



PATIENT

Diesel Schafer

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

13 years

WEIGHT

70 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Dr. Isaac

INVOICE

74537

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: 24 hour history of lethargy, vomiting and ADR. UTD on parasite prevention, no history of dietary indiscretion, no diarrhea.

2023- splenectomy - splenic nodular hyperplasia and hematoma

Abnormal PE/Chem/CBC/UA Results: PE: pale, depressed; abdomen tender on palpation CBC: HCT 36%, non-regenerative Neutrophilia 17.14K/uL Chem: Phos 2.2mg/dL, Amylase >2500, Lipase 56604, Radiographs: decreased serosal detail in the cranial abdomen; possible fluid accumulation

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.7 cm. The right kidney revealed an anechoic nodule or cyst at the cranial pole measuring 1.5 cm. The right kidney measured 7.3 cm.

Adrenal Glands

The left **adrenal gland** was slightly enlarged and measured 1.0 cm at the cranial pole and 1.0 cm at the caudal pole. The right adrenal gland was slightly enlarged and measured 1.6 cm at the cranial pole and 0.95 cm at the caudal pole.

Spleen

The region of the **splenic** fossa 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.



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Gastrointestinal

The **gastrointestinal** tract revealed an undifferentiated mass that appears to be deriving from the intestine (but may be a lymph node or seeding from prior pathology) measuring approximately 4.2 x 6.6 cm. The exact portion of the intestine is unclear. The mass extended into the cranial abdomen deviating the upper duodenum and small intestine. Variable intestinal thickening was also noted elsewhere.

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.

Free Abdomen

Mild reactive surrounding mesentery was noted.

A slight amount of free fluid were noted and occupied portions of the splenic fossa and cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated cranial abdominal mass. Lymph node, intestine or potential seeding from prior pathology. There was reactive surrounding mesentery and intestinal thickening elsewhere.

Slight amount of free fluid.

Adrenal gland enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe that this mass is cleanly resectable. Ultrasound-guided 25-gauge FNA of the mass is recommended or exploratory surgery could be considered. However, the mass appears to extend into the regional omentum. FNA of the liver is warranted to ensure that micrometasis is not an issue. Otherwise, direct exploratory surgery is recommended. Chest radiographs +/- echocardiogram is indicated to assess for metastatic disease.

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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 of SonoPath.com

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