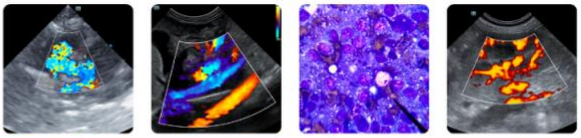

PATIENT

Tuxedo Zorrilla

SPECIES

Canine

BREED

Bernadoodle

SEX

Neutered Male

AGE

4 Years

WEIGHT

80.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Glennon

INVOICE

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DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Inappetance since Christmas. Lost 9lbs since November. Serum is icteric. current medications: None.

Abnormal PE/Chem/CBC/UA Results: Inhouse chem screen wnl. CBC pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate was uniform, measuring 1.25 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. 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 7.3 cm. The right kidney measured 5.94 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 right adrenal gland measured 3.58 cm x 1.23 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 2.7 cm x 0.6 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

The **spleen** revealed micronodular changes with irregular contour. Overt hypoechoic nodules were noted at the caudal pole, measuring 1.4 cm and 1.25 cm. Strong concern for infiltrative disease. Other micronodular changes were noted at the cranial spleen.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Other

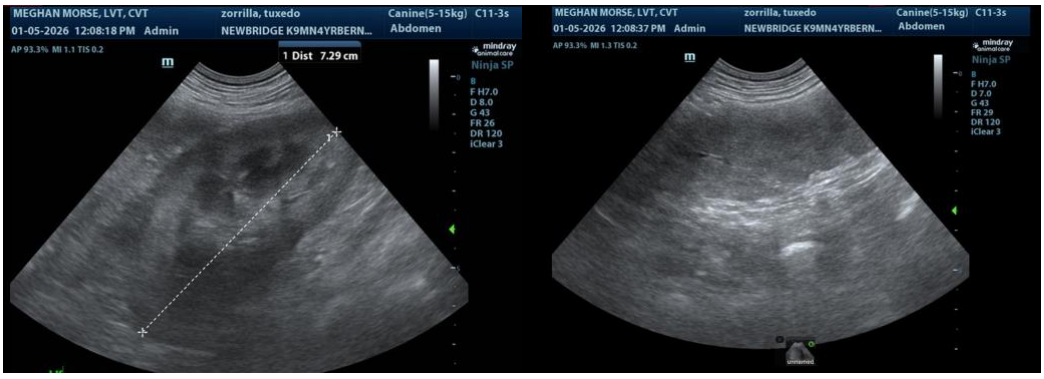
A rapid view of the **heart** revealed normal contractility and volumes.

ULTRASONOGRAPHIC FINDINGS

- Micronodular spleen- strong concern for round cell neoplasia, hemangiosarcoma (less likely), splenitis (possible).
- Urinary bladder debris
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver could be considered after chest radiographs. Even though the liver appears unremarkable, cannot rule out micrometastasis in the liver, as this is a common metastatic organ for this type of splenic pathology. Exploratory splenectomy and liver inspection and biopsy could also be an option after 3 view chest radiographs.



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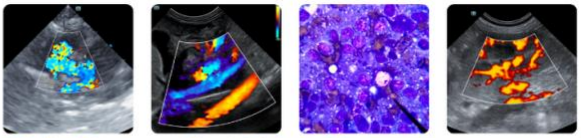

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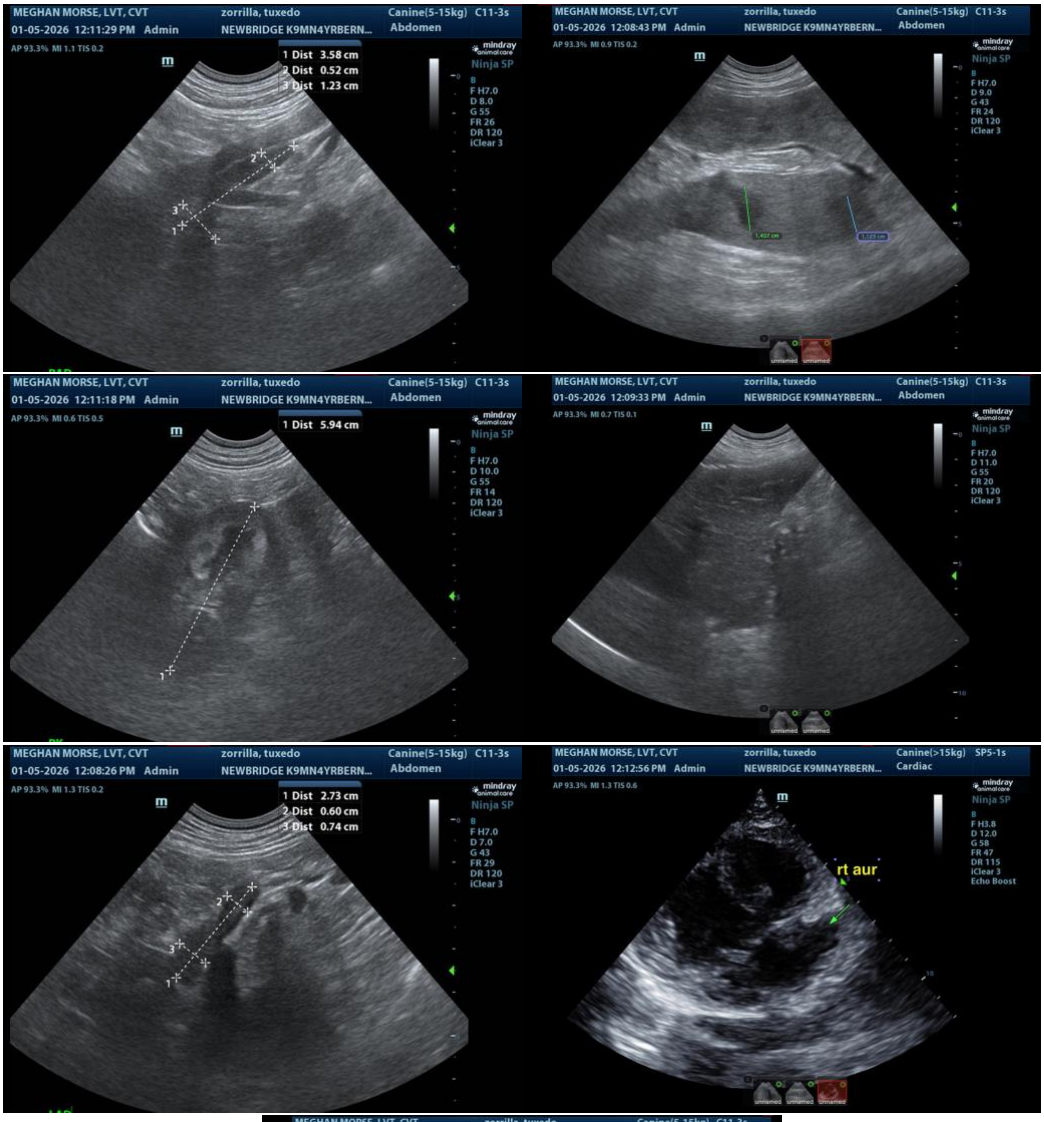

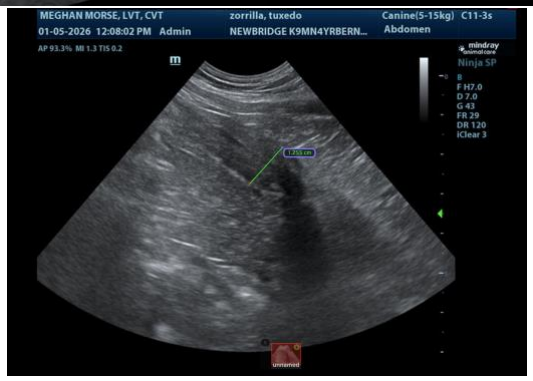

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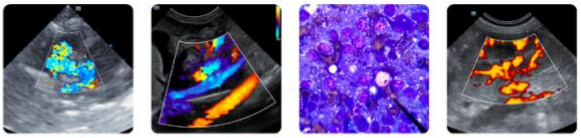

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com