



**PATIENT**

Magic Minahan

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

75.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Riverdale Integrative  
VC

**REFERRING VET**

Dr. Hirsch

**INVOICE**

46578

**DATE**

8/14/23

**PRESENTING CLINICAL SIGNS**

History: Continued monitoring patient diagnosed w/hemangiosarcoma on amputated forelimb, us done at crown that found masses on spleen and liver - last us sonopath 5/16/23 current meds: Supplements + herbs

**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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measures 6.0 cm. The right kidney measured 6.55 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.51 x 0.89 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 2.83 x 1.6 cm at the cranial pole and 0.62 cm at the caudal pole.

**Spleen**

The **spleen** revealed a focal, hypoechoic, newly developed nodule that measures 0.84 cm. The spleen revealed a newly developed, mixed, hypoechoic, cystic mass that measured approximately 3.0 cm. The mass was moderately vascular.

**Liver**

The **liver** revealed similar changes to the prior sonogram with minor, coarse architecture and occasional nodular change. However, cystic nodules were noted in the left cranial liver. The nodules were newly developed and measured up to 1.5 cm. The nodules are more progressive than the prior sonogram. 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**

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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.

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**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.

**ULTRASONOGRAPHIC FINDINGS**

Splenic mass and nodule, strongly consistent with hemangiosarcoma.

Newly developed nodular changes in the liver, strong concern for metastatic disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs are recommended to assess for metastatic disease followed by direct exploratory surgery with the objective of splenectomy and focus and biopsy of the left cranial liver particularly. The prognosis is extremely guarded. I recommend rapid intervention in this patient.

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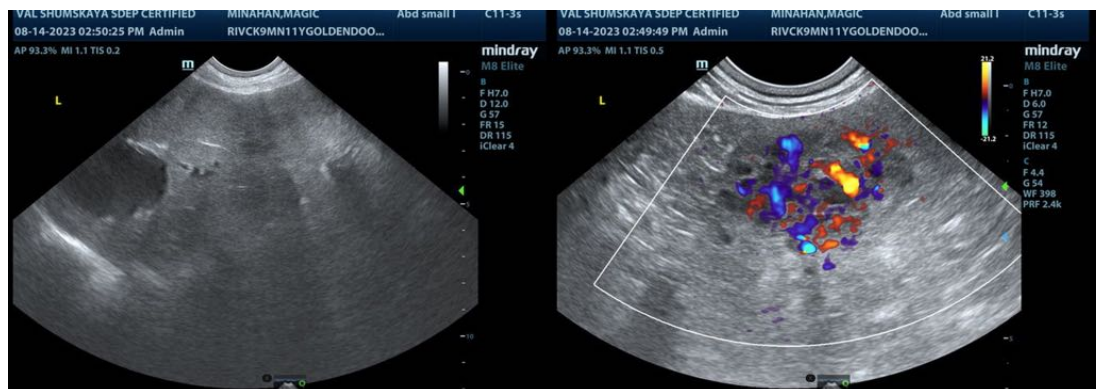
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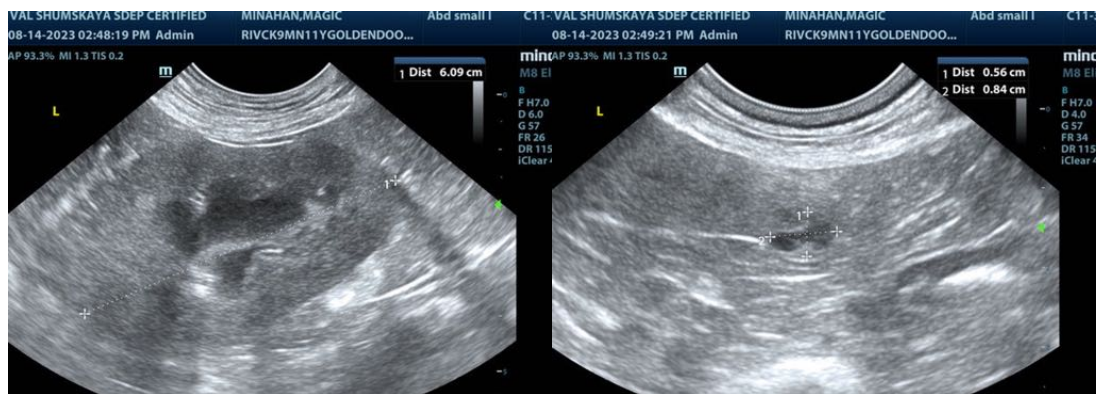
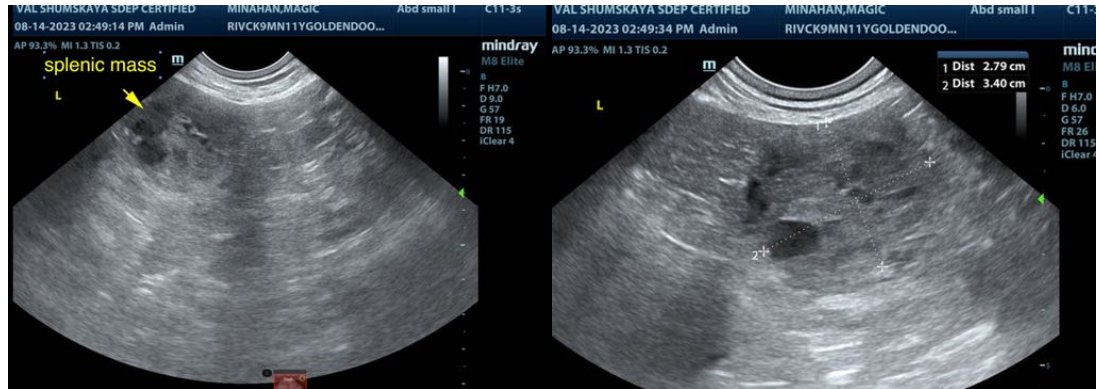
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

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