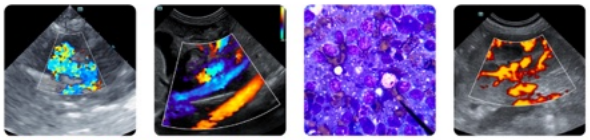



**PATIENT**

Bandit Roberts

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Male

**AGE**

9 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ashley Whitesell

**HOSPITAL NAME**

Dickson AC

**REFERRING VET**

Dr. Whitesell

**INVOICE**

68793

**DATE**

11/18/25

## PRESENTING CLINICAL SIGNS

History: Static hepatomegaly • Static nonorganized gallbladder debris (non-mucocele) • Static variably echogenic splenic nodules - hyperplasia, hematopoiesis, small medial parenchyma to perihilar myelolipomas, with neoplastic splenic nodular considered less likely, given static presentation • Normal bilateral adrenal glands • Nonspecific increased segmental intestinal mucosa echogenicity / fogging

## 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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.83 cm. The right kidney measured 6.5 cm.

The residual prostate measured 0.5 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 0.8 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 0.64 cm at the caudal pole and 0.57 cm at the cranial pole.

### *Spleen*

The **spleen** revealed focal, hypoechoic, expansive nodule that measured 0.96 cm. FNA or direct splenectomy is indicated. No cavitation was noted. Hyperechoic lipid plaques were noted in the spleen as well.

### *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 were noted, not pathological. The cystic and common bile ducts were

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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. The hepatic lymph nodes were unremarkable.

### *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. Reactive mesentery was noted in this patient with areas of mucosal fogging. Underlying lymphangectasia may be an issue in this patient.

### *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

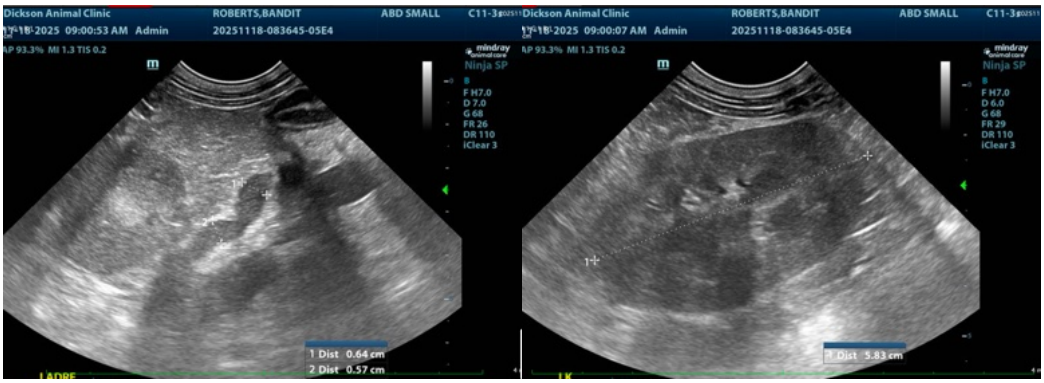
Splenic nodule. Differentials include emerging round cell neoplasia, hemangiosarcoma, nodular hyperplasia and less likely necrosis.

Age related hepatic changes.

Areas of mucosal fogging.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Proactive splenectomy and GI biopsies could be justified in this patient. Otherwise, ultrasound-guided FNA of the splenic nodule and recheck of the spleen and GI tract after empirical measures over a 3-4 week period. If albumin loss and GI signs are present, then Purina HA or Royal Canin HP is suggested.



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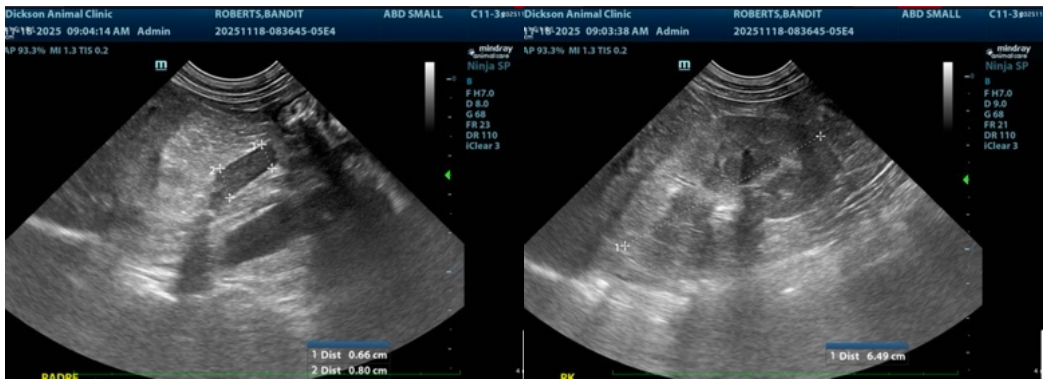


