



PATIENT

Alala Shanahan

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed female

AGE

10 years

WEIGHT

63.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

MEW

HOSPITAL NAME

Weddington AH

REFERRING VET

Dr. Walker

INVOICE

69994

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: 10 yo FS Belgian malinois presented 1/7/25 for hematuria. O's groomer noticed P dribbling bloody urine. P otherwise asymptomatic at home except drinking more water. PE unremarkable except for small hot spot on LF carpus (started on entederm cream). P started on carprofen on 1/9/25 and presented for rads/sedated AUS today (sedated with telazol IV and maintained on flowby isofluorane. Abnormal PE/Chem/CBC/UA Results: (1/8/25): CBC/Chem/T4: WNL (1/8/25): U/A: 1.020 USG, 2+ blood (4-10 rbc), 4-10 squamous epithelial cells

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 2.0 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 **uterine** stump was mildly heterogenous and measured 0.9 cm. If there are no clinical signs of residual heat, then this is likely a normal variant.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The renal cortices had multi-focal areas of mineralization. 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 5.5 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.84 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland was not visualized.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

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.

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

Nodular hyperplasia splenic pattern.

Thickened uterine stump, yet no overt ovarian remnants.

Mineralized renal cortices and spleen, possibly owing to underlying endocrinopathy or normal age related variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is warranted to ensure a more significant disease is not present. If any heat signs are present then further imaging of the ovarian fossa is warranted. The urinary tract itself appeared unremarkable, however, assessment for potential blood owing to uterine stump disease is possible. Vaginal examination is indicated. If adrenal disease is suspected then further imaging of the right adrenal gland under sedation would be appropriate given the lack of acoustic penetration in this region.



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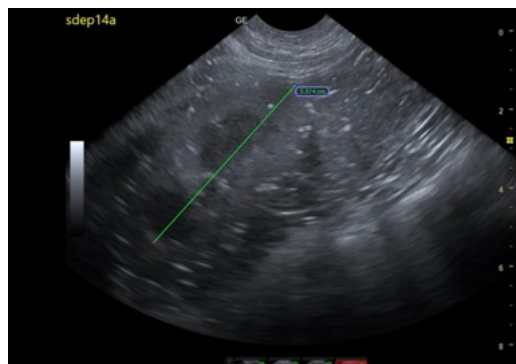
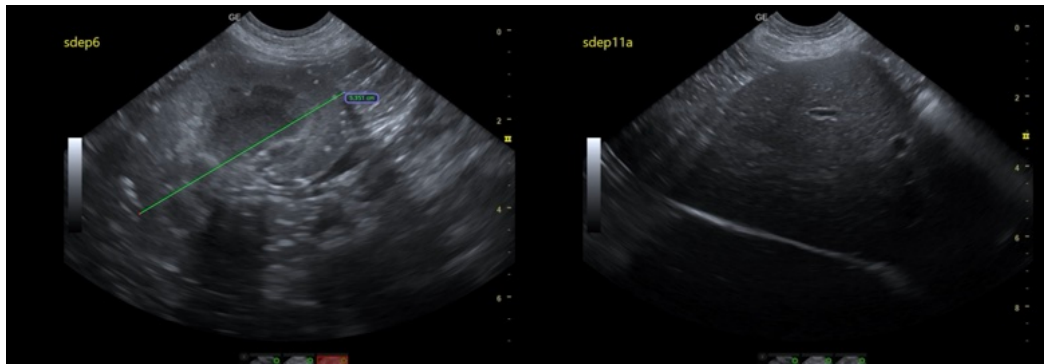
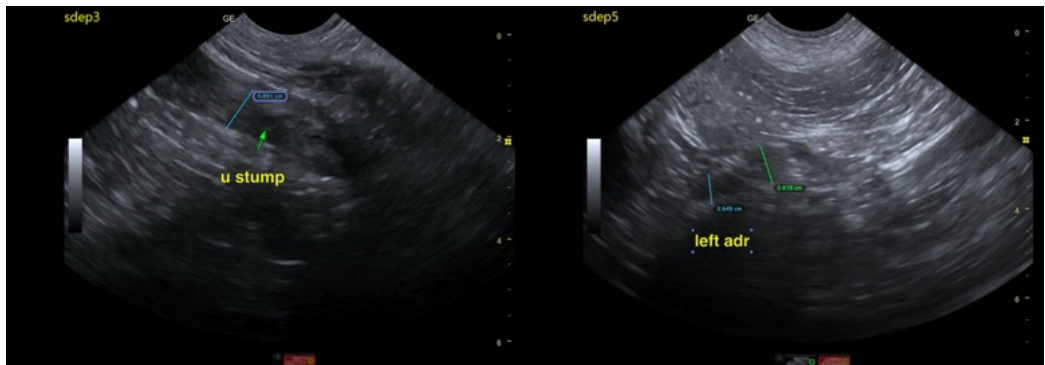
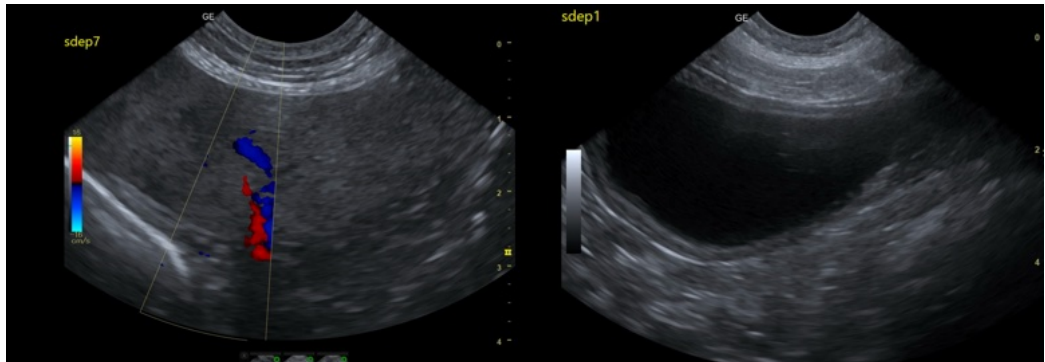
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The information and recommendations provided are based on the images presented by the



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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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com