



PATIENT

Eli Miller

SPECIES

Canine

BREED

Golden Doodle

SEX

AGE

12 years

WEIGHT

48 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

70373

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Mass in chest
- Vomiting, weight loss
- Radiograph show gas in stomach and intestines, no dilation. Radiologist confirms no foreign body. Mass cranial right chest = possible lung or mediastinum
- Albumin = 2.2 Glob = 3.9

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 **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 5.5 cm. The left kidney measured 6.76 cm.

The **prostate** was enlarged and mineralized measuring 1.9 cm with hypoechoic, mineralized nodular changes. The post prostatic urethra was unremarkable.

Adrenal Glands

The right **adrenal** gland was enlarged, hypoechoic and irregular measuring 3.15 x 2.13 cm at the cranial pole and 1.18 cm at the caudal pole. The left adrenal gland was enlarged and measured 3.22 x 0.98 cm at the caudal pole and 0.64 cm at the cranial pole.

Spleen

The **spleen** revealed focal, hypoechoic nodule measuring 0.64 cm in the mid body.

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.



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Gastrointestinal

An undifferentiated **gastric** mass was noted with tissue proliferation of 2.0 cm wide x 8.0 cm long of concentric gastric wall thickening with secondary stasis, enhanced omentum and free fluid. Carcinomatosis or lymphomatosis type presentation.

Pancreas

The gastric mass appeared to extend into the region of the pancreas with secondary inflammation and/or direct contiguous spread.

Free Abdomen

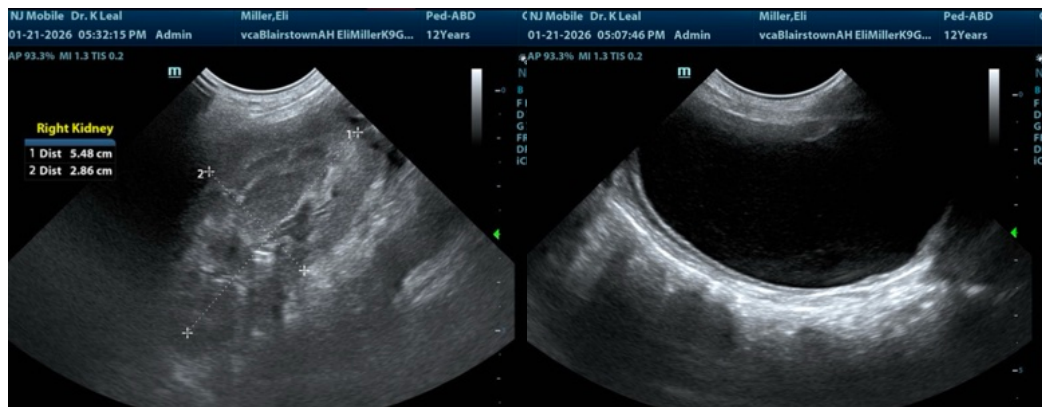
Free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Mineralized, irregular nodular prostate. Strong concern for prostatic carcinoma.
- Gastric mass with potential pancreatic involvement.
- Splenic nodules.
- Free fluid.
- Bilateral adrenal hypertrophy. Likely hyperplasia, potential for carcinoma or pheochromocytoma in either adrenal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple sites of neoplasia. FNA of the prostate and gastric wall are indicated as well as the reported thoracic mass if accessible and oncological intervention.





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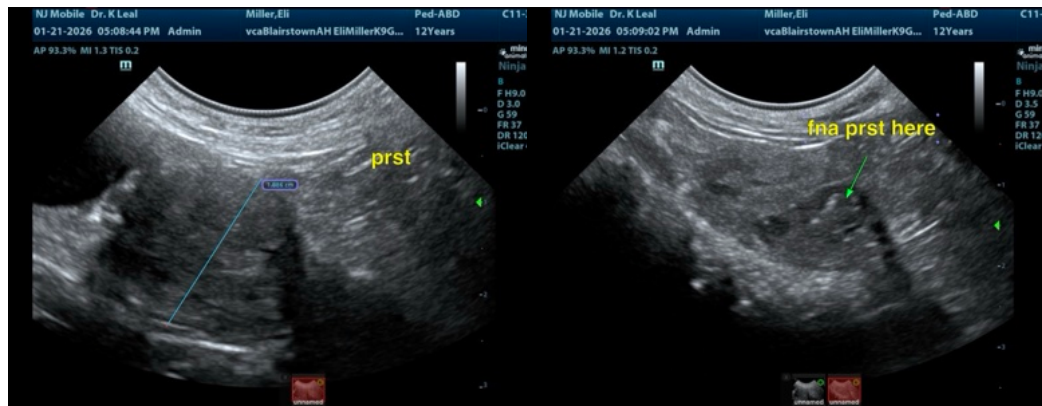
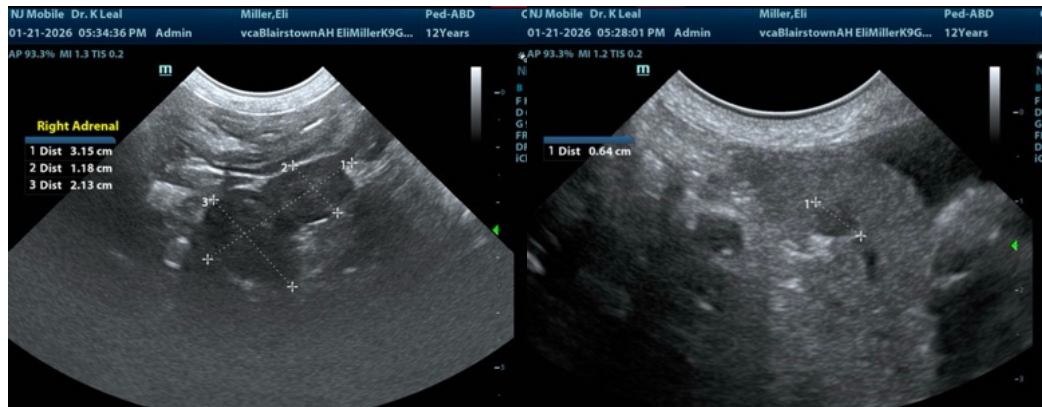
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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