



PATIENT

Max Noel

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

11 years

WEIGHT

70 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

75131

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History: Cancerous mass in the chest, checking for pathology in the abdomen.
1 week history of lethargy, diarrhea, anorexia, blood in the urine once, fecal and urinary accidents in the house.
Referring clinic sent normal labs and x-rays of chest and abdomen revealing a mass in the cranial mediastinum and enlarged liver.
FNA's done today of the chest mass and the liver.
PE: Rectal examination: symmetrical, non-painful, slightly enlarged prostate. Rear paresis. 4/28/26 UA: UST 1.036, pH 6.0, CAOX crystals 1+ 4/23/26 Fecal, HWT, Total T4, Chem, and CBC normal FNA of chest mass and liver pending from today's scan.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.5 cm. The right kidney measured 7.33 cm.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 5.2 cm.

The iliac lymph node was mildly enlarged and measured 3.5 x 1.6 cm at the cranial pole and 0.65 cm at the caudal pole.

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 right adrenal gland was at the upper limits of normal and measured 2.83 x 1.07 cm at the cranial pole and 0.94 cm at the caudal pole. The left adrenal gland measured 3.51 x 0.65 cm at the caudal pole and 1.62 cm at the cranial pole.



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Spleen

The **spleen** was enlarged with mild, subtle, micronodular changes.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Increased portal markings were noted. Heterogenous, isoechoic to hypoechoic nodular changes were noted. There was a mild passive congestion pattern. This is likely owing to thoracic mass impingement upon the vena cava. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph node was enlarged and measured 4.2 x 1.34 cm.

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

Secondary ascites was noted.

Heart

Rapid view of the chest revealed pleural effusion and a lung mass. An undifferentiated proliferative lung mass was noted and measured 6.5 x 5.0 cm in the visible plain. However, the mass appears to be much larger than that. There was no evidence of volume overload.

ULTRASONOGRAPHIC FINDINGS

Multi-centric round cell neoplastic pattern involving the abdomen, chest, lymph nodes, liver and spleen are all likely involved.



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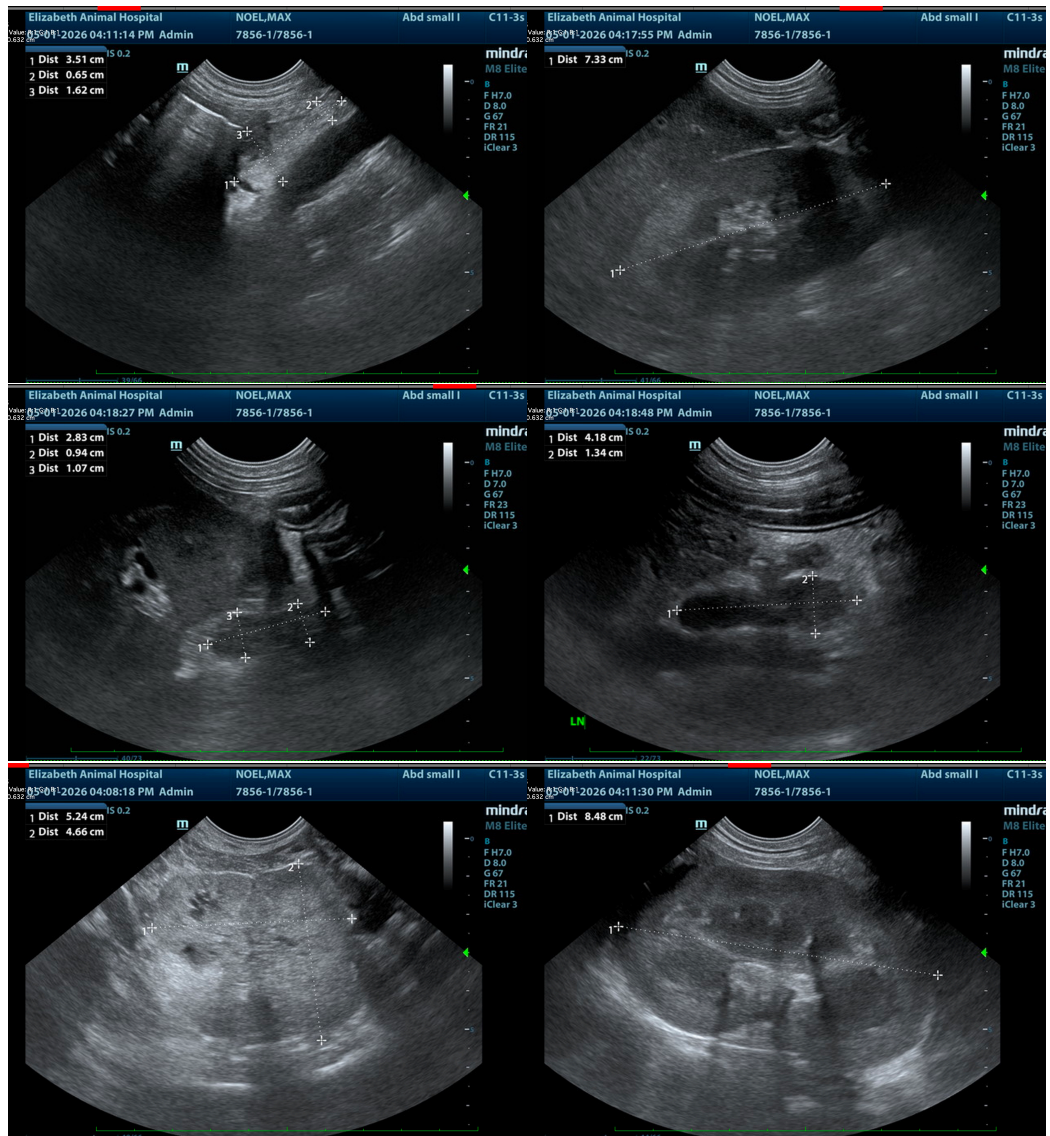
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lung lesions, spleen, liver and accessible lymph nodes are all indicated for staging purposes. Immediate chemotherapeutic intervention is recommended.





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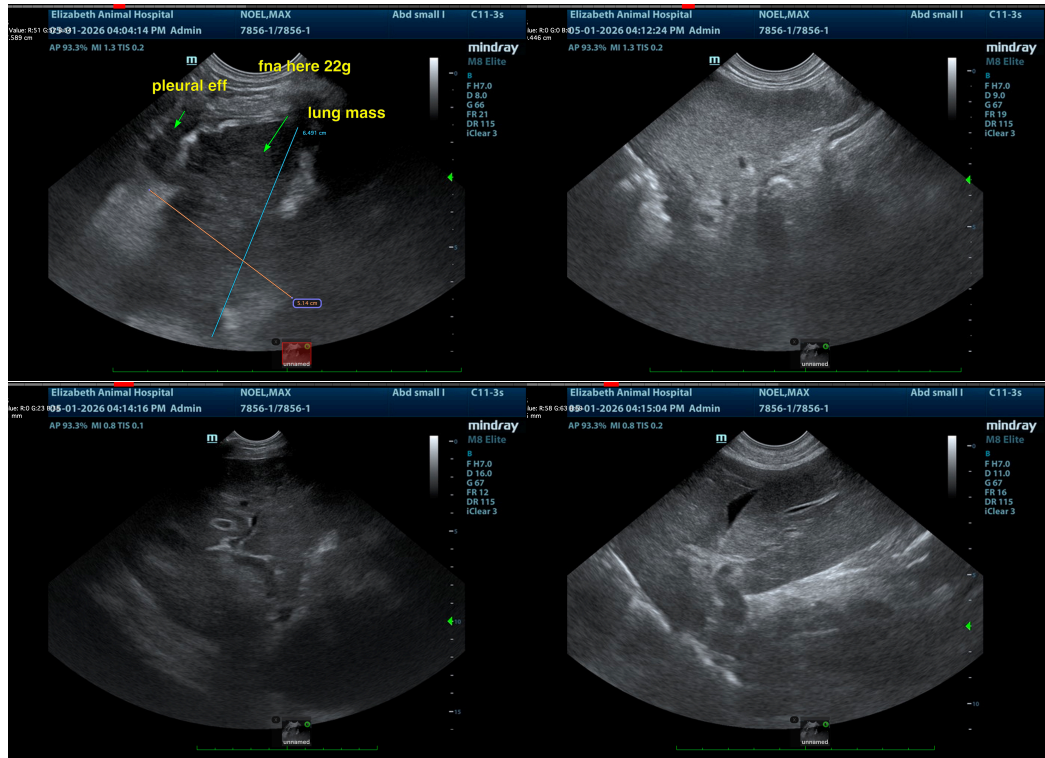
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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