



**PATIENT**

Murphy Simpson

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

89 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Todd

**HOSPITAL NAME**

Lambs Gap AH

**REFERRING VET**

Dr. Campbell

**INVOICE**

91185

**DATE**

8/13/21

**PRESENTING CLINICAL SIGNS**

History: Murphy is a twelve year old, MN, Golden Retriever who was presented on 8/11/21 with a two week history of decreased appetite. On abdominal palpation, his spleen was prominent. There was a possible cardiac arrhythmia ausculted. Bloodwork showed mildly increased neutrophils and monocytes. SDEP Echo position 3 is also included ECG was sent to SonoPath for evaluation also

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 right kidney measured 7.4 cm. The left kidney measured 7.61 cm.

**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 2.25 x 0.54 cm at the cranial pole and 0.63 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** presented multiple, disruptive, coalescing nodules and an overt parenchymal liver mass. The mass is non-resectable. Variable nodular changes occupied the entire liver; however, the primary mass was in the right medial liver. There were areas of cavitation noted. Increased portal markings were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



**PATIENT**

**Gastrointestinal**

Murphy Simpson

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.

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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**

The caudal abdomen revealed an undifferentiated hypoechoic mass that measured 8.0 x 6.0 cm with regional inflammation. The exact origin of the mass is difficult to ascertain, it may be right adrenal origin or lymph node origin. The mass was significantly undifferentiated and extended cranial to the region of the right adrenal gland.

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**Heart**

Rapid view of the heart revealed no evidence of pathology.

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**ULTRASONOGRAPHIC FINDINGS**

- Right medial liver mass with hepatic remodeling elsewhere. There does not appear to be a resectable solution.
- Undifferentiated caudal abdominal mass with metastatic pattern to the liver. The prognosis is poor. There may be a small link to the spleen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the primary mass and liver mass can be considered. The gastrointestinal tract was deviated owing to the mass effects.

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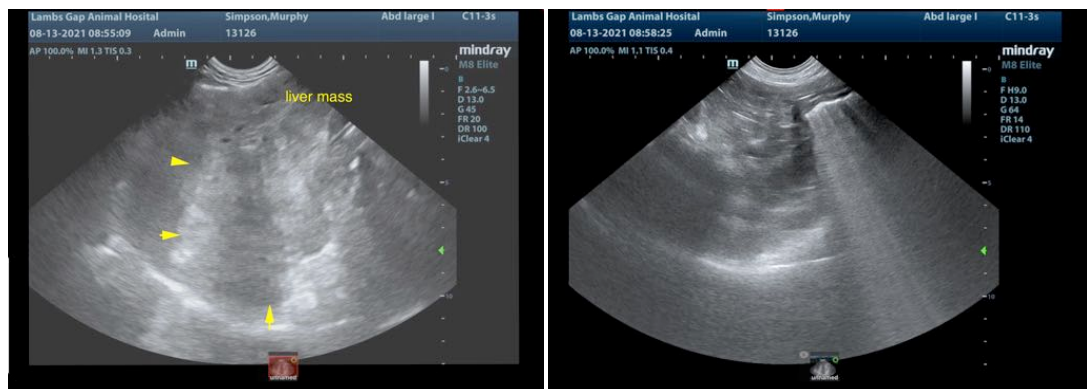
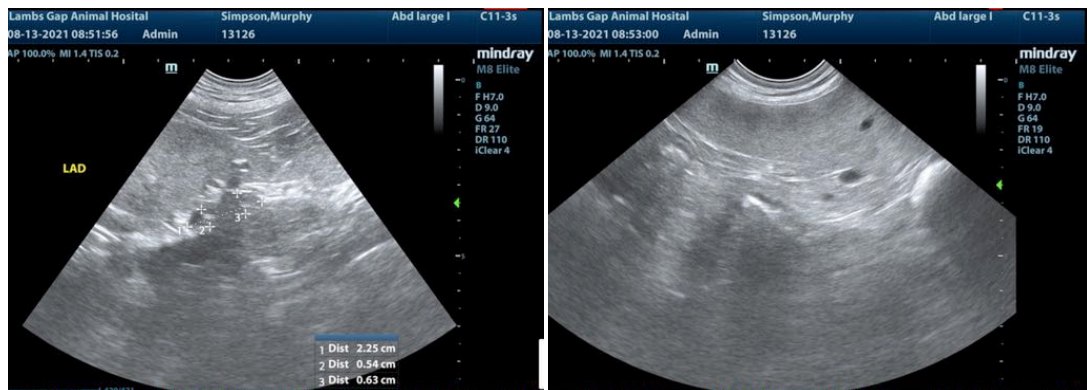
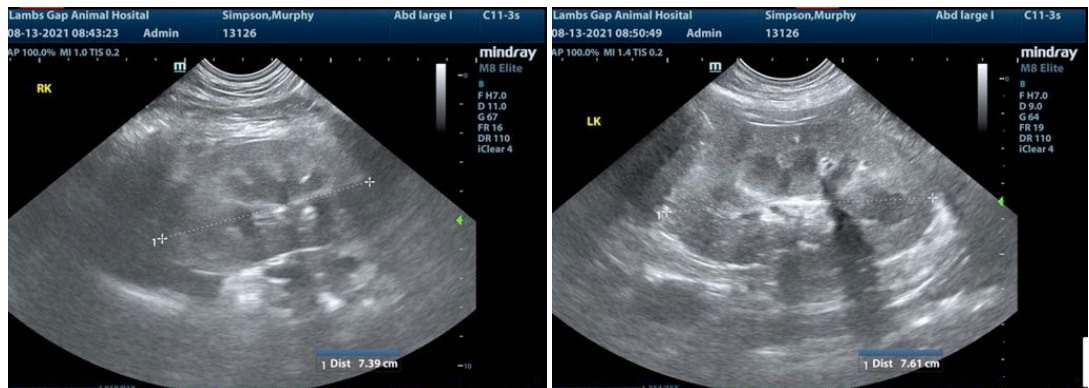
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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