

## PATIENT

Shiloh Taylor

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered male

## AGE

6 years

## WEIGHT

71.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Morse, LVT,  
CVT

## HOSPITAL NAME

North Jersey AH

## REFERRING VET

Dr. Chiu

## INVOICE

71569

## DATE

2/12/26

## PRESENTING CLINICAL SIGNS

- Sudden drop in ALB and CHOL
- Hx of MCT
- Hx of PU/PD, weight loss
- Current meds: Diphenhydramine and omeprazole
- BUN 7, ALB 2.3, Chol 184

## 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 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 left kidney measured 7.35 cm. The right kidney measured 6.85 cm.

The residual prostate revealed minor mineralization. The prostate measured 1.1 cm. the post prostatic urethra was unremarkable.

### *Adrenal Glands*

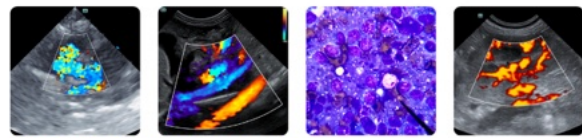
The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 3.05 cm x 1.3 cm at the cranial pole and 0.77 cm at the caudal pole. The left adrenal gland measured 2.33 cm x 0.86 cm at the cranial pole and 0.55 cm at the caudal pole.

### *Spleen*

The **spleen** revealed multi-focal, hypoechoic nodules were noted with a honeycomb type pattern with swollen contour. The spleen was folded upon itself cranially and caudally.

### *Liver*

The **liver** was mildly swollen with slight coarse echotexture. The gallbladder and common bile duct were unremarkable.



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**Gastrointestinal**

The **stomach** was mildly thickened with pyloric hypertrophy and some retention of ingesta. The small intestine was spastic.

**Pancreas**

The right **pancreatic** limb revealed minor heterogenous parenchymal changes.

**Heart**

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

**ULTRASONOGRAPHIC FINDINGS**

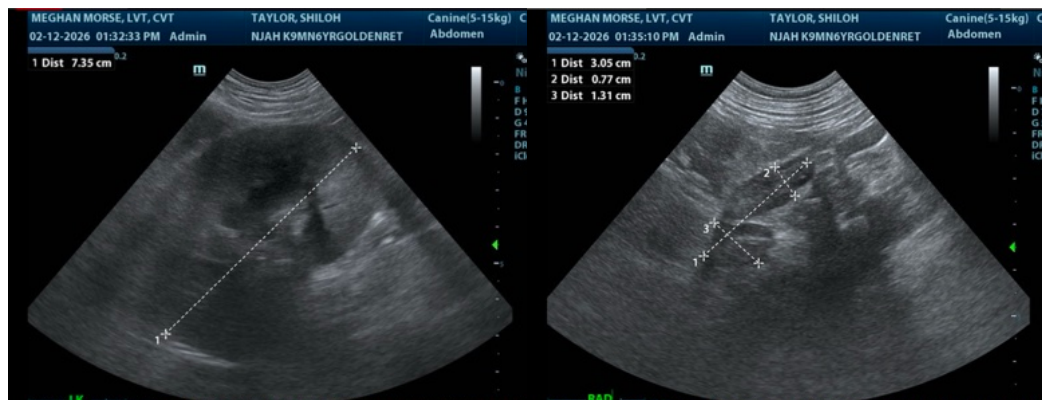
Infiltrated spleen. Strong concern for neoplasia.

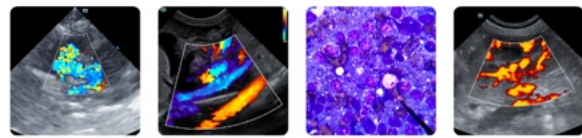
Concurrent gastroduodenitis, possible low-grade pancreatitis.

Bilateral adrenal hypertrophy, incidental finding. This may be related to emerging PDH.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the splenic presentation occult disease may be present in the liver. Ultrasound-guided FNA of the spleen was performed without complication and was imaged 5 minutes post sampling. There was no evidence of pathology. The prognosis is guarded.





