



PATIENT

Bowie Cullman

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

7

WEIGHT

72

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Dubos

INVOICE

10728

DATE

11/12/2025

PRESENTING CLINICAL SIGNS

2nd offense V/D previously enlarged spleen 9/23/25 maldigestive pending electrolytes WNL.

Abnormal PE/Chem/CBC/UA Results: ALT 255

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 1.0 cm beyond the cystourethral junction.

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. Left kidney measures 5.6 cm, and the right kidney measures 6.1 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. Left adrenal gland measures 2.02 cm x 0.46 cm at the caudal pole and 0.63 cm at the cranial pole.

The right adrenal gland was not visualized.

Spleen

The **spleen** was enlarged, irregular and micronodular. Trace amounts of free fluid noted around the spleen. No evidence of thrombosis.

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

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



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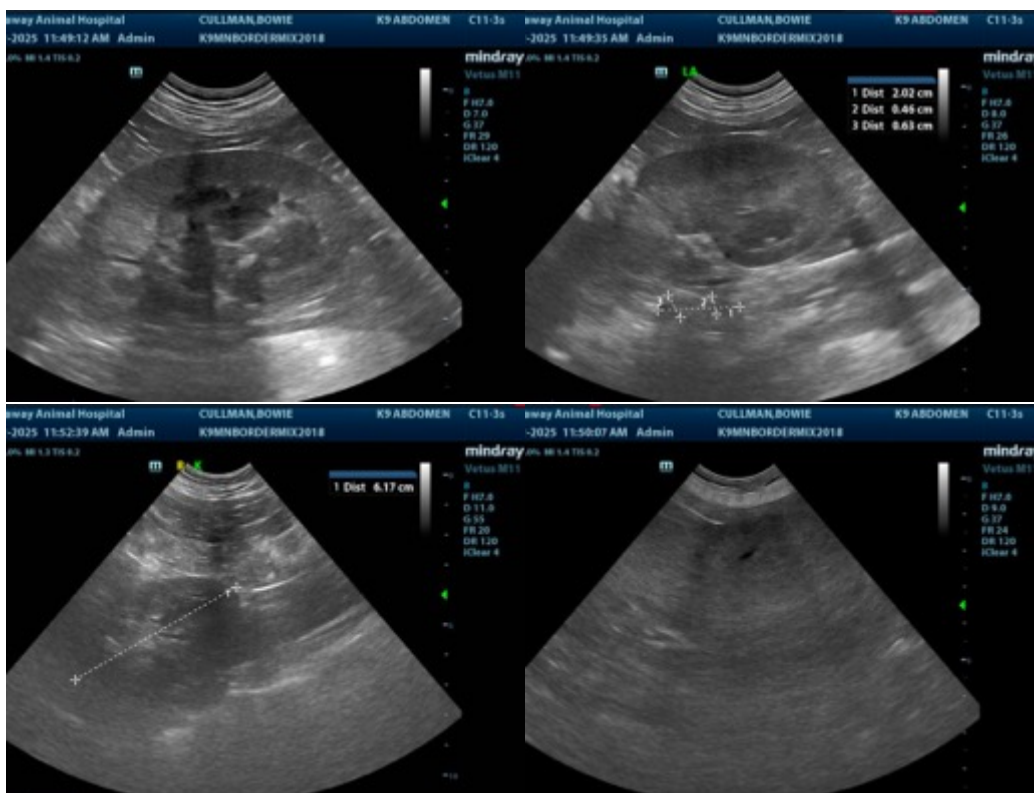
The **pancreas** revealed heterogenous, mixed echogenic changes consistent with remodeling. Some level of pancreatitis is possible. Pancreatitis/steatitis pattern in the left limb.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly. Potential emerging round cell neoplasia.
- Steatitis/pancreatitis pattern.
- Slight free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the free fluid in this patient, and the pancreatic and mesenteric remodeling/steatitis type pattern in the left limb, proactive splenectomy and debridement of abnormal omental tissue in the region of the left pancreatic limb, and cranial pole of the spleen would be indicated. Screening 25-gauge FNA of the spleen indicated to ensure an underlying neoplastic process is not present. GI biopsies warranted if surgery is to be performed. Differentials on the spleen include splenitis, hypersplenism, hyperplasia, round cell neoplasia.





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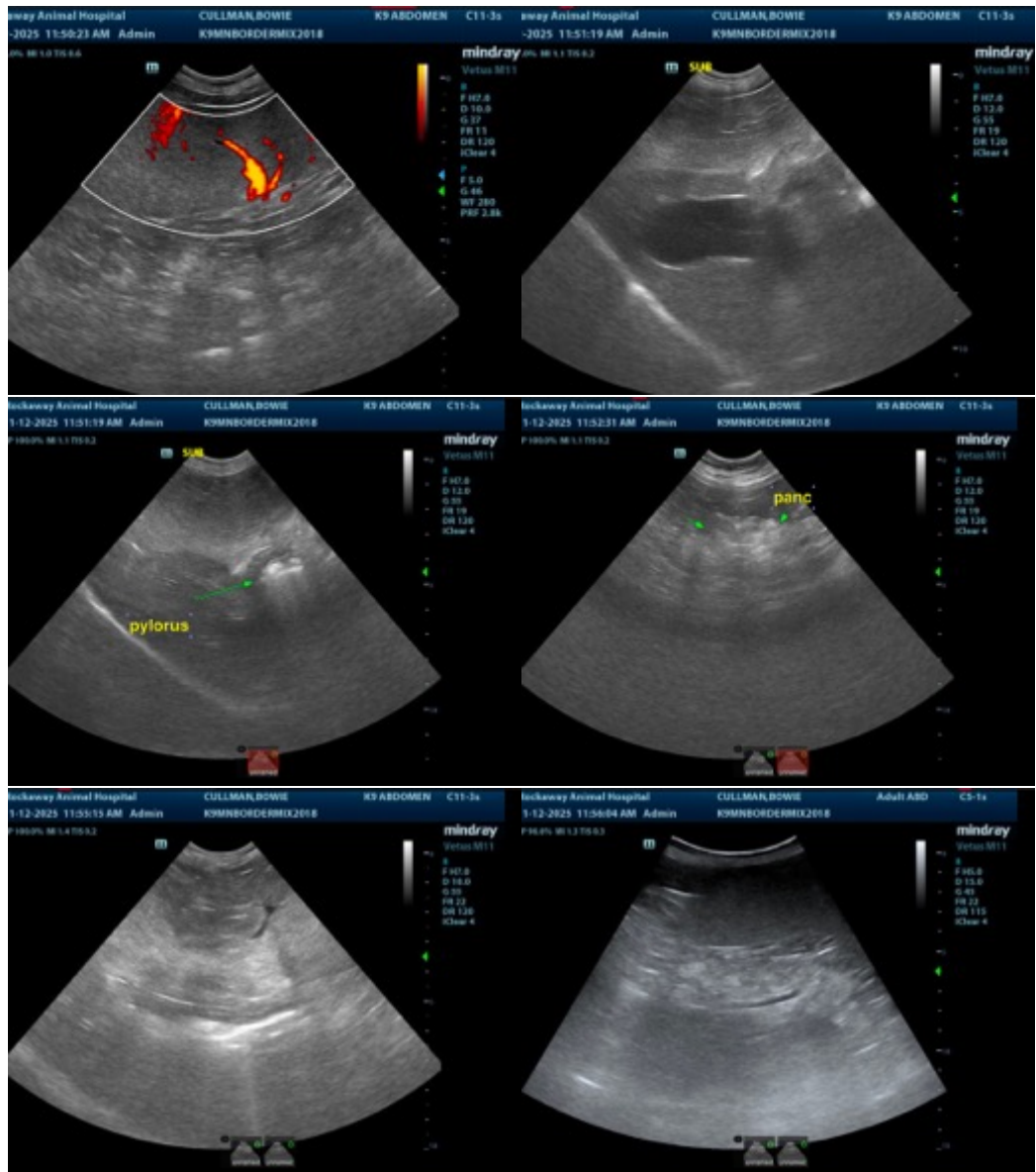
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com