



PATIENT

Marley Bonner

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

11 years

WEIGHT

50.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Page

INVOICE

77794

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: -unintentional weight loss. Pale MM. Fever
Hct 52%, lymph 41.1K, Neut 33.7 with bands, alb 1.6 T4 <0.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was empty with minor, micropolypoid changes.

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 right kidney measured 6.44 cm. The left kidney measured 5.36 cm.

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 2.24 x 0.8 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.2 x 0.76 cm at the cranial pole and 0.72 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were 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. An intestinal mass was noted in this patient with remodeling and partial obstructive pattern. The mass measured 3.5 x at least 6.5 cm and appears to be distal small intestine. The mesenteric lymph nodes were enlarged, regionally inflamed and hypoechoic. The lymph nodes were somewhat rounded and measured 4.0 x 2.2 cm. This is strongly consistent with local metastasis.

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

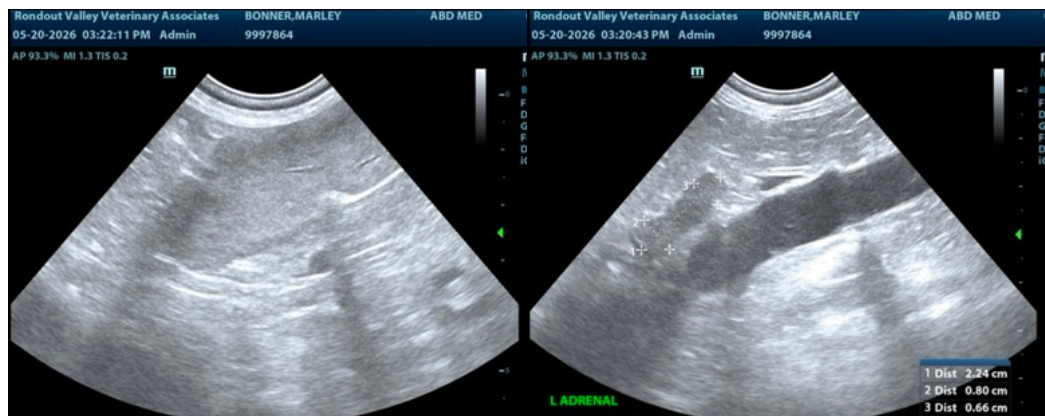
Distal small intestinal mass with regional lymph node spread, potential micrometastasis to the liver.

Minor polypoid bladder changes noted.

Otherwise, age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the mesenteric lymph nodes, intestinal mass and liver are all indicated. Differentials include carcinoma, leiomyosarcoma and less likely round cell neoplasia. If by chance the liver is free of evident pathology then lymph node and intestinal mass removal, resection and anastomosis could be attempted. However, there is a strong concern for metastatic disease depending on the underlying pathology.





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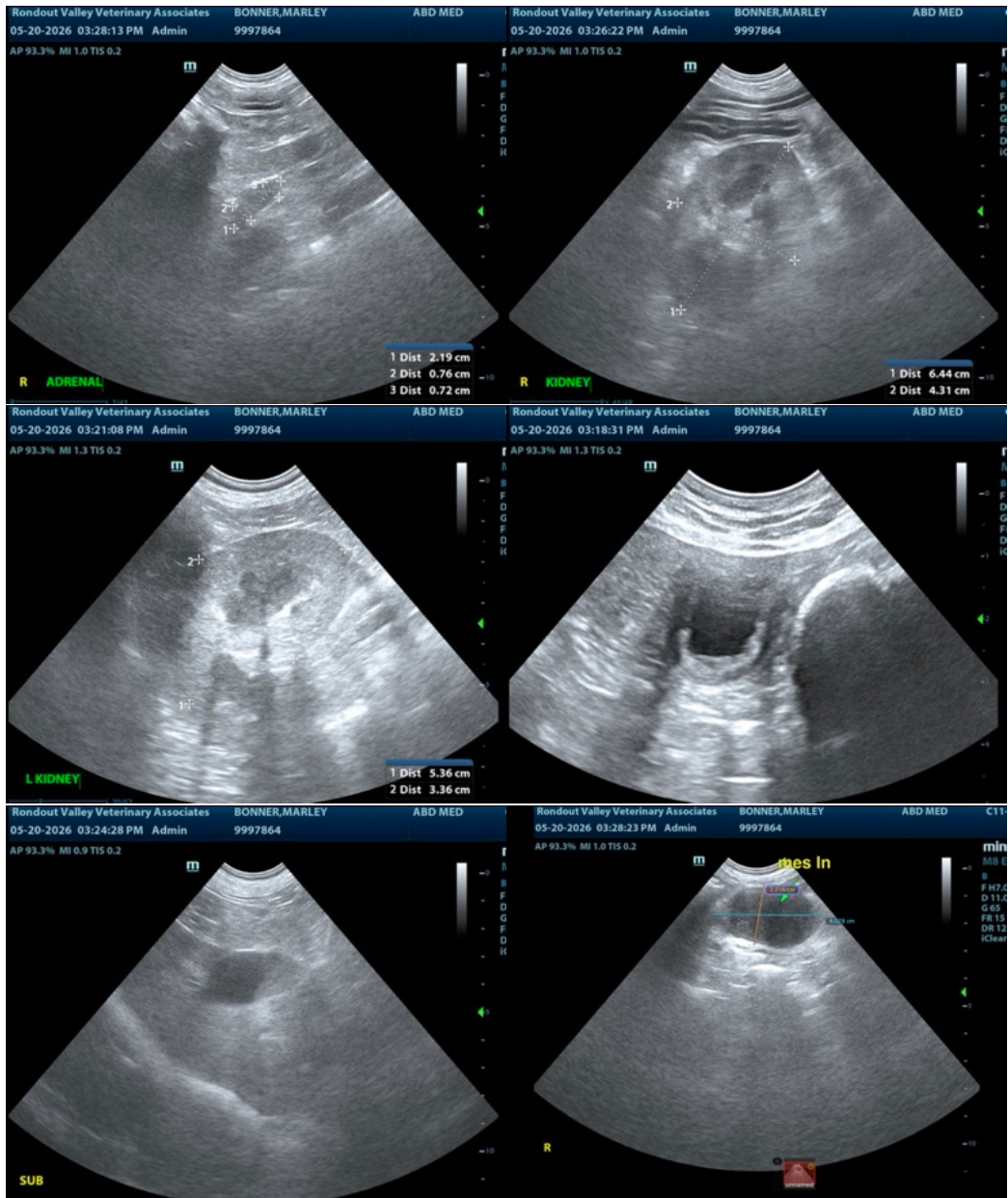
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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