



PATIENT

Aubrey Klepper

SPECIES

Canine

BREED

Irish Setter

SEX

Female

AGE

7 Years 2 Months

WEIGHT

73 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Franklin Lakes Animal
Hospital

REFERRING VET

Dr. Zilberman

INVOICE

12236

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Possible enlarged spleen.

Current Meds: Mycophenolate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 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 7.2 cm in length. The right kidney measured 7.62 cm in length.

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 0.66 cm width. The right adrenal gland measured 2.81 cm x 1.5 cm width at the cranial pole and 0.80 cm width at the caudal pole.

Spleen

The **spleen** presented with mild uniform enlargement, swollen contour and subtle micronodular changes. This is most consistent with a reactive spleen or hyperplasia with potential for emerging round cell neoplasia.

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

The **stomach** revealed retention of ingesta. The upper duodenum appeared slightly thickened and mildly spastic with slight irregularity. Duodenitis and potential micro-ulcerative disease should be considered in this patient. Some soft stool was noted in the colon.

Pancreas



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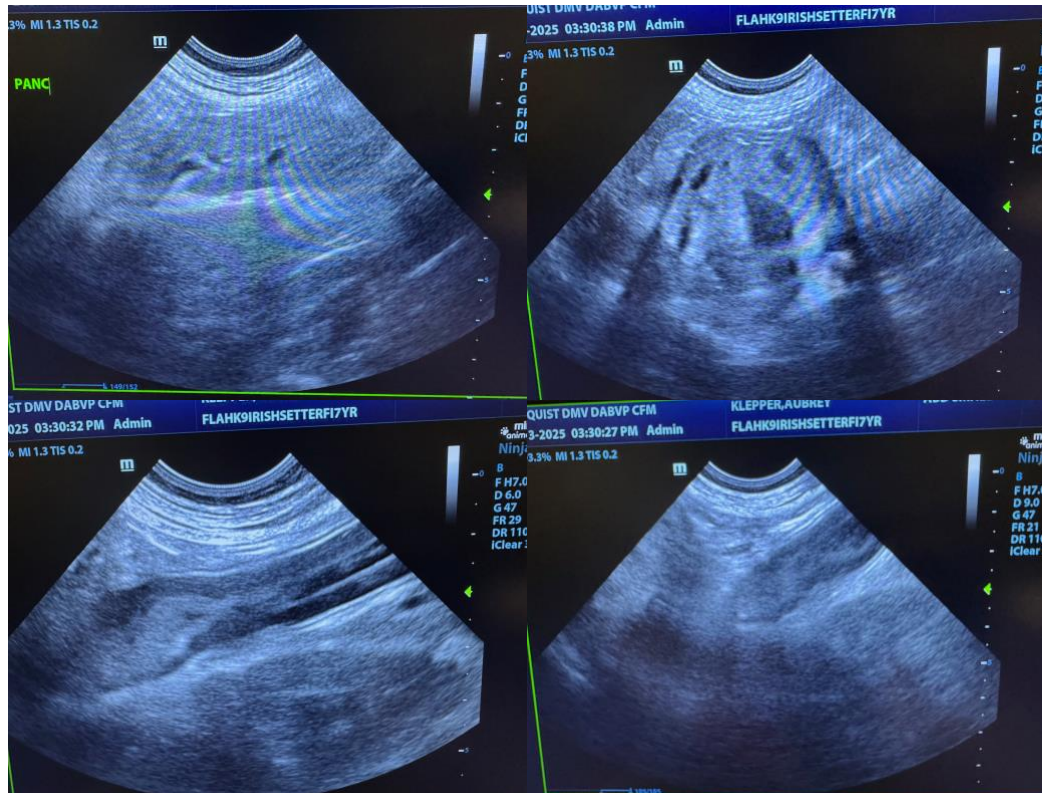
The right pancreatic limb was prominent, hypochoic and irregular measuring approximately 2.0 cm yet was not painful upon imaging. A history of pancreatitis is likely.

ULTRASONOGRAPHIC FINDINGS

- Probable duodenitis, possible GI blood loss.
- Prominent spleen- hypersplenism or reactive spleen, hyperplasia likely, round cell neoplasia possible.
- Gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss or suspicion of neoplasia is present, ultrasound guided FNA of the spleen is indicated. Gi protectant protocol is warranted as an empirical measure. CBC path review and reassessment of the anemia over a 7-10 day period is recommended. Assessment for melena is indicated.





