

**PATIENT**

Birch Robertson

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact Female

**AGE**

3 Years

**WEIGHT**

30 kg

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP (Canine & Feline), Cert. IVUSS

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Paws N Claws VC

**REFERRING VET**

Dr. Howard

**INVOICE**

36884

**DATE**

4/30/26

**PRESENTING CLINICAL SIGNS**

History: Feels like a large firm mass in the caudal / ventral abdomen– DDX: Linear foreign body, intussusception, intestinal torsion, neoplasia. Findings are based on physical examination and radiographs showing a palpable mass and clumped intestines, consistent with a chronic intestinal obstruction. Previous radiology referral raised concern over peritonitis.

Abnormal PE/Chem/CBC/UA Results: sent Radiographic Findings email was sent Primary Question to Be Answered in This Exam if the blockage/mass can be identified See attached.

**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.

Both **kidneys** present severe renomegaly with infiltrative parenchymal masses. Multiple target lesions were noted throughout the kidneys, as well as mass formations. Peri capsular inflammatory pattern was noted around both kidneys. The left kidney measured 8.1 cm. The right kidney measured 11.0 cm.

*Adrenal Glands*

The **right adrenal gland** was 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 right adrenal gland measured 2.23 cm x 1.4 cm at the cranial pole and 0.86 cm at the caudal pole.

The **left adrenal gland** was not visualized in the midst of inflammation.

*Spleen*

The **spleen** was enlarged, irregular and nodular.

*Liver*

The **liver** revealed compact irregular parenchyma with increased portal markings. Micronodular hepatic changes were noted.

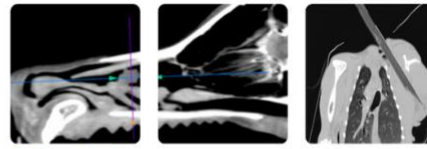
*Gastrointestinal*

The **gastrointestinal tract** was deviated by the regional pathology. Variable intestinal thickening was noted. Overt intestinal masses were also 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*



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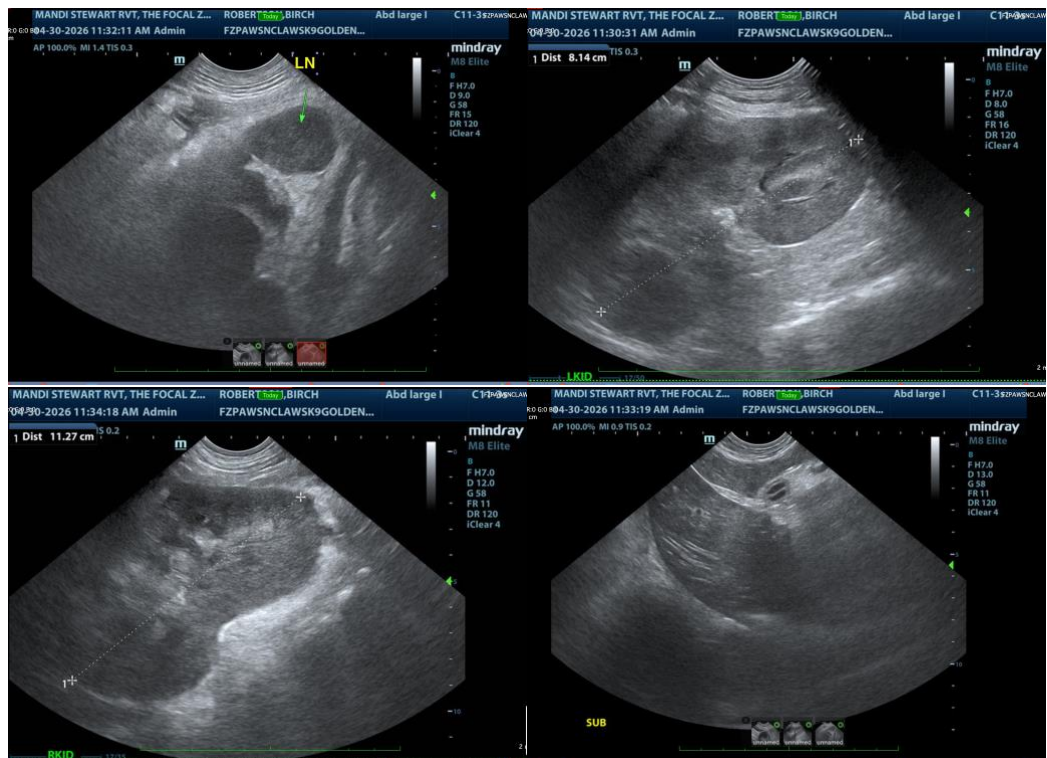
Multifocal hypoechoic enlarged **lymph nodes** were present. A caudal abdominal lymph node was enlarged, measuring 1.5 cm x 0.88 cm. An iliac lymph node was also enlarged, rounded and hypoechoic, measuring 3.0 cm. Multiple cranial abdominal lymph nodes were enlarged, distorted and hypoechoic with regional inflammation. The hepatic lymph nodes also enlarged. Undifferentiated tissue proliferation was noted throughout the abdomen.

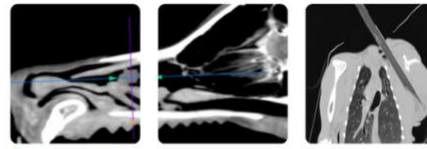
**ULTRASONOGRAPHIC FINDINGS**

- Multicentric aggressive round cell neoplasia, involving kidneys, lymph nodes, spleen, liver and undifferentiated tissue.
- Overt intestinal masses

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of any of the pathological parenchyma and immediate chemotherapeutic intervention is recommended. Aggressive round cell neoplasia is suspected.





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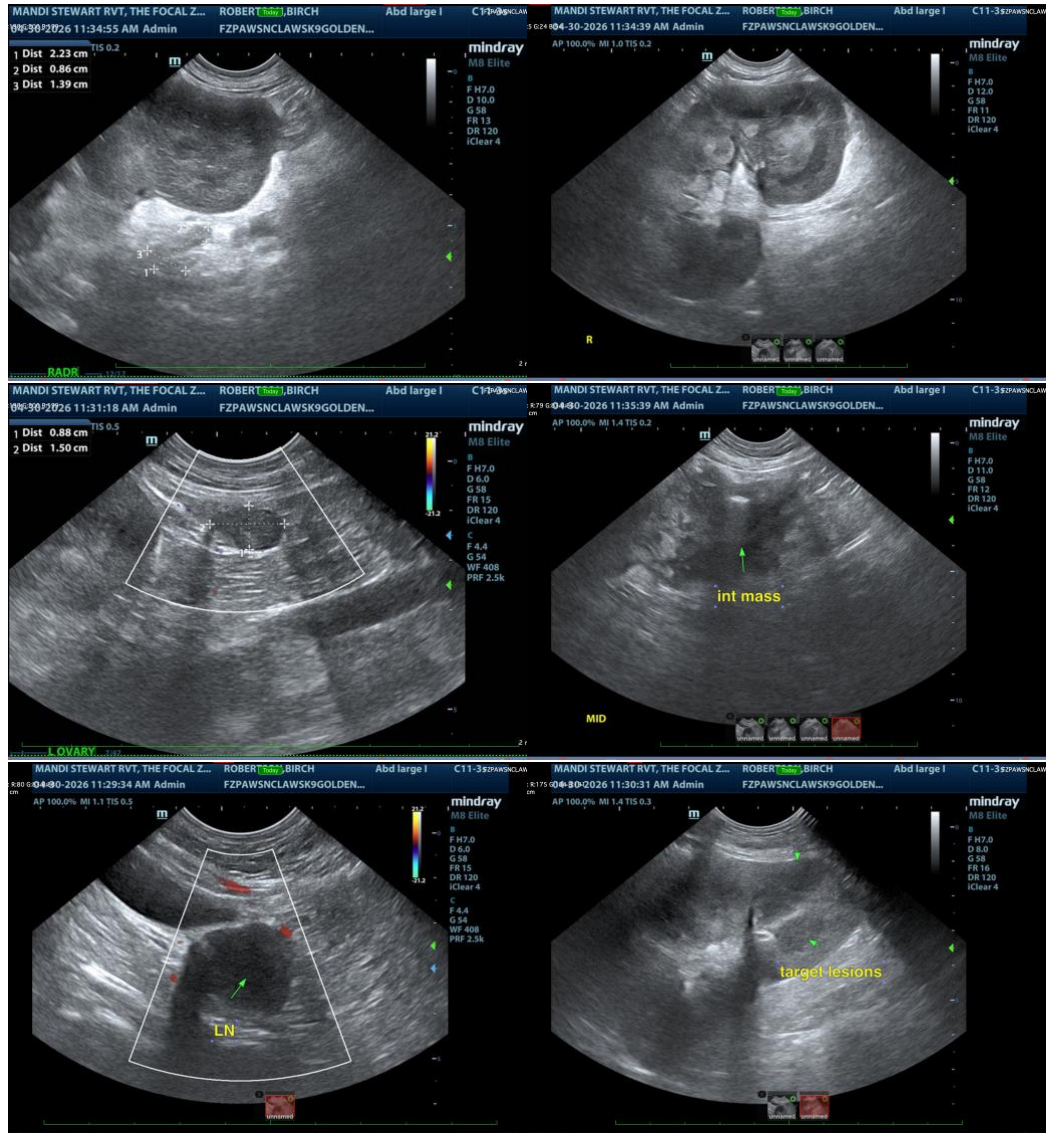
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

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