



PATIENT

Scout Magee

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

64.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Brenda Buck DVM

INVOICE

15438

DATE

04/23/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Evaluate for metastatic pulmonary disease vs bronchitis vs pneumonia. **CLINICAL HISTORY:** Owner reports increased respiratory rate/effort starting April 6. Seen at Green Acres ER with thoracic radiographs reportedly concerning for pulmonary metastasis. Currently stable overall with intermittent cough (~4x/day), sometimes post-drinking. On April 6 (~7 PM), patient vomited, then developed acute heavy nasal breathing after activity (stairs, jumping on bed). ER visit followed; abnormal breathing has since resolved. Follow-up radiographs reportedly unchanged. Current panting suspected secondary to prednisone. Appetite markedly increased since starting steroid; mild 0.2 lb weight loss noted. Energy remains good. No vomiting or diarrhea. Normal urination/defecation. Activity restricted. Lifelong upstate NY resident, no travel history. Hx ACL tear. **MEDICATIONS:** Prednisone 20 mg: ¾ tab SID

Abnormal PE/Chem/CBC/UA Results: April 6, 2026 Blood chem: WNL CBC: Eos 0.05 K/uL

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 **iliac trifurcation** was unremarkable.

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 5.89 cm in length. The right kidney measured 7.5 cm in length.

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 measured 0.50 cm width. The right adrenal gland measured 0.70 cm width.

Spleen

The **spleen** was largely smooth with mild heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen was folded upon itself cranially and caudally.

Liver



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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 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. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

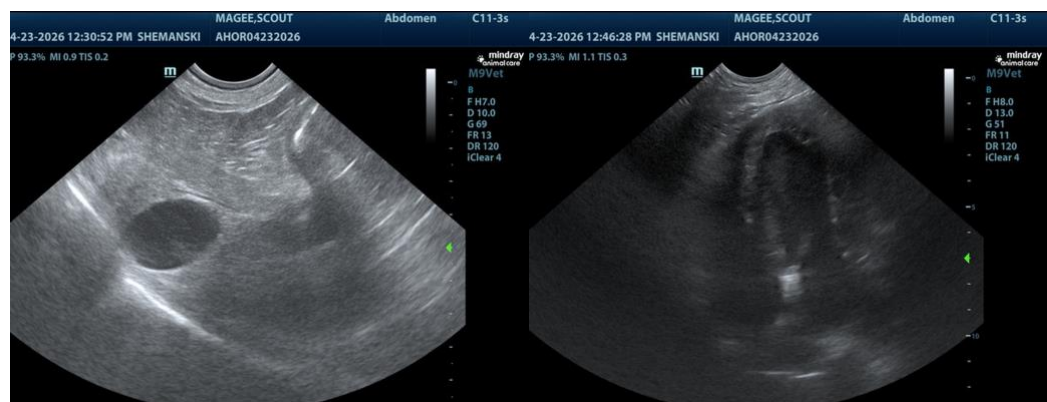
Rapid view of the heart revealed no evident pathology with normal contractility and volumes.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal geriatric abdomen and heart.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal pathology, pressure/volume overload or masses.





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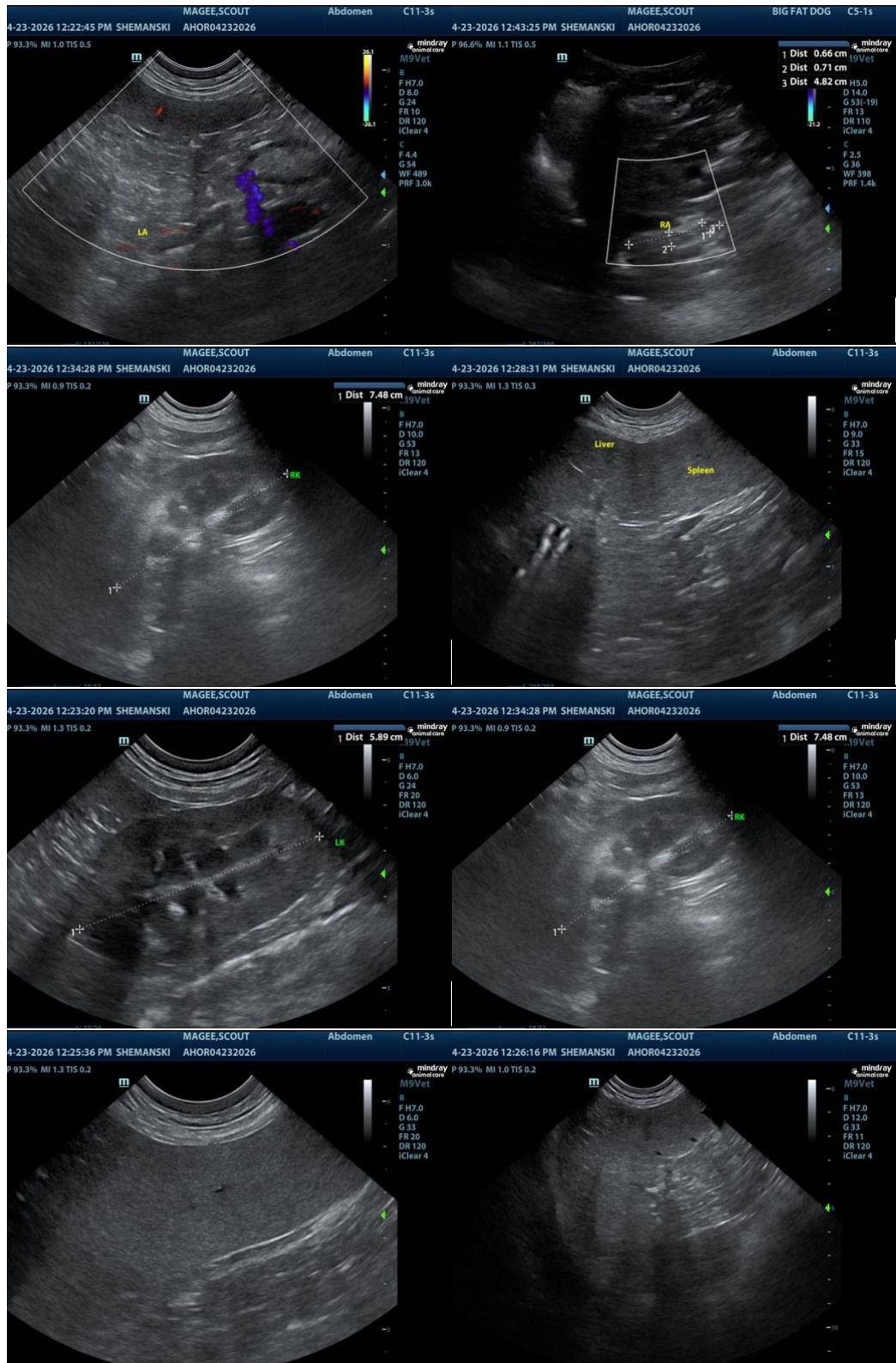
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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