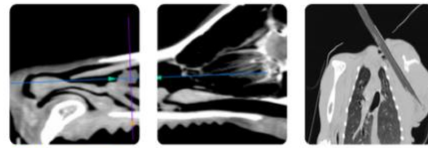


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Cooper Kohli

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

57.1 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region EC

REFERRING VET

Dr. Vercaigne

INVOICE

36845

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Presented yesterday for weakness, reduced mobility, PE revealed normal vital signs, OA/DJD noted, normal neuro exam, generalized weakness. Sent with Meloxicam. Overnight Cooper initially improved and then worsened, he is non ambulatory today, not eating. PE today revealed pale pink MM with normal CRT, Obese body condition, panting, tachycardic, normotensive, pendulous painful abdomen. History of hypertension on long term amlodipine and benazepril, 3 weeks ago underwent GA and multiple lump removals (normal recovery and normal BW). When shaved today for US noted bruising.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was unremarkable. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed nodular cortices. The left kidney measured 6.33 cm. The right kidney measured 7.54 cm. The kidneys were deviated by the caudal abdominal mass. **See Free Abdomen section.

Adrenal Glands

**See Free Abdomen and Findings section.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen was folded upon itself.

Liver

The cranial abdomen was largely unremarkable with fairly normal **liver** and uniform parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

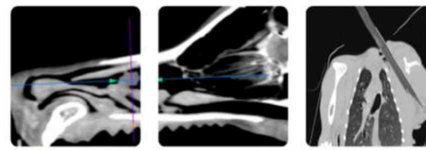
The upper **gastrointestinal tract** and colon were unremarkable.

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 large undifferentiated mixed hypoechoic parenchymal **mass** was noted, measuring 8.0 cm, in the mid caudal abdomen, cranial to the urinary bladder. A moderate amount of free fluid was noted. Omental adhesions were noted around the mass. Retroperitoneal fluid was noted from the caudal pole of the



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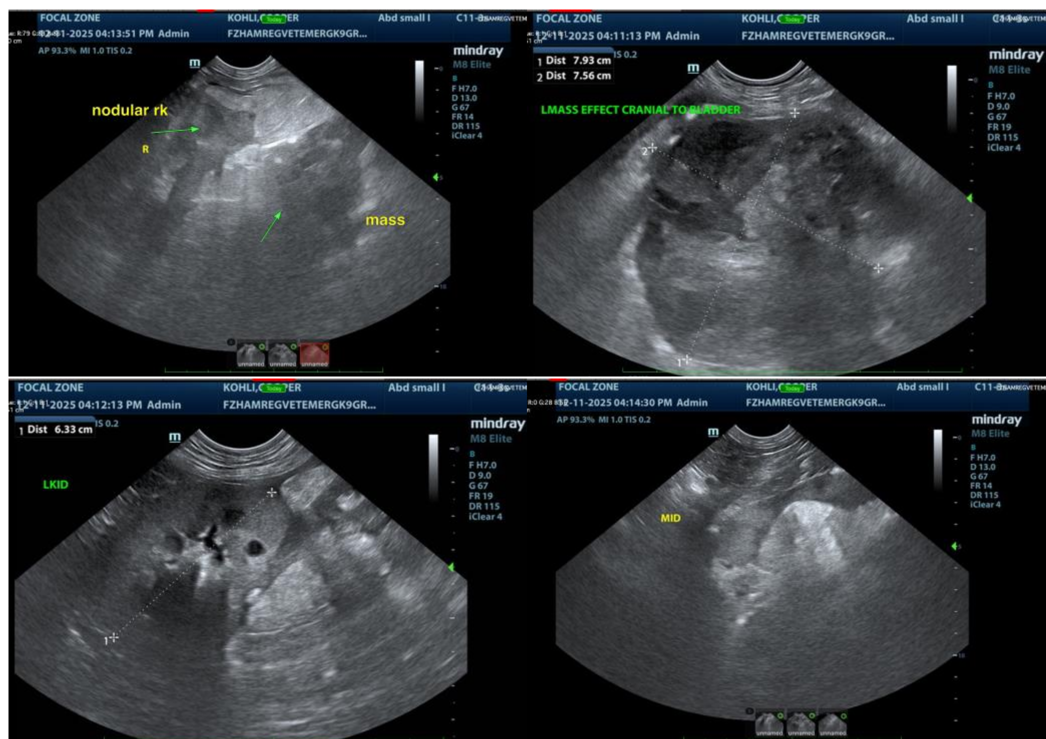
left kidney in the sublumbar space, reaching the mass, suggestive for extension of the neoplastic process enveloping the retroperitoneal space. The cranial abdomen was largely unremarkable.