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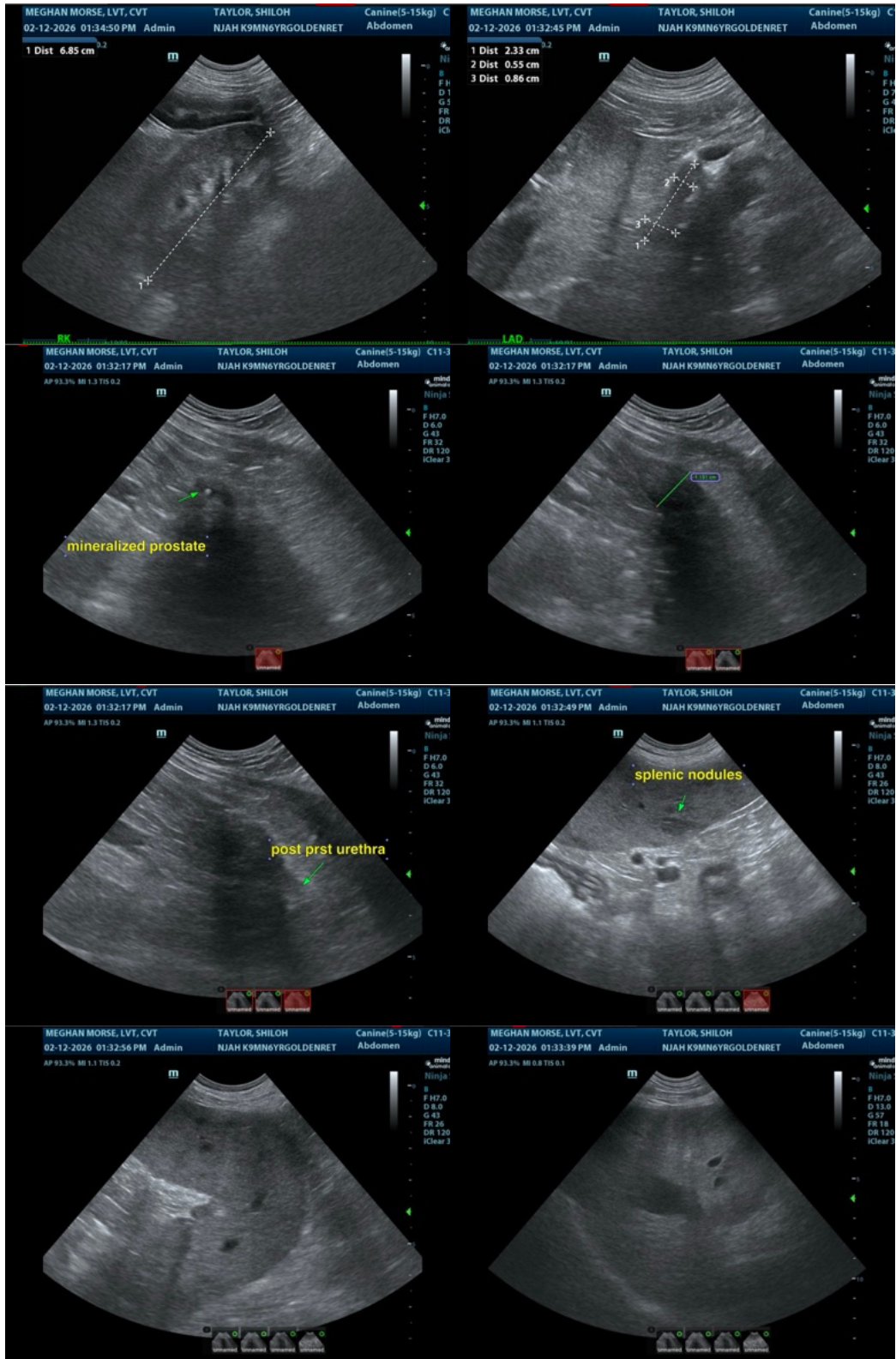
Dr. Chiu

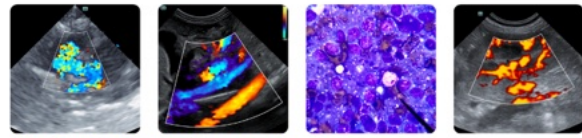
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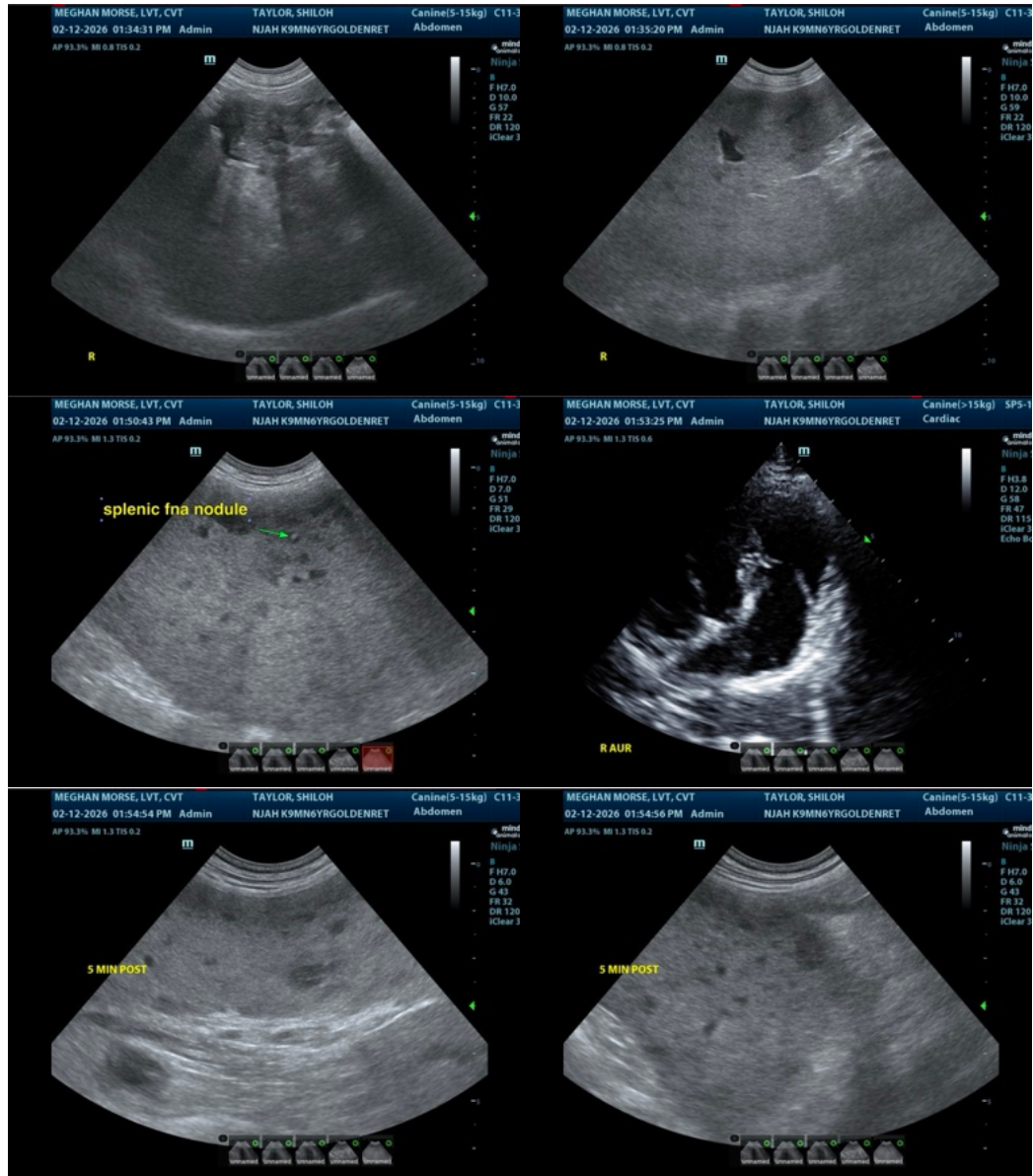
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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