



**PATIENT**

Ellie Lenehan

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

27.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Trudeau

**HOSPITAL NAME**

Petworks VH

**REFERRING VET**

Dr. Trudeau

**INVOICE**

44146

**DATE**

5/3/23

**PRESENTING CLINICAL SIGNS**

History: Recent diarrhea, inappetence, suspect enlarged liver, hx heart murmur, osteoarthritis; has had some episodes of collapse, struggles to eat  
Abnormal PE/Chem/CBC/UA Results: CBC - mild anemia at 36% on April 13th/23 Chem - increased ALP 1502 U/L TT4 - WNL

**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 **right kidney** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.6 cm with slight pinpoint mineralization. The left kidney was not visualized.

**Adrenal Glands**

The **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 measured 0.45 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland was not visualized.

**Spleen**

The **spleen** revealed a moderately complex 8.0-9.0 cm mass with surrounding free fluid. Enhanced surrounding omentum was noted.

**Liver**

The **liver** revealed multi-focal, nodular changes. This may represent micrometastasis. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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***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.

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***Free Abdomen***

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Enhanced, irregular mesentery was noted.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 years

Splenic mass and nodular changes.

Free fluid, likely owing to hemorrhage.

Micronodular hepatic changes, potential metastatic disease.

**WEIGHT**

27.2 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend chest radiographs and rapid echocardiogram to assess for metastatic disease followed by exploratory surgery. However, metastatic disease may render this patient non-resolvable. Expression of the gallbladder is warranted if splenectomy is to be performed.

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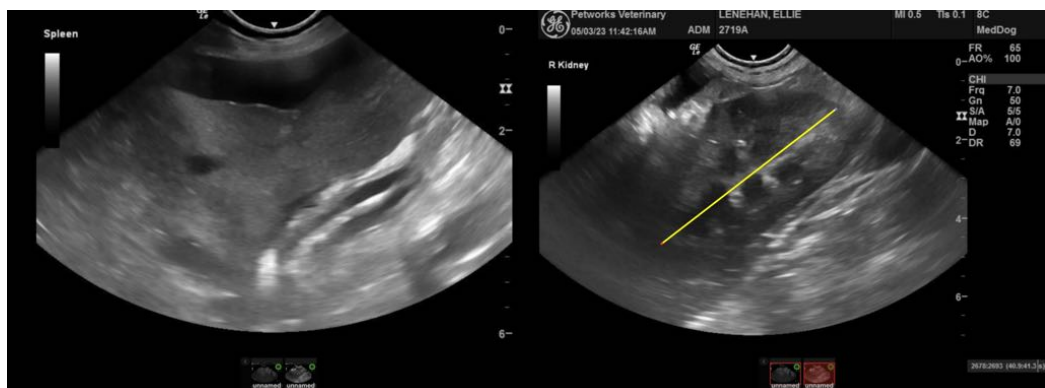
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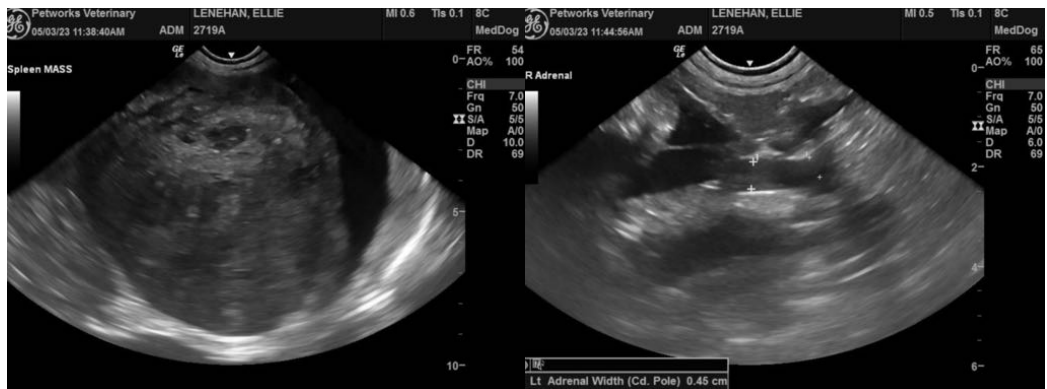
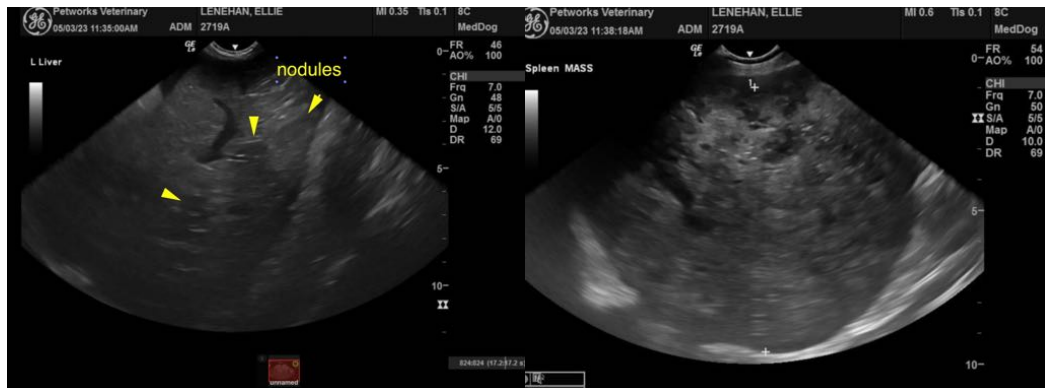
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com