



PATIENT

Maggie Wright

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

9 Years 2 Months

WEIGHT

86 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Eldred

INVOICE

35278

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: P presented for moving slower, hunched over and trouble getting up and down, drinking more and urinary accident in house, on Apoquel. Abdomen tense on palpation. Abdominal Rads showed prominent spleen.

Abnormal PE/Chem/CBC/UA Results: ALKP 272

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change. The pelvic urethra was imaged 3.0 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 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 left kidney measured 6.56 cm. The right kidney measured 7.33 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 2.9 cm x 0.6 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 2.96 cm x 0.67 cm at the caudal pole and 0.77 cm at the cranial pole.

Spleen

The **spleen** revealed an expansive mixed echogenic parenchymal mass, measuring 5.5 cm, deriving from the cranial body of the spleen. A separate isoechoic expansive 2.0 cm nodule was noted at the cranial pole of the spleen. Multiple other nodular changes were noted throughout the spleen, suggestive for a diffuse neoplastic process.

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



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elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening with some reactive mesentery. The colon was unremarkable.

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.

Free Abdomen

An iliac **lymph node** was mildly enlarged, reactive, measuring 2.8 cm x 1.3 cm.

Other

A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Splenic neoplasia- No overt evidence of metastatic disease, yet micrometastasis cannot be ruled out.
- Concurrent enteritis pattern
- Mildly enlarged iliac lymph nodes
- Age-related urinary bladder, renal, and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3 view chest radiographs are warranted if not already performed to assess for metastatic disease. Immediate splenectomy and liver biopsy are warranted to assess for micrometastasis. Sarcoma is suspected. Iliac lymph node biopsy or FNA could also be considered.

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



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can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com