



PATIENT

Buck Day

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

8 Years 8 Months

WEIGHT

81 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Margaret
Huneycutt

INVOICE

74381

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Patient presented on 4/9/26 for diarrhea. On physical exam, one testicle is noticeably larger than the other. Abdominal mass effect on V/D, but not evident on lateral x-ray.

Abnormal PE/Chem/CBC/UA Results: Increased NuQ- 76ng/mL abdominal mass effect on VD, but not evident on lateral x-rays CBC: Platelets- 549K/mcL, PDW- 20.8fL, MPV- 13.3fL, Plateletcrit- 0.73% Chemistry: Cholesterol- 345mg/dL, Amylase-442 U/L

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 prostate measured at the upper limits of normal yet was uniform, measuring 2.6 cm.

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 7.2 cm. Right kidney measured 7.4 cm.

Adrenal Glands

Both **adrenal glands** were 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 was imaged from both the right and left approaches. Left adrenal measured 0.55 cm. Right adrenal measured 0.80 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** revealed a focal hypoechoic nodule measuring 0.49 cm. The remainder of the spleen was unremarkable.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Other

The left testicle revealed a cystic mass measuring 3.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatic remodeling.
- Hypoechoic splenic nodule.
- Enlarged left testicle, unremarkable prostate.
- Structurally unremarkable GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend proactive neutering in this patient. No evidence of metastatic disease. The cause of diarrhea does not have structural relevance.

Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days.





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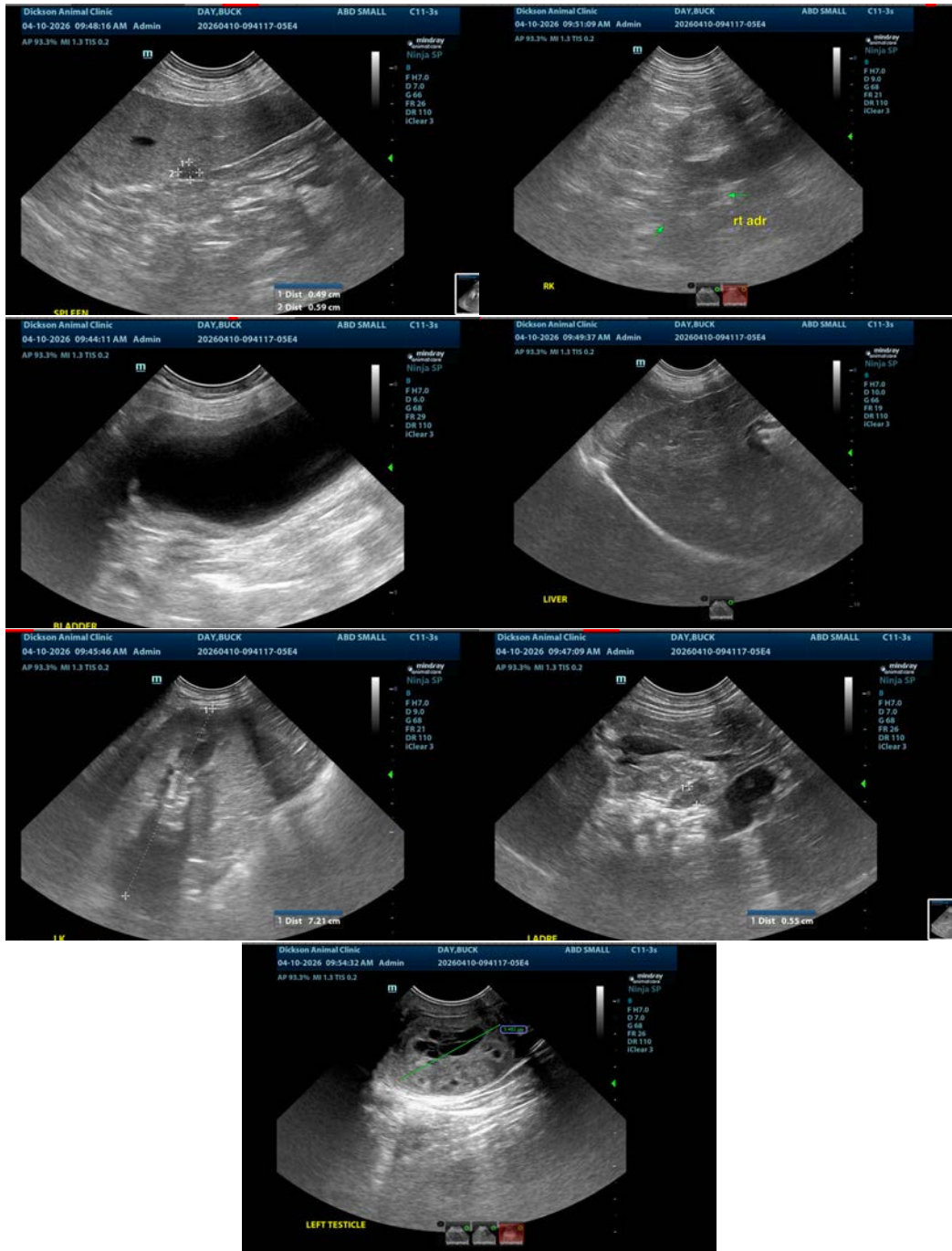
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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