



## PATIENT

Jupiter Gilmartin

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered male

## AGE

9 years

## WEIGHT

93 lbs

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Grace Jayne, CVT

## HOSPITAL NAME

Ark Animal Homecare

## REFERRING VET

Dr. Donovan

## INVOICE

71160

## DATE

2/3/26

## PRESENTING CLINICAL SIGNS

- Decreased appetite for approximately 3-4 days
- Vomited once a few days ago
- RBC 3.81 Hematocrit 26.3 Hemoglobin 8.4 MCH 22.0 MCHC 31.9 RDW 19.4 Reticulocyte Hemoglobin 21.7 Monocytes 0.886 Albumin 2.4 Cholesterol 76 Total T4 0.7 MM pale pink

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 6.31 cm and the right kidney was 6.34 cm in length.

### 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 acceptable. The left adrenal gland was 3.07 cm by 0.53 cm by 0.8 cm and the right adrenal gland was 2.1 cm by 0.59 cm by 0.47 cm in size.

### Spleen

The **spleen** had a dramatically abnormal appearance with generalized splenomegaly. The parenchyma had a heterogenous appearance with too numerous to count, varying sized, hypoechoic nodules throughout. The splenic capsule was mildly irregular in its contour.

### Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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**Gastrointestinal**

The **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. There were several images in this study showing a thickened intestinal wall with a width of 2.18 cm. It was unclear as to which region of bowel was represented, but likely jejunum. There were no enlarged mesenteric lymph nodes in the images provided and no free abdominal effusion.

**Pancreas**

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

**Heart**

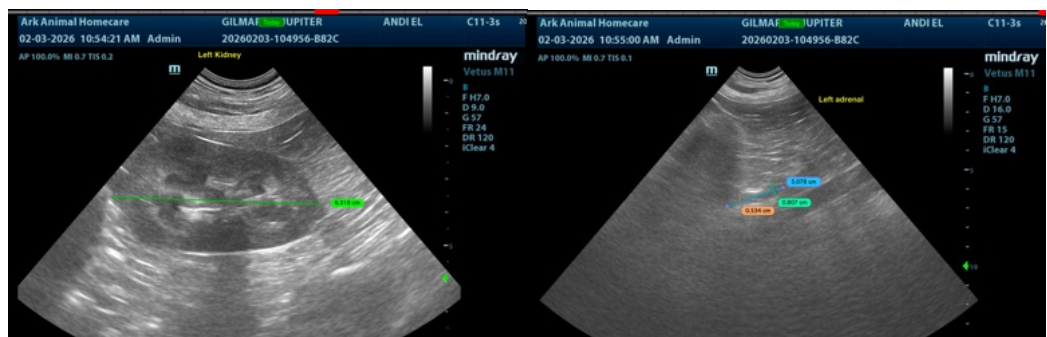
Rapid view of the heart revealed no evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

Splenomegaly with an abnormal heterogenous nodular appearance throughout the splenic parenchyma.  
Hypoechoic and thickened region of intestinal wall.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is concern for an underlying neoplastic pattern based upon the nodular appearance of the spleen as well as the abnormal thickened portion of intestinal wall. It is recommended to obtain three view thoracic radiographs as further screening and to ensure that there is normal platelet count on a current CBC. Clotting times with a PT and PTT are also recommended prior to electing any sampling. A FNA of the spleen and abnormal thickened region of intestinal wall are recommended in order to have a cytologic diagnosis to lead appropriate therapy and prognosis.





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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

[info@SonoPath.com](mailto:info@SonoPath.com)