



PATIENT

Max Labo

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

28 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUS

IMAGING PERFORMED BY

Dr. Hayley Gaynor

HOSPITAL NAME

Lambertville VC

REFERRING VET

Dr. Gabe Coleman

INVOICE

35556

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- O noted loos stool on 1/20/25 and distended abdomen
- History of chronic , intermittent vomiting and diarrhea
- Previous ultrasound to Sonopath 1/6/25
- No change with Visbiome and Maropitant started 1/22/26

Abnormal PE/Chem/CBC/UA Results: PE 1/22/26: Tense on abd. palpation Radiograph 1/22/15: Concerning for mass effect in cranial abdomen displacing stomach Chem 1/22/25: ALT 139 U/L (10-125) UA: proteinuria, mild bilirubinuria.

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 were 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 minor 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 6.86 cm. Slight pinpoint mineralizations were noted. The left kidney measured 6.86 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 2.6 cm x 0.49 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

Cranial folding of the **spleen** was noted, superimposing upon the liver. The folded spleen is likely creating the mass effect on radiographs. However, the caudal pole of the spleen revealed a 2.7 cm, non-cavitated nodular mass.

Liver

Exam of the cranial abdomen demonstrated generalized **hepatomegaly**, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The gallbladder was largely unremarkable with a minor amount of dependent debris. This is expected for this type of presentation. There was no overt pathology.

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.

Pancreas

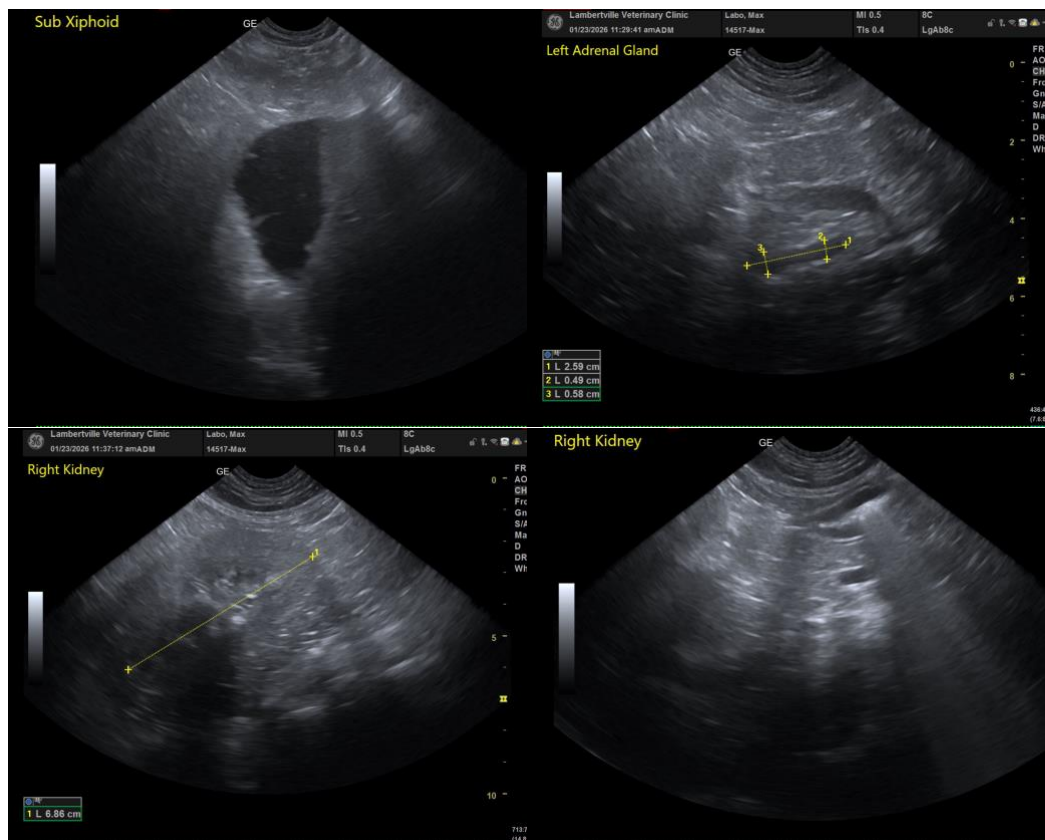
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Folded spleen was likely creating a mass effect on the radiographs, however, the 2.7 cm mass at the caudal pole of the spleen is concerning.
- Hepatopathy pattern
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Proactive splenectomy is recommended. Chest radiographs and rapid echocardiogram to assess for metastatic disease re indicated, particularly focusing on the right auricle.





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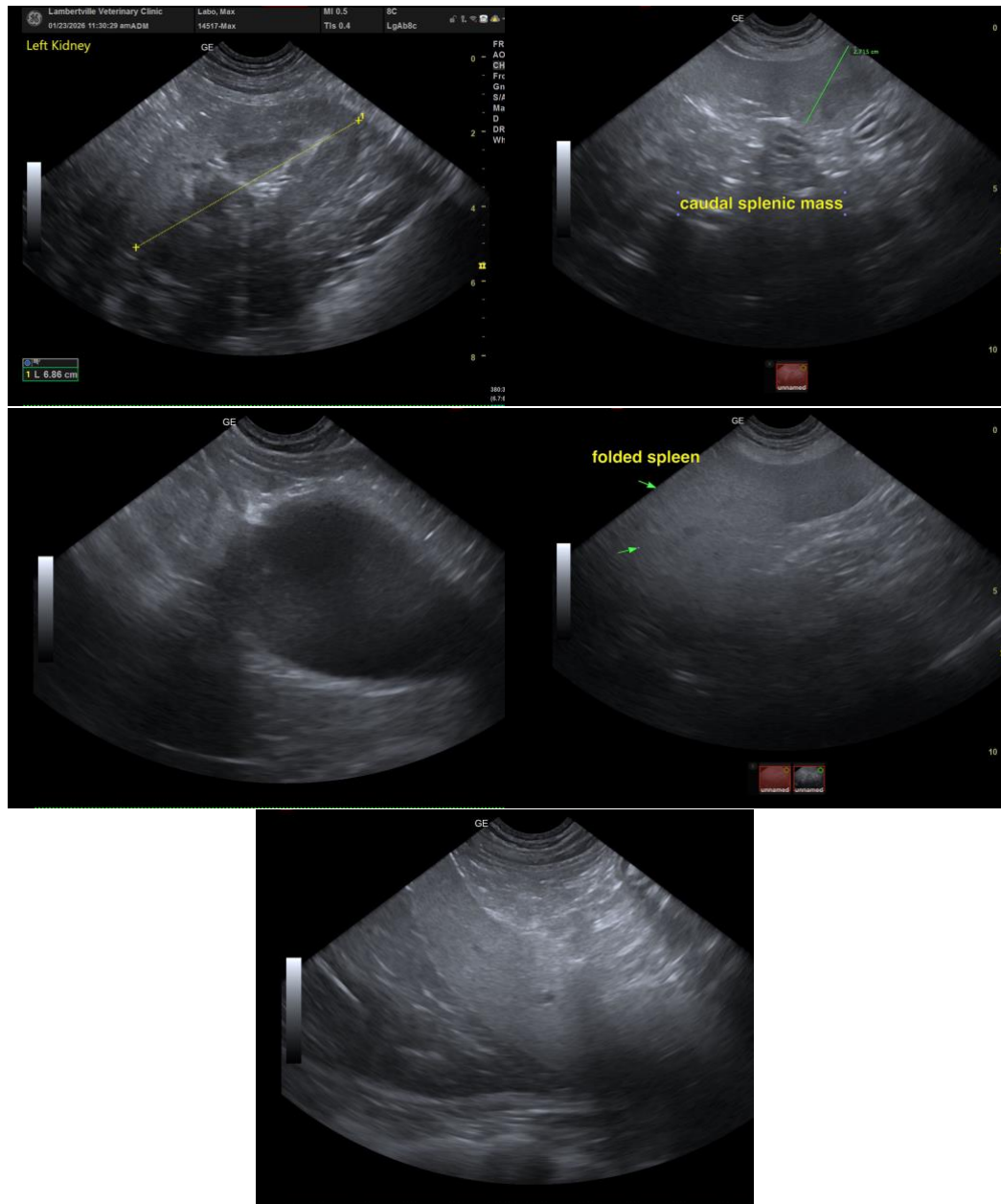
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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