



DATE PRESENTING CLINICAL SIGNS

04/28/26 Patient History: Lethargic.
Current Medications: None listed.

PATIENT Labwork Results: Diagnostics attached.
Date of Previous IntraPet Ultrasound: No previous.

Dale Whittenberg Sedation: Declined.
Stat Report: STAT requested.

SPECIES Imaging Performed by: Rachel Brillhart, RDMS.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Goldendoodle

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.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 6.7 cm in length.

AGE

08/16/16

WEIGHT

84.4 pounds

Adrenal Glands

The **left adrenal gland** revealed a mass at the cranial pole measuring 2.59 cm. The left adrenal gland measured 0.79 cm width at the caudal pole and 4.8 cm in length.

INTERPRETED BY

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

The **right adrenal gland** presented mildly heterogenous and nodular measuring 3.7 cm x 1.09 cm width at the cranial pole and 0.96 cm width at the caudal pole. A hyperechoic nodule was present in the cranial pole measuring 0.87 cm.

Spleen

HOSPITAL NAME

Animal Medical Center
of Bel Air

The **spleen** in this patient revealed a complex mixed hypoechoic necrotic and peripherally inflamed cavitated mass measuring approximately 10.0+ cm. Some heterogenous omental changes were present in the spleen. A second mass was noted in the spleen measuring 2.0 cm.

REFERRING VET

Dr. Chaudhry

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

15520

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. 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

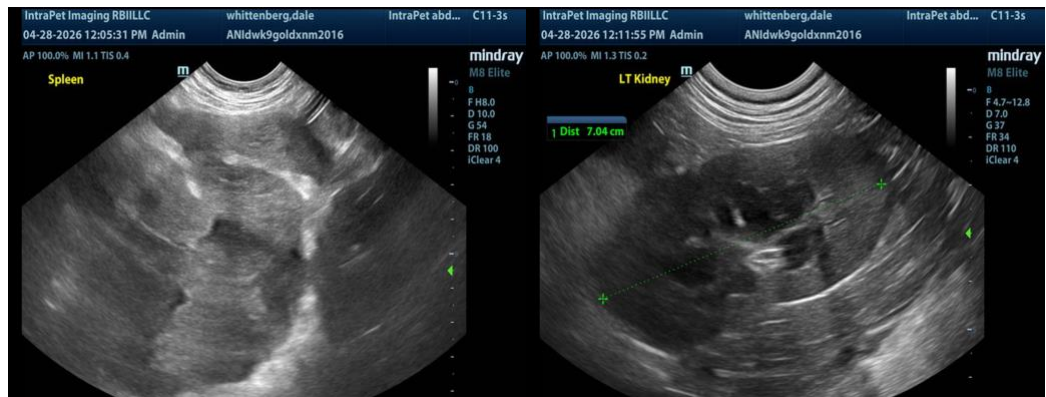
Slight free fluid was present in the abdomen.

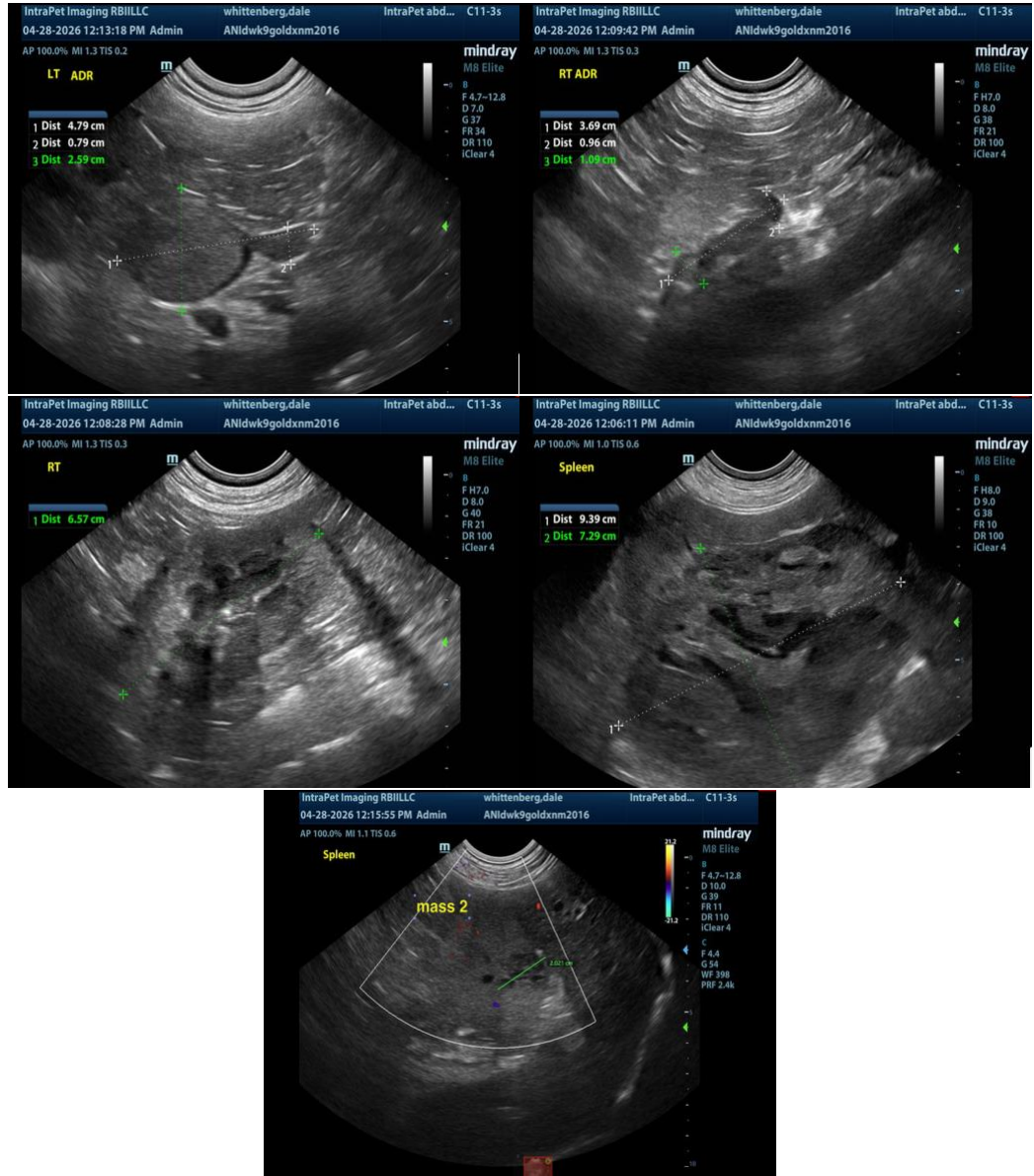
ULTRASONOGRAPHIC FINDINGS

- Splenic masses with regional inflammation- hemangiosarcoma suspected, round cell neoplasia is unlikely, benign hematomatous mass is possible.
- Left adrenal gland mass- potentially resectable.
- Nodular right adrenal gland.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dual mass presentation strongly suggests for a neoplastic process. An echocardiogram is ideal for further definition. Otherwise, direct exploratory surgery with expectations towards splenectomy and left adrenalectomy, however, abdominal seeding into the omentum is a strong potential.





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