



**PATIENT**

Emmie Ganin

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

77 lbs

**PRESENTING CLINICAL SIGNS**

History: Hematocrit trending downward; occasional dermatitis  
 Abnormal PE/Chem/CBC/UA Results: PE- abd sl pendulous, possible abd mass CBC- HCT 41.1 Low N was 45.9 1 yr ago; RBC 5.86 Was 6.45; Hgb 14.1, was 16.3; retic low 12; CHEM-Idexx- all WNL UA- 1.049; pH 6.5, prot +1, bili +1, epi 2- 3 T4 normal-

**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 3.0 cm beyond the cystourethral junction and appeared normal. 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 were noted. Ureteral papillae were normal.

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 7.13 cm. The left kidney measured 6.58 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**Adrenal Glands**

The left **adrenal gland** was flattened and measured 0.27 cm. The right adrenal gland measured 1.65 x 0.37 cm at the caudal pole and 0.67 cm at the cranial pole.

**IMAGING PERFORMED BY**

Ginny Dodd DVM,  
 DABVP (CFP)

**Spleen**

The **spleen** revealed an expansive, 9.0 cm parenchymal mass noted. Other nodular changes were noted on the spleen. Micronodular changes were noted throughout the spleen in addition to the masses.

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**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**REFERRING VET**

Dr. Schacht

**INVOICE**

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**Gastrointestinal**



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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.

**Heart**

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

**ULTRASONOGRAPHIC FINDINGS**

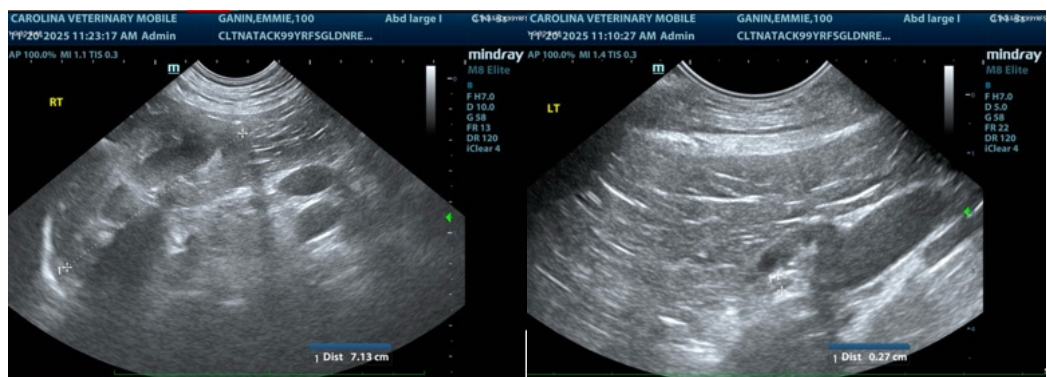
Splenic nodules and masses. Subjectively isolated to the spleen. Differentials include splenic hemangiosarcoma and round cell neoplasia.

Flattened left adrenal gland.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend chest radiographs. If there is no evidence of metastatic disease present, then a splenectomy is indicated. Liver inspection and biopsy are recommended. Alternatively, 25-gauge FNA of the spleen and liver could be considered for staging purposes.

If the patient received cortisol this would explain flattened adrenal glands. However, underlying Addison's should be ruled out with baseline cortisol or ACTH stimulation as well prior to surgery.