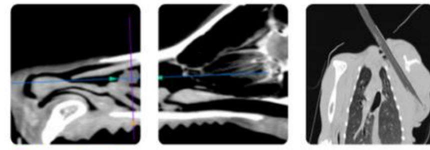
ULTRASONOGRAPHIC FINDINGS

- Undifferentiated caudal abdominal mass involving the retroperitoneal/sublumbar space, and adhesions to both kidneys with right renal involvement. The exact origin of the mass is unclear. My suspicion is that this is adrenal in origin, likely invading the vena cava and occupying the sublumbar space, however, CT would be necessary for further definition.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA could be considered for further definition. CT could be utilized for further definition. However, prognosis is poor, unless chemo-reducible. Sarcoma or pheochromocytoma are primary concerns. Chest radiographs and echocardiogram are ideal to assess for metastatic disease. This does not appear to be surgical given the invasion into regional tissues.





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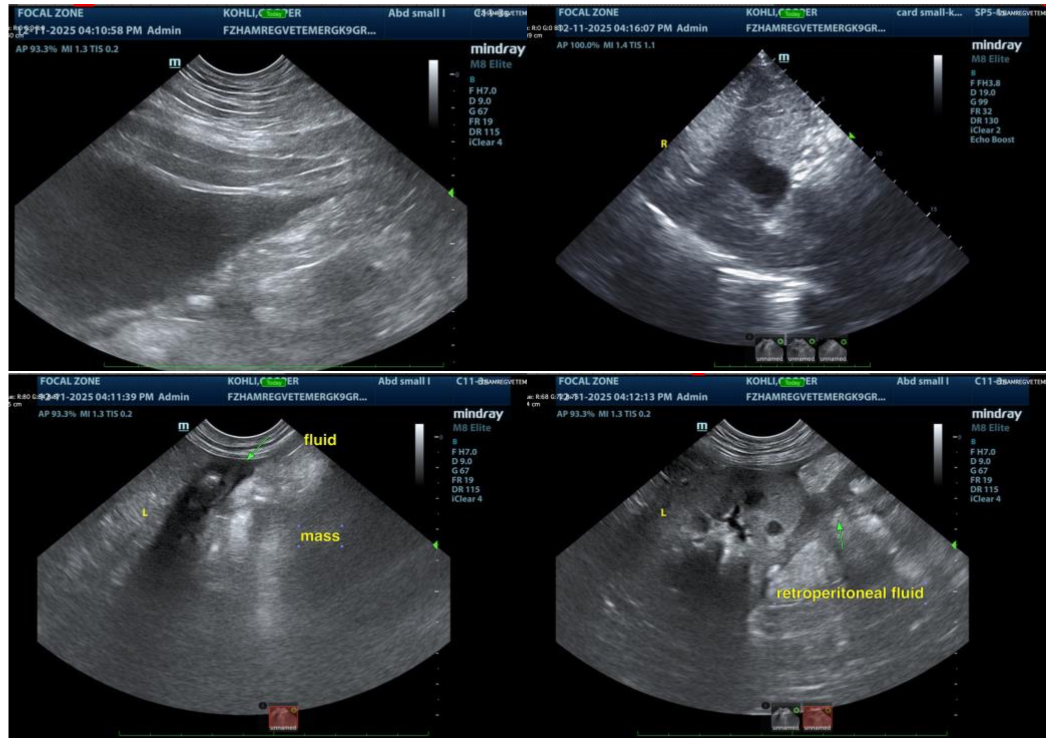

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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