



PATIENT

Dover Hof

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

7 years

WEIGHT

114 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Cummings VH

REFERRING VET

Dr. Cummings

INVOICE

72169

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Tachycardia, HR 214, Cardiomegaly
- Elevated ALT, spec CPL
- Collapsed this morning when outside to defecate and urinate
- Vomited food from last feeding 6pm
- Maropitant and Ampicillin started this am. Dasuquin Advanced, Sentinel and Simparica
- ALT-1533 U/L (H 125); Pancreatic lipase-428 U/L (H 200); T4 <0.5; Monos- 1.5 (H 1.12); WBC-24k; Neuts- 20,800

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 left and right kidney measured 6.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

Spleen

The **spleen** revealed a mixed, hypoechoic, expansive mass that measured 5.5 x 3.5 cm with enhanced surrounding mesentery. Regional omental involvement is noted. Extension of the splenic pathology into the omentum is likely.

Liver

The **liver** revealed hepatic vein dilation, passive congestion pattern and minor heterogenous parenchymal changes. Multiple, other nodular changes were noted with target appearance and capsular expansion. This is consistent with multi-centric process. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Enhanced mesentery was noted. The mesenteric lymph nodes were also enlarged and reactive.

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.

Free Abdomen

A moderate amount of ascites was noted.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated volume contracted **left heart**. The **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right auricle** was collapsed. A **right auricular** mass was also noted measuring 2.5 x 3.1 cm. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). A moderate amount of **pericardial** effusion was noted.



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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	1.0	NM	25	NM	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	130	NM	NM	114 lbs	2.2	1.0	-

ULTRASONOGRAPHIC FINDINGS

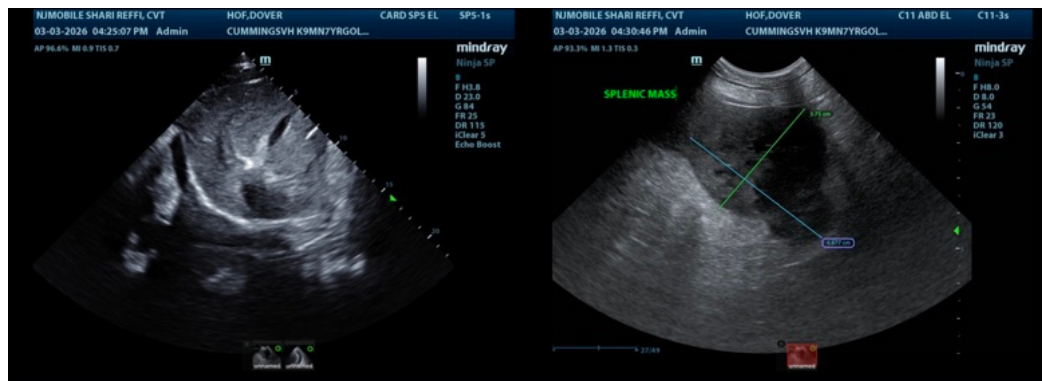
Passive congestion liver pattern and heterogenous parenchymal pattern.

Multi-centric hemangiosarcoma pattern involving the spleen, omentum and right auricle.

Secondary gastroenteritis with reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate chemotherapeutic intervention is necessary in this patient. Given the extent of the splenic pathology micrometasis may be an issue.





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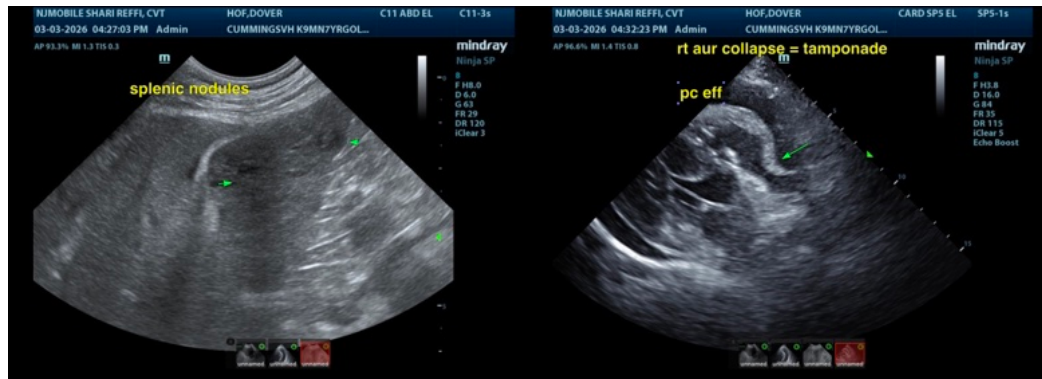
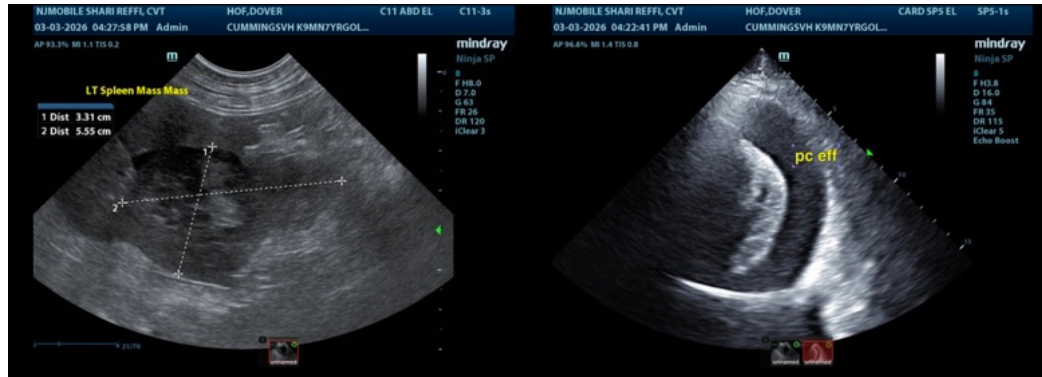
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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