



PATIENT

King Henry

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

12 Years

WEIGHT

76

INTERPRETED BY

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

IMAGING PERFORMED BY

Allison Gomer

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr. Livia Demeo

INVOICE

16057

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Problem List: Mid-abdominal mass - r/o neoplasia (splenic, hepatic, intestinal, mesenteric), abscess, granuloma. Regenerative anemia - r/o hemorrhage (secondary to abdominal mass), hemolysis, chronic disease. Elevated lipase - r/o pancreatitis, renal disease, gastrointestinal disease. Hind limb ataxia/paresis with knuckling (right hind) - r/o spinal lesion, neuromuscular disease, metabolic disorder, pain secondary to abdominal mass. Proteinuria with bacteriuria - r/o urinary tract infection, renal disease, contamination (free catch sample). Abdomen: Palpable mid-abdominal mass approximately 4 inches in diameter, irregular, mobile, just proximal to bladder; not clearly visible on radiographs but visualized on ultrasound. Musculoskeletal/Neurologic: Difficulty ambulating with hind limbs, specifically right hind with knuckling

Lab Work Results: - Hematology: - Hemoglobin: 11.1 (reference range 13.1-20.5) - Hematocrit: Borderline low normal - MCH: 18 (reference range 21.2-25.9) - MCHC: 29 (reference range 32-37.9) - Reticulocytes: 2.5 (reference range 10-110) - WBC: WNL - Platelet count: WNL - PDW: 4.3 (reference range 9.1-19.4) - MPV: 8.3 (reference range 8.7-13.2) - Chemistry: - Alkaline phosphatase: 233 (mildly elevated) - Cholesterol: 340 (mildly elevated) - Lipase: 4,846 (reference range <1,800) - Urinalysis (free catch): - Specific gravity: 1.050 - pH: 8 - Protein: 1+ - Suspected cocci - Mentation: Lying laterally, very quiet (unlike normal behavior), QAR - Mucous membranes: Pale pink - Heart: Normal, HR 130 bpm Lungs: Normal BCS: 5/9 MCS: 2/4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra to a depth of 3.0 cm were normal. A minimal amount of urine was present at the time of the sonogram.

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 7.3 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The **left 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 left adrenal gland measured 0.60 cm width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** revealed subtle micronodular changes and was folded upon itself cranially. Free fluid was noted in the cranial abdomen.



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Liver

The **liver** presented mildly enlarged and slightly heterogenous. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

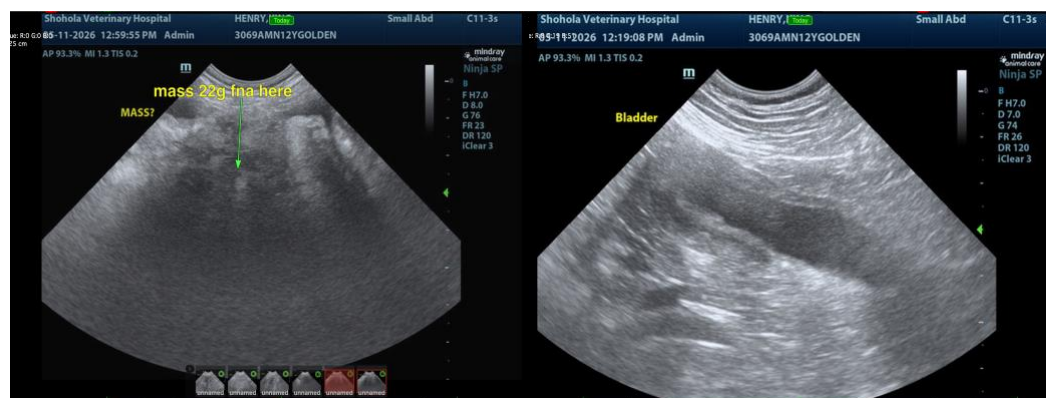
Ill-defined nodular **pancreatic** and omental mass was noted in the left cranial abdomen adjacent to the spleen with surrounding free fluid. This is most consistent with carcinomatosis type presentation.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Pancreatic and omental mass.
- Bladder wall thickening.
- Heterogenous splenic and hepatic changes with free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for pancreatic carcinomatosis or similar neoplasia, necrosis and peritonitis are possible yet less likely. Sampling of the mass and the fluid would be recommended with immediate cytospin of the fluid with slide preparation.





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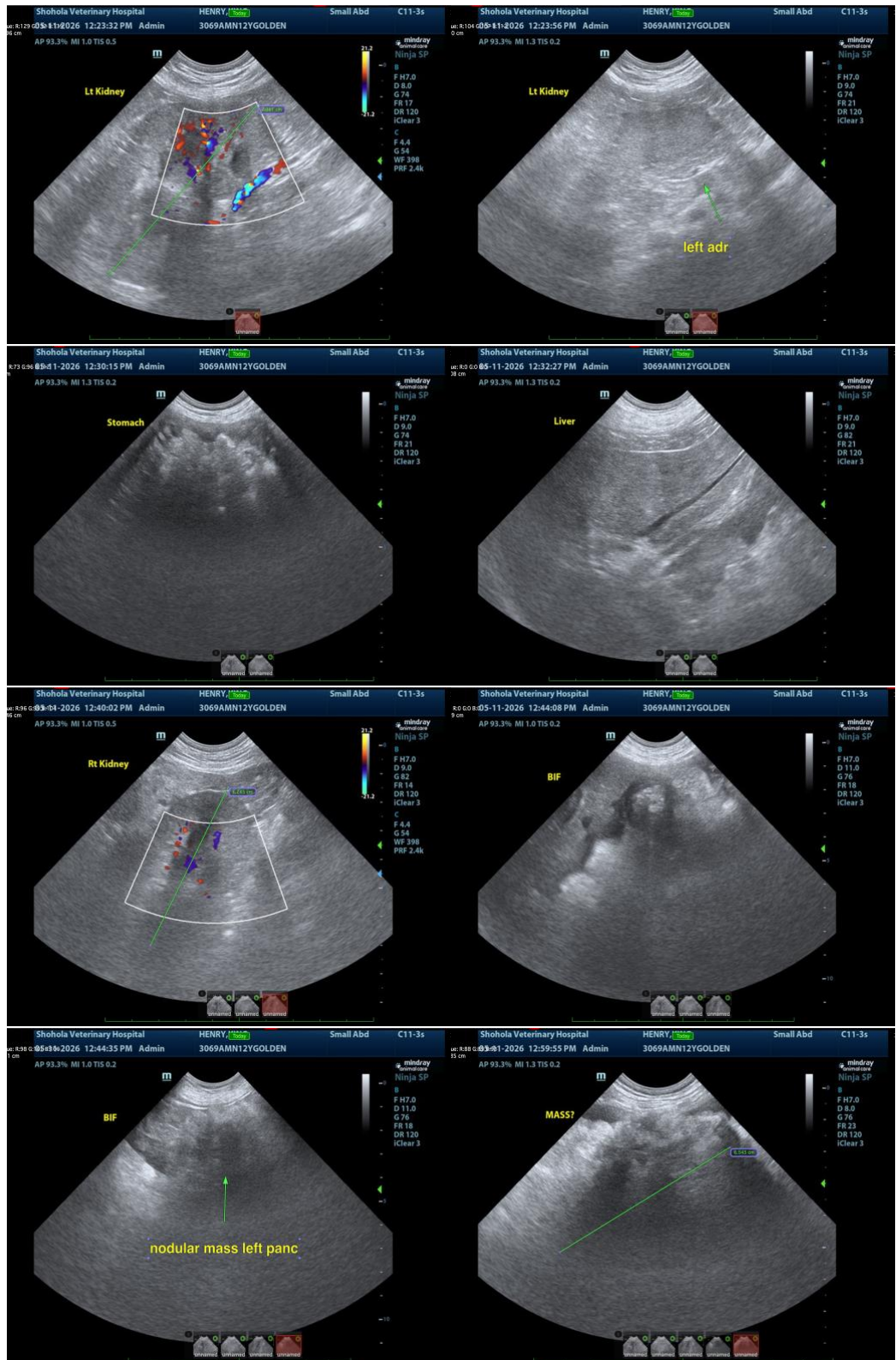
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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