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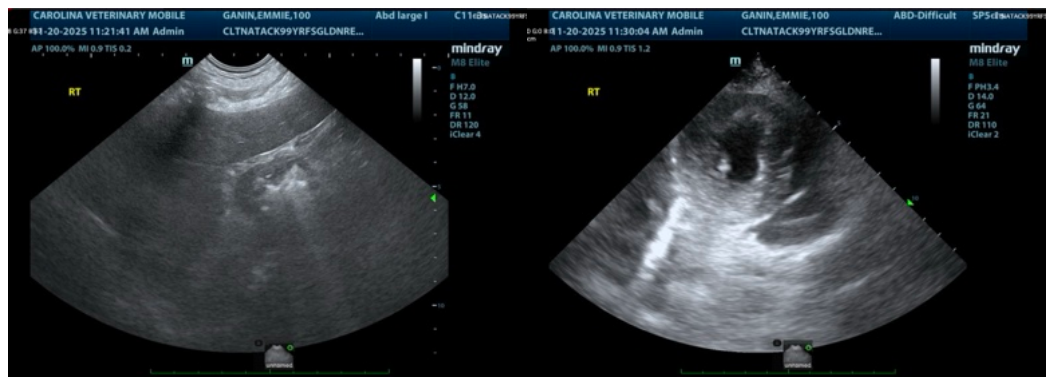
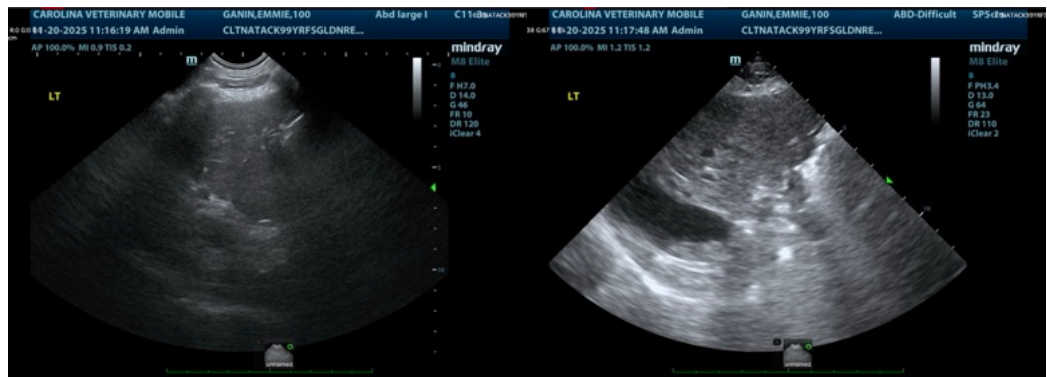
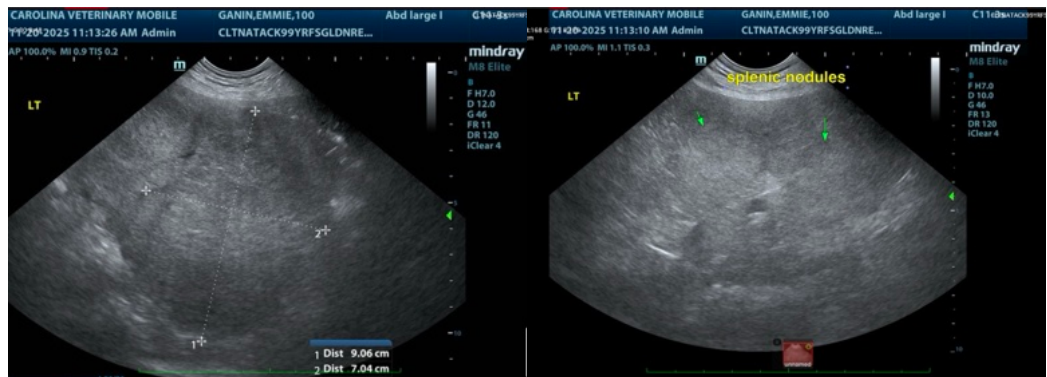
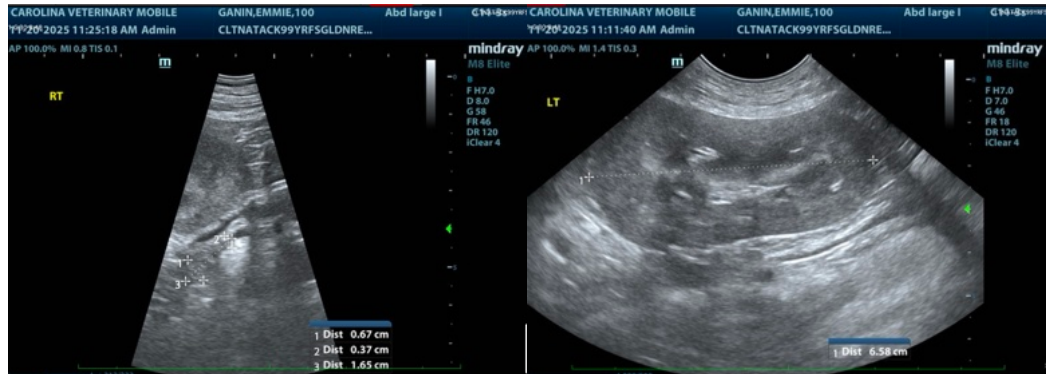
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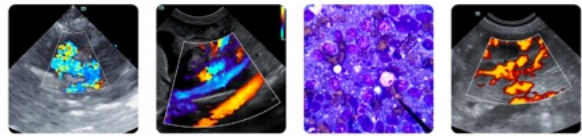
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**

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