



**PATIENT**

Bacon Rubino

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

28.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP (CFM), Cert.  
 IVUSS, CEO of  
 SonoPath.com

**IMAGING PERFORMED BY**

Chloe Lowe

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Brundage

**INVOICE**

71501

**DATE**

2/11/26

**PRESENTING CLINICAL SIGNS**

- Jaundice and elevated liver enzymes, bilirubinuria, lethargy. Severe elevation of liver enzymes (after normal 12125)
- ALT 486, ALP > 2000, GGT 68, Bilirubin total 18.9, cholesterol 484 Negative leptospirosis snap test U/a: 1+protein, 3+ bilirubin, 11-20 amorphous phosphate crystals USG: 1.021

**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 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 left kidney measured 4.4 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The **left adrenal gland** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.37 x 0.91 cm at the cranial pole and 0.73 cm at the caudal pole.

The **right adrenal gland** was normal in size and contour measuring 2.52 x 0.64 cm at the caudal pole and 0.61 cm at the cranial pole.

**Spleen**

The **spleen** revealed an isoechoic, 1.5 cm nodule deriving from the caudal pole.

**Liver**

The **liver** was swollen with hypoechoic parenchyma and increased portal markings. Pericapsular inflammatory pattern was noted. Regional inflammation was noted throughout the portal hilus extending into the right pancreatic limb. The gallbladder presented inspissated bile and thickened wall without over distension. The common bile duct was thickened, yet normal in width at 0.4 cm.



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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. 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.

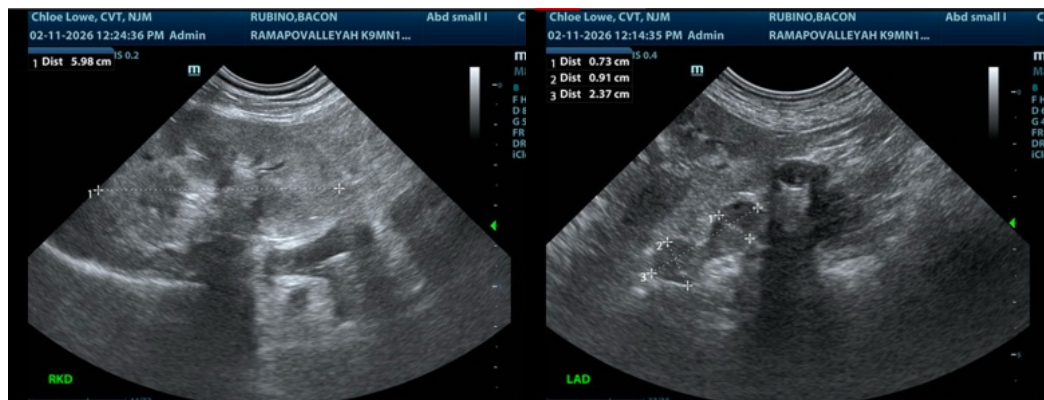
**ULTRASONOGRAPHIC FINDINGS**

Splenic nodule. Differentials include emerging round cell neoplasia, hemangiosarcoma or hyperplasia less likely.

Cholangiohepatitis liver pattern, chronic.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are indicated. Ultrasound-guided 25-gauge FNA of the splenic nodule and 22-gauge FNA of the liver is indicated. The prognosis is guarded. Emerging round cell neoplasia is also possible depending upon cytology results.





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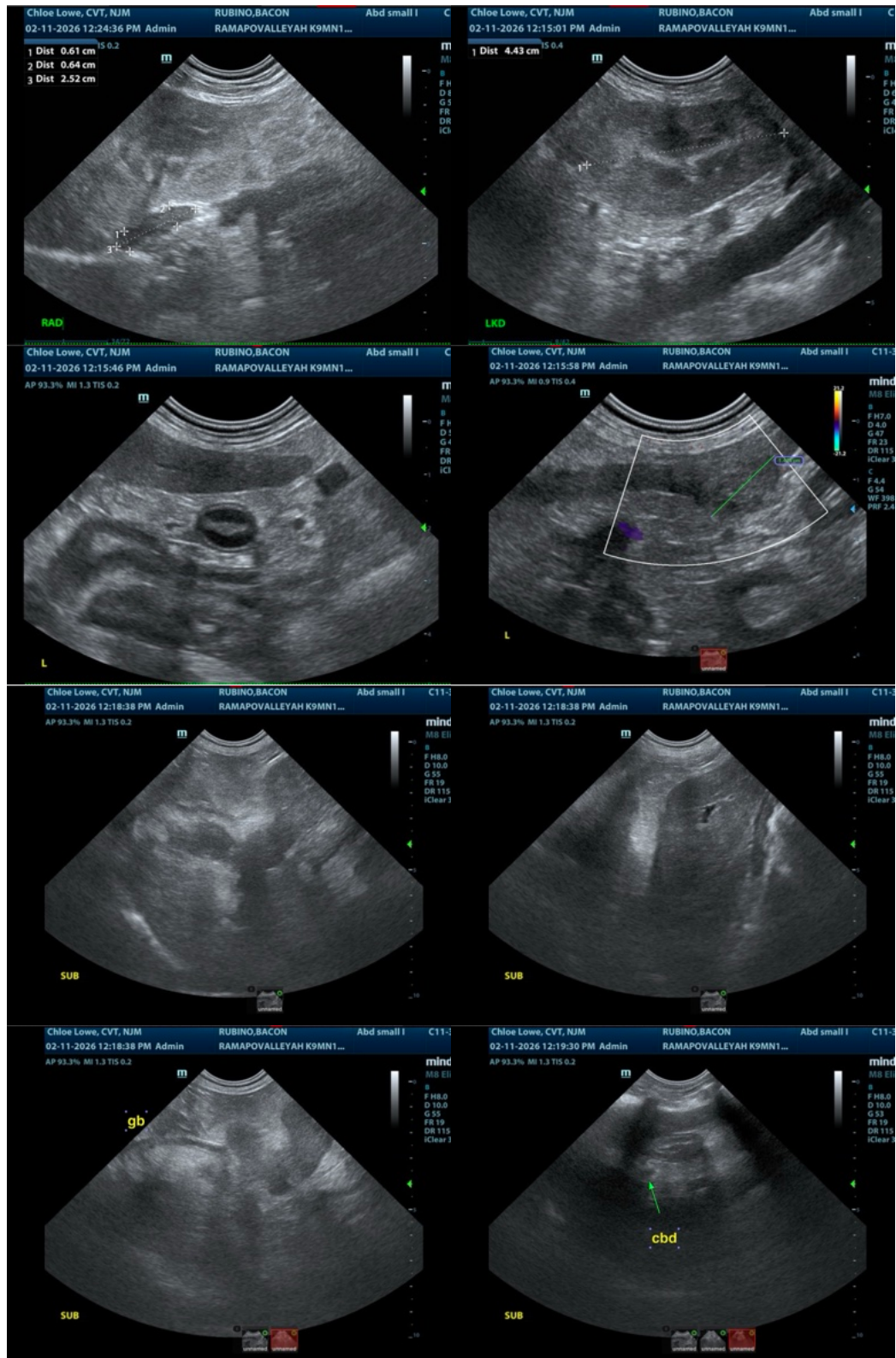
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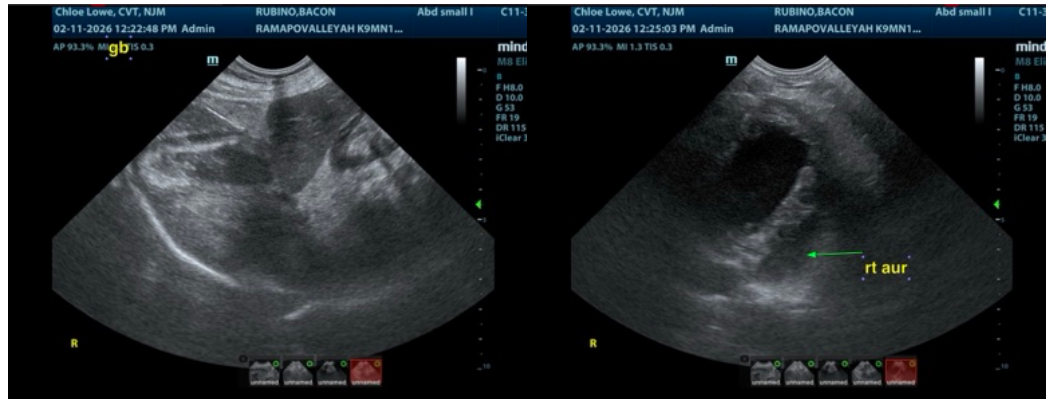
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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