



PATIENT

Ladonna Latshaw

SPECIES

Canine

BREED

Golden

SEX

Spayed female

AGE

8 years

WEIGHT

62.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Klaassen

HOSPITAL NAME

Animal Care Group of
Lake Oswego

REFERRING VET

Dr. Klaassen

INVOICE

75049

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: PSS repair as puppy. Over weekend vomiting and decreased appetite. History of low albumin 1.9 approx. Patient on lactulose and metro long term for shunt repair
Abnormal PE/Chem/CBC/UA Results: CBC: WBC 26.8 (H), PLT 144k (L, clumping), Neut 23316 (H), Mono 1072 (H), otherwise WNL pain in L cranial abdomen febrile 103.0 CHEM: ALB 1.5 (L), GLOB 4.1 (H), ALP 154 (H), BUN 5 (L), Calcium 8.4 (L), PSL 391 (H) T4: <0.5 UA: USG 1.011, pH 6.5, 3+ protein, 1+ bilirubin - culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **left kidney** revealed mild, pericapsular fluid accumulation. Mineralization was noted as well. Mild, degenerative renal changes were noted. The left kidney was normal in size and measured 7.4 cm.

The **right kidney** revealed similar changes to the left kidney. There was slight pyelectasia noted. The right kidney measured 6.8 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed a hypoechoic nodule at the mid body adjacent to the splenic vein measuring 1.3 cm. Subtle, micronodular changes were noted elsewhere in the spleen. A distinct nodule was noted in the medial aspect at the mid cranial body measuring 0.88 cm.

Liver

Minimal **liver** was visualized and appeared subnormal in size.

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. A rounded, hypoechoic mesenteric lymph node was noted in this patient and measured 1.55 cm adjacent to the slightly thickened ileocecal junction.



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Pancreas

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The mid cranial abdomen revealed a nodular mass that appeared to be deriving from the pancreas or overlying the pancreas owing to lymphoproliferative disease measuring 5.0 cm.

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ULTRASONOGRAPHIC FINDINGS

Concerning splenic nodules.
Pericapsular renal fluid accumulation.
Slightly thickened ileocecolic junction.
Enlarged mesenteric lymph node.
Nodular mass appears to be deriving from the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the midabdominal mass, spleen and mesenteric lymph nodes are indicated. There is a strong concern for multi-centric neoplasia. The adrenal glands were not overtly visualized, however, the undifferentiated masses in the cranial abdomen may represent adrenal proliferative disease. Prognosis is guarded to poor.

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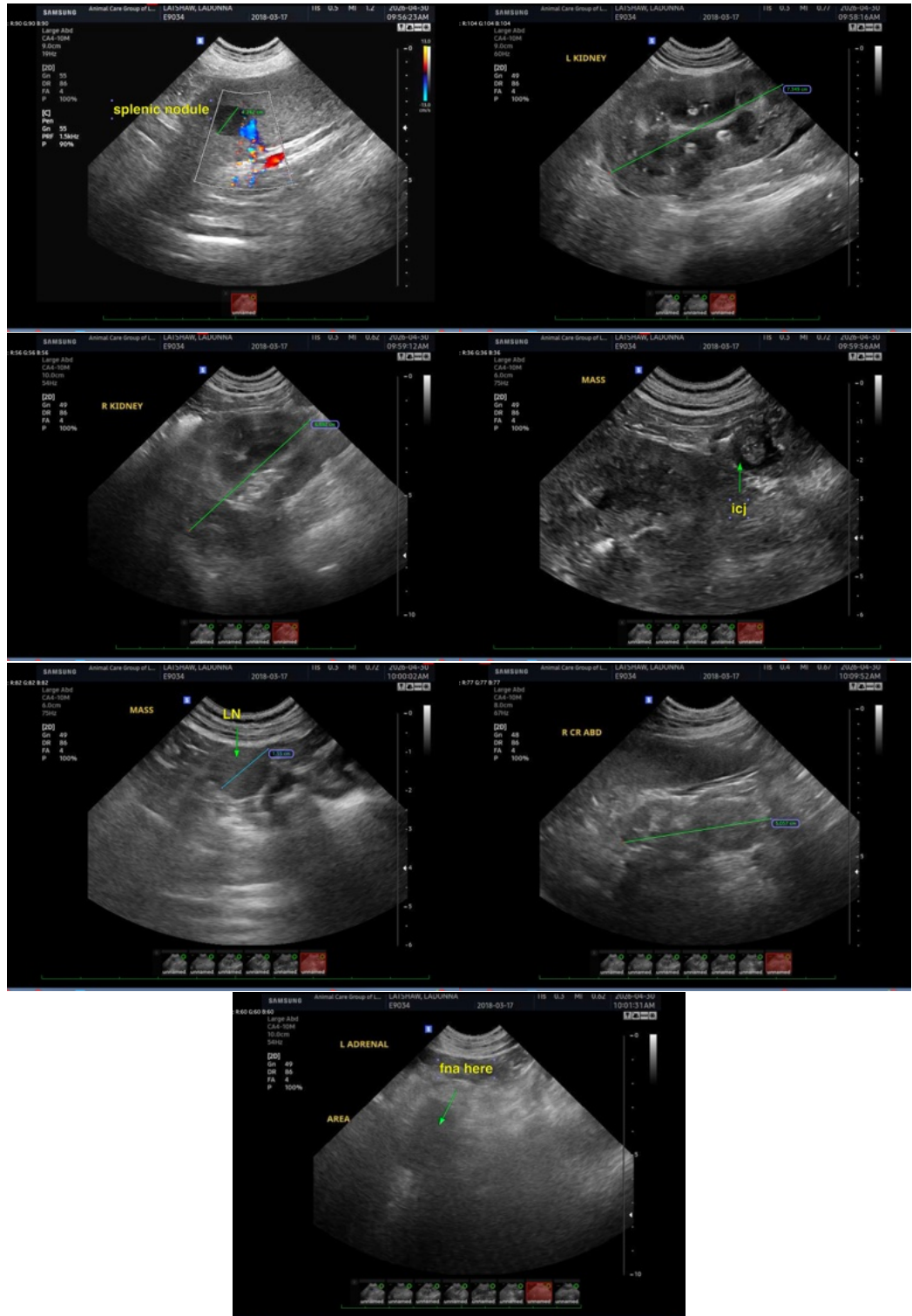
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The information and recommendations provided are based on the images presented by the



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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 of SonoPath.com

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