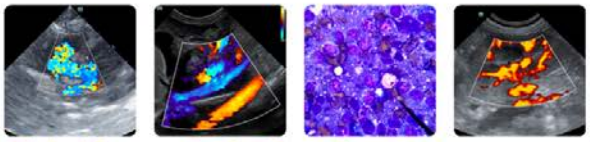

PATIENT

Baby J. Friedman

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

8

WEIGHT

8.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brianna Gaines

HOSPITAL NAME

Healthy Pets Vet Care (Boca North)

REFERRING VET

Dr. Brianna Gaines

INVOICE

73004

DATE

1/7/26

PRESENTING CLINICAL SIGNS

P presented for anorexia. Previous ultrasound (under the name Howard Friedman) showed a splenic nodule. We wanted to see if the nodule has worsened.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight hyperechoic medullary rim sign noted, idiopathic. The left kidney measured 3.8 cm. The right kidney measured 3.8 cm. Assessment for proteinuria indicated, which may indicate tubular disease.

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. Left measured 0.50 cm at the caudal pole and 0.46 cm at the cranial pole. Right measured 0.60 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The **spleen** presented multifocal mineralizations. A hypoechoic splenic nodule noted with disruption of architecture, measuring 1.4 cm x 0.80 cm.

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. Minor gallbladder polyps noted and a sight amount of sand. 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. A hepatic lymph node was mildly enlarged at 1.0 cm x 0.60 cm.

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.

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Pancreas

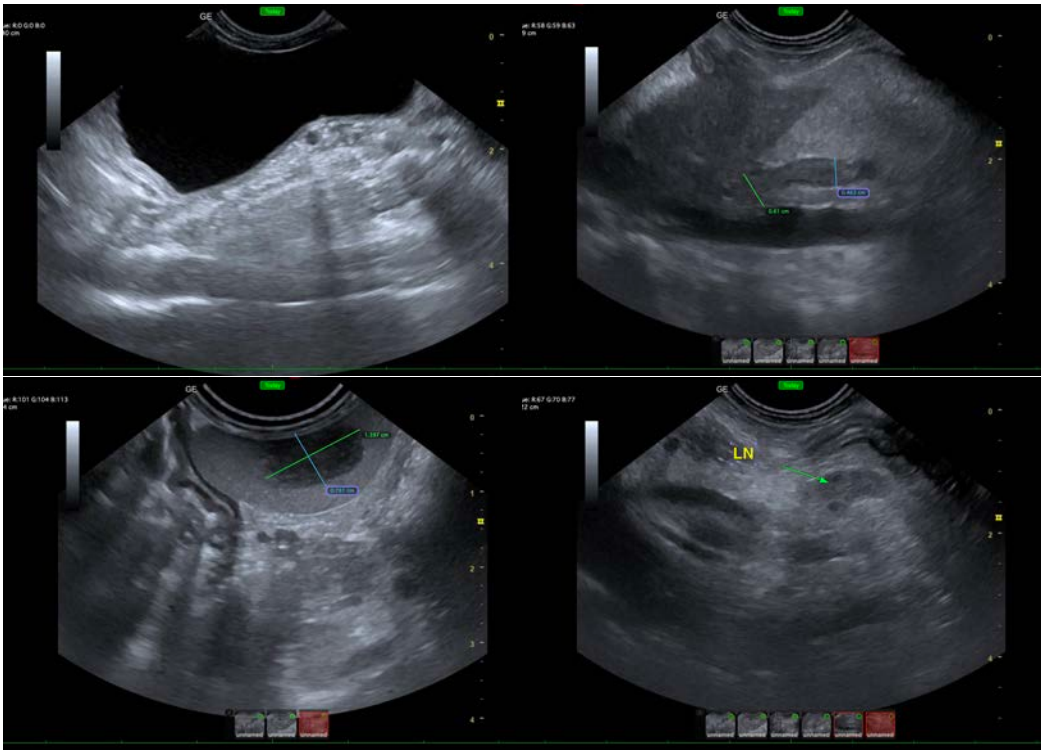
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule – necrosis, emerging round cell neoplasia, hemangiosarcoma, abscessation all possibilities. Benign hyperplasia also a potential.
- Age related renal changes.
- Age related hepatic changes, minor gallbladder polyp and slight hepatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule is essentially the same size if not slightly smaller compared to prior sonogram. However, sampling is strongly recommended regardless. Chest radiographs and echocardiogram warranted for screening purposes.



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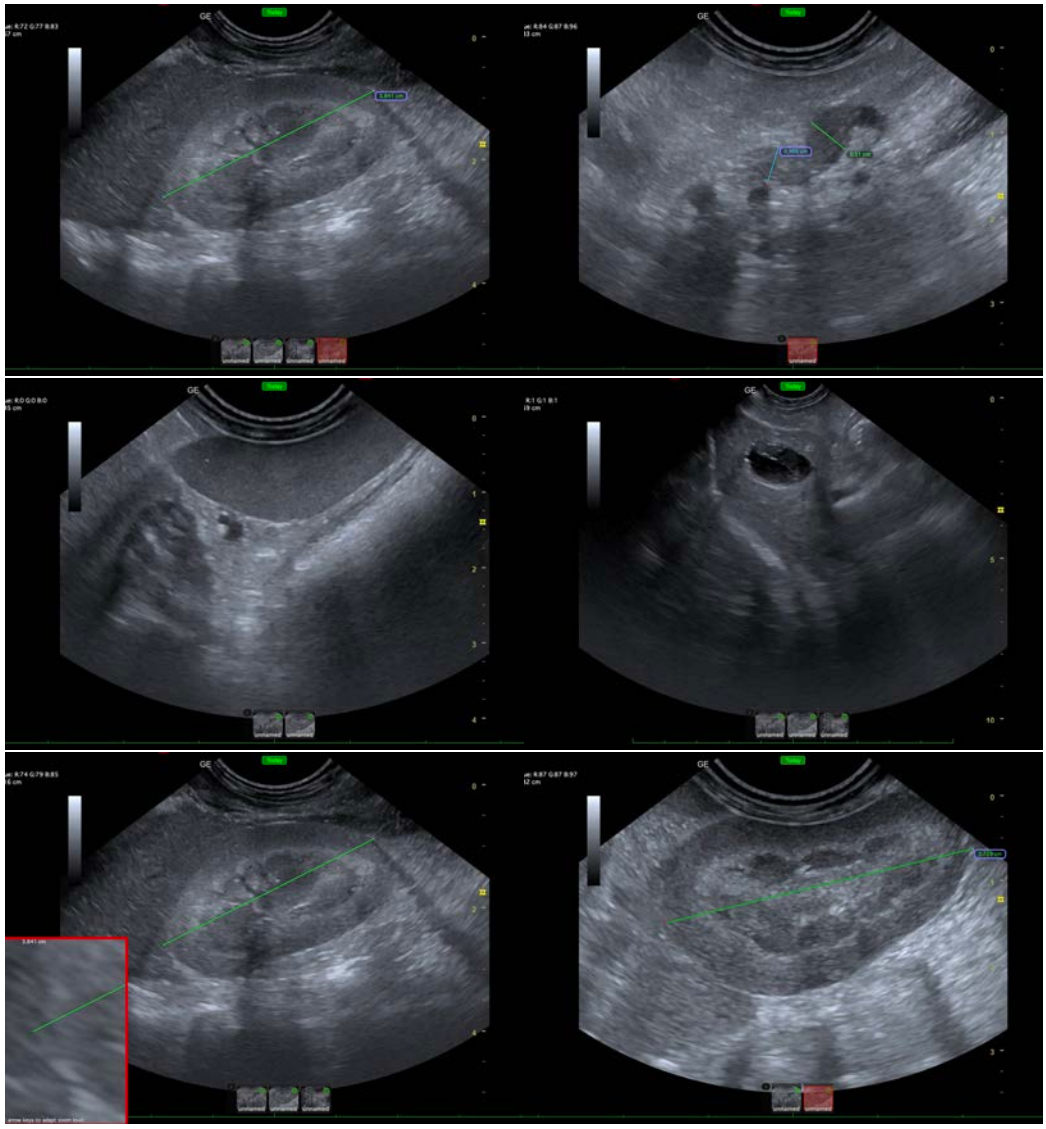

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com