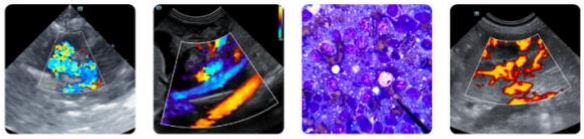

PATIENT

Otis Miller

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

82 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Andover Animal Hospital

REFERRING VET

Dr. Santos

INVOICE

15616

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Suspected cranial abdominal mass, inc. soft tissue palpated on cranial abd. Meds: Glucosamine no other meds.

Abnormal PE/Chem/CBC/UA Results: Anemia, Elevated Neutrophils

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 **residual prostate** measured 1.0 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 7.06 cm in length. The right kidney measured 6.5 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 3.05 cm x 0.78 cm width at the cranial pole and 0.64 cm width at the caudal pole. The right adrenal gland measured 3.32 cm x 1.0 cm cranial pole and 0.56 cm width at the caudal pole.

Spleen

The **spleen** revealed multifocal coalescing target lesions with irregular contour. The spleen also revealed multiple expansive parenchymal masses at the cranial pole, the largest of which measured 10.0+ cm.

Liver

The **liver** presented with irregular contour and disruption of architecture with nodular changes. The gallbladder and common bile duct 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

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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

A mesenteric **lymph node** mass was present comprised of a cluster of lymph nodes encompassing the mesenteric artery. The lymph nodes were rounded and hypoechoic measuring up to 4.1 cm each. Regional inflammation was present.

Rapid view of the **heart** revealed no evidence of pathology in the right auricle with normal contractility. NO evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Multifocal round cell neoplastic pattern with splenic mass, splenic lymph nodes and hepatic infiltrative pattern- likely round cell neoplasia such as lymphoma or histiocytic sarcoma, unlikely to be hemangiosarcoma.
- Age-related renal changes.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver and lymph nodes are recommended with immediate chemotherapeutic intervention.

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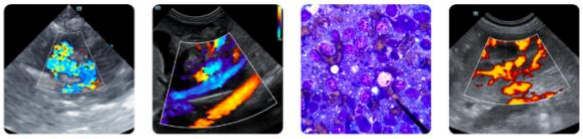

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Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
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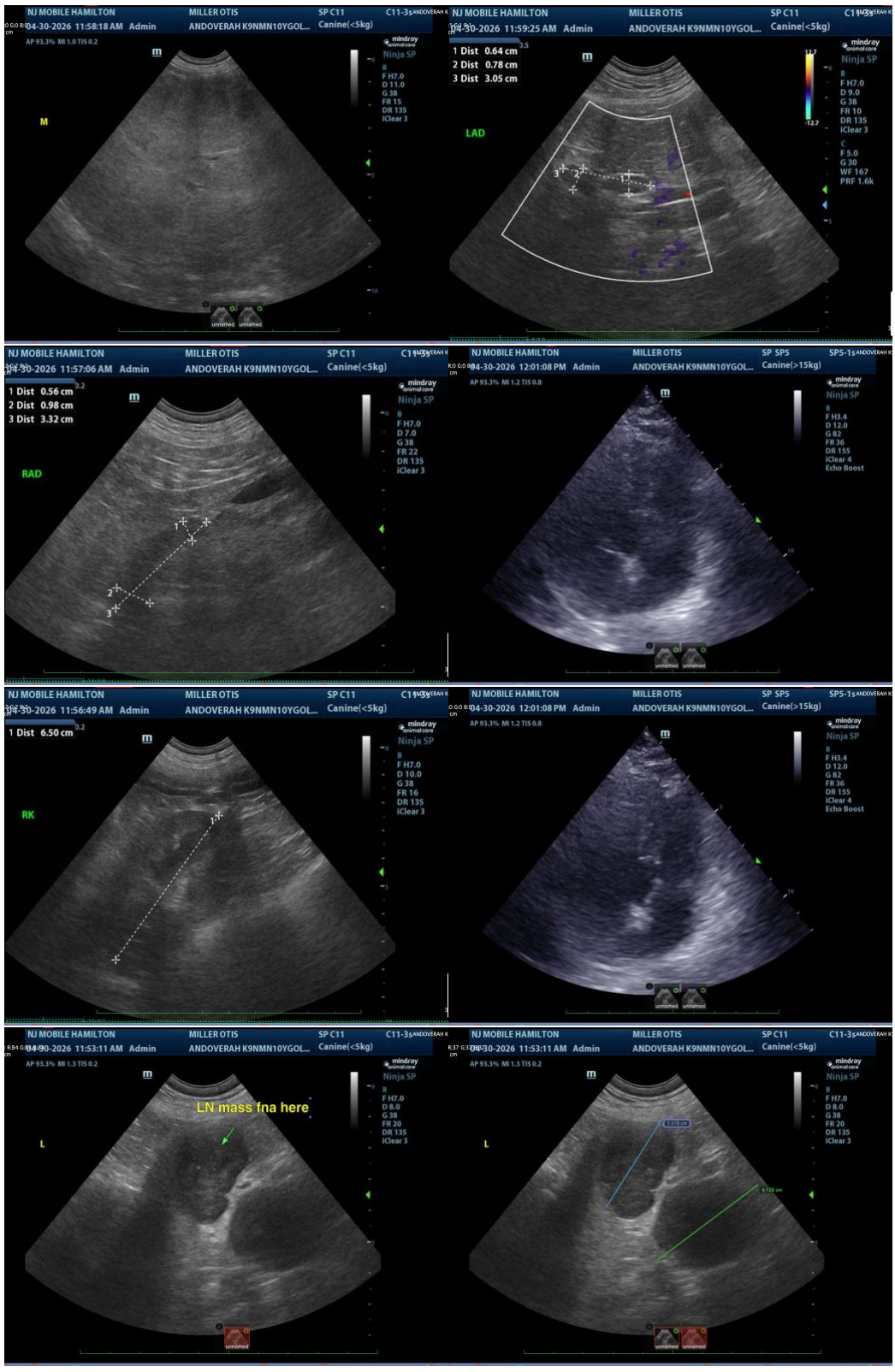

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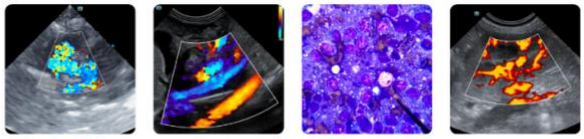

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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