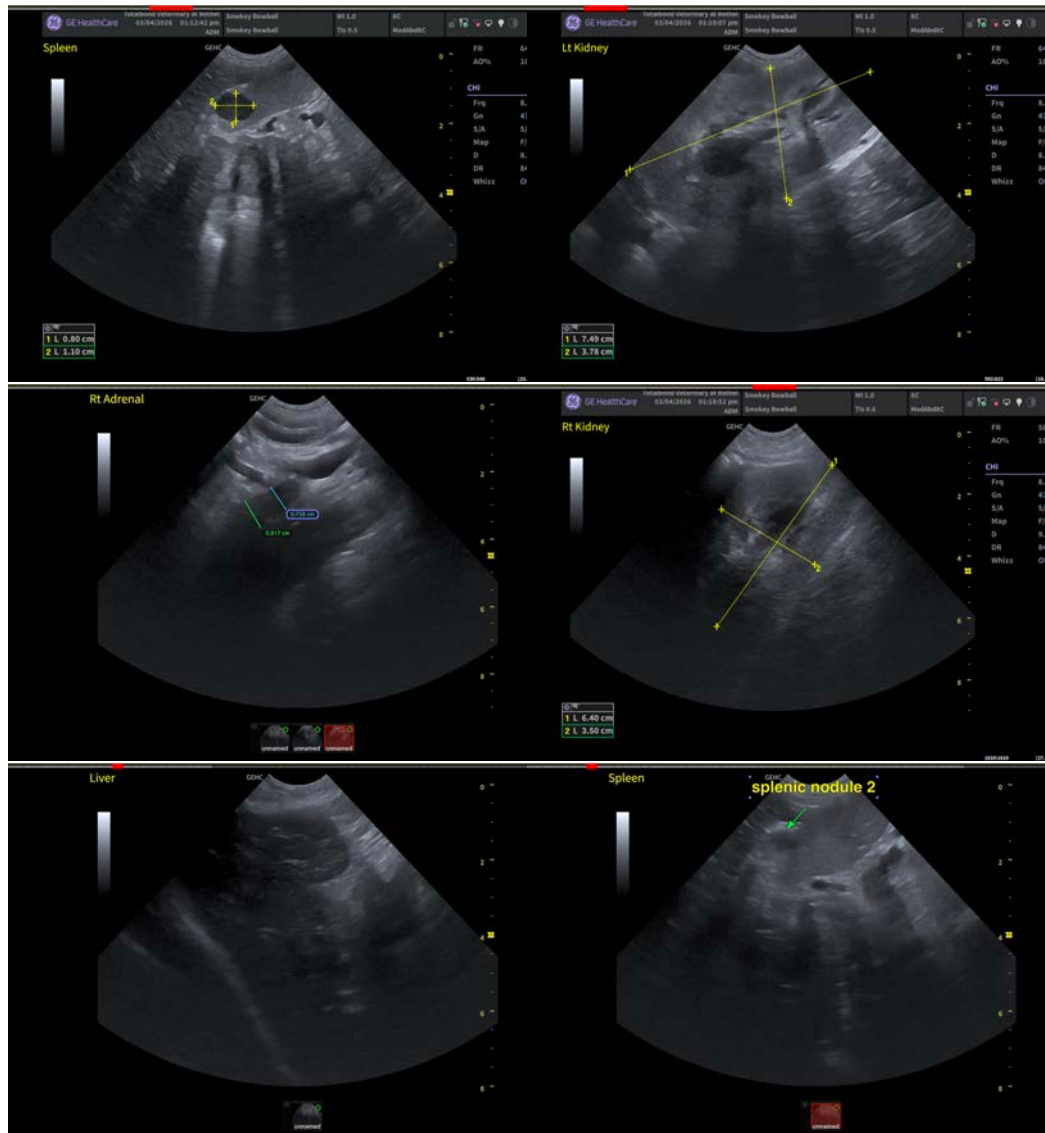
3/4/26

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules – Concerning for round cell neoplasia, less likely emerging hemangiosarcoma.
- Gastric hypertrophy, consistent with gastritis.
- Heterogeneous liver – Potential metastatic disease versus hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the splenic nodules and 22-gauge FNA of liver changes recommended. GI protectant protocol and supportive care warranted until cytology can be evaluated.





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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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