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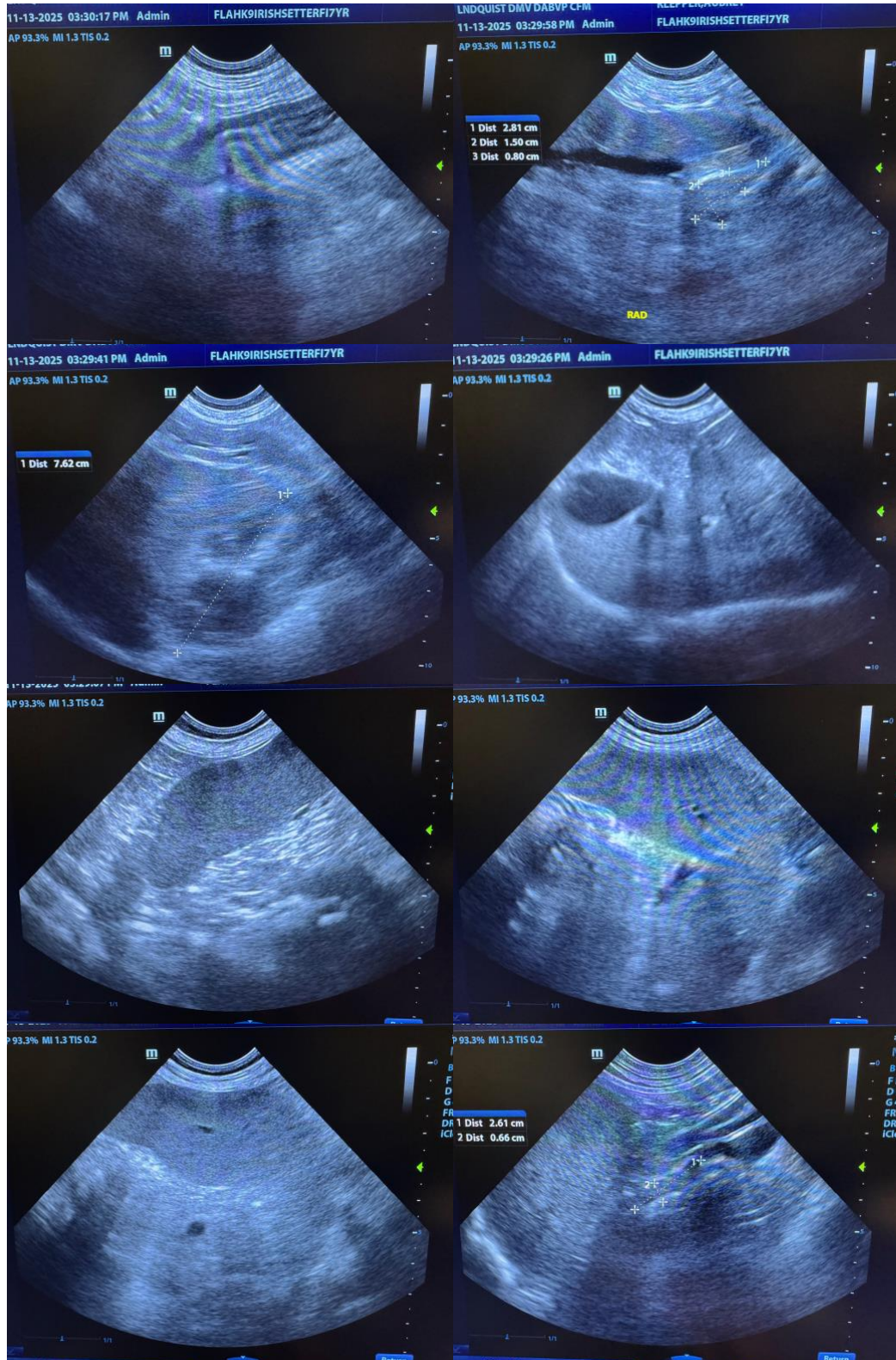
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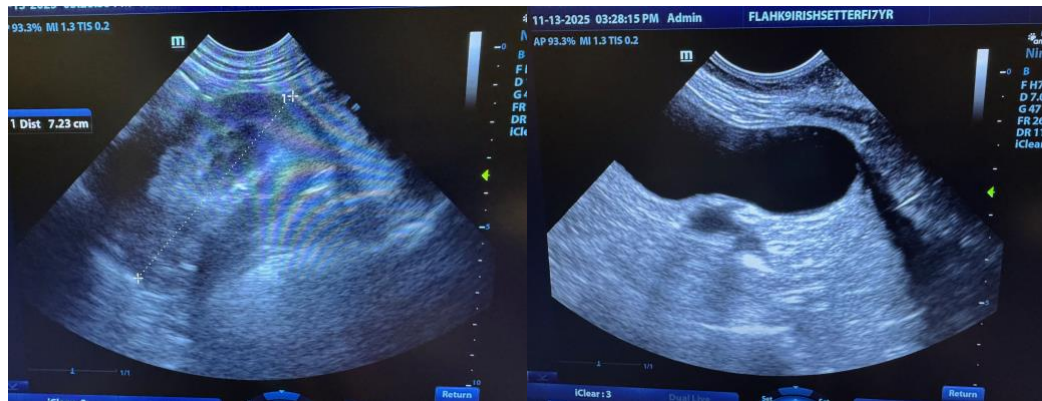
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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