



PATIENT

Millie O'Neill

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

8 years

WEIGHT

77 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julie Deter

HOSPITAL NAME

Village VC California

REFERRING VET

Dr. Deter

INVOICE

74286

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Acute onset lethargy late last week.
- 4/3: MM pale, mild thrombocytopenia, PT/PTT wnl, chem wnl. Large mid-abdominal mass palpable. Patient stable on exam 4/7, owners report she has been eating and has had normal energy.

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 was noted. Ureteral papillae were normal.

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 7.1 cm.

A separate mass medial to the left kidney was noted and measured 2.5 cm. Some retroperitoneal fluid accumulation was noted. The mass extended over to the right kidney and impinged on it deviating the right kidney dorsally.

Adrenal Glands

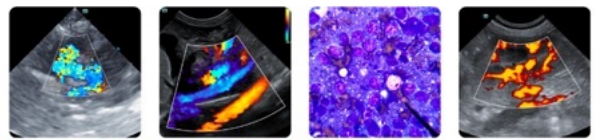
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

A midabdominal, complex 10+ cm mass was noted in this patient with surrounding free fluid. This is likely of **splenic** origin. Other nodular changes were noted in the spleen.

Liver

The majority of the **liver** was not visualized; however, the portion of the liver visualized was unremarkable.



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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

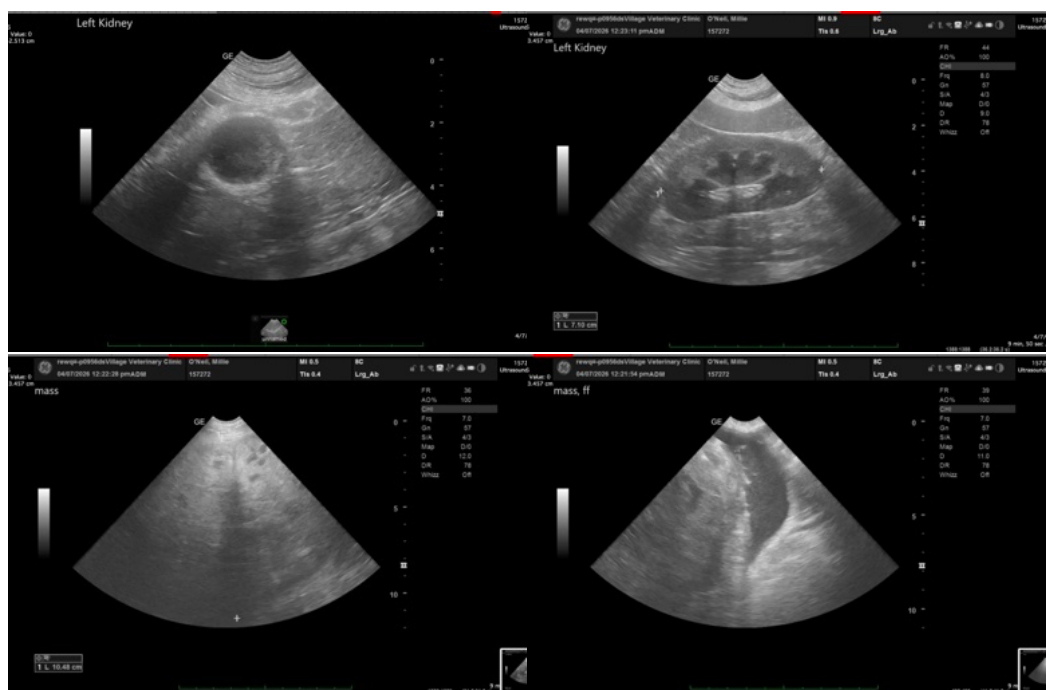
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

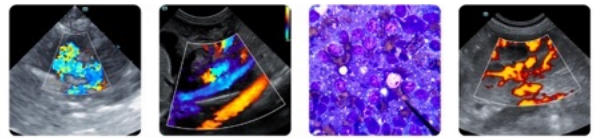
ULTRASONOGRAPHIC FINDINGS

Undifferentiated mass with free fluid in the midabdomen, possible splenic or adrenal in origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is necessary for further definition. The prognosis is guarded to poor depending upon potential for resectability. Surgical exploratory can be considered. Chest radiographs, echocardiogram and blood pressure assessment is all indicated.





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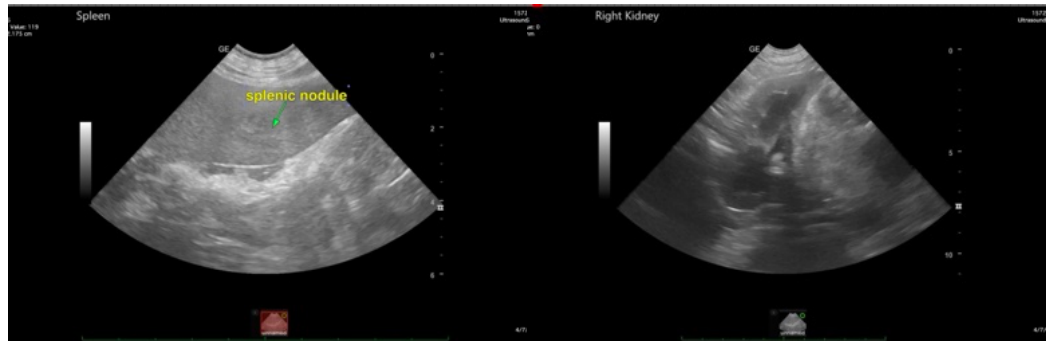
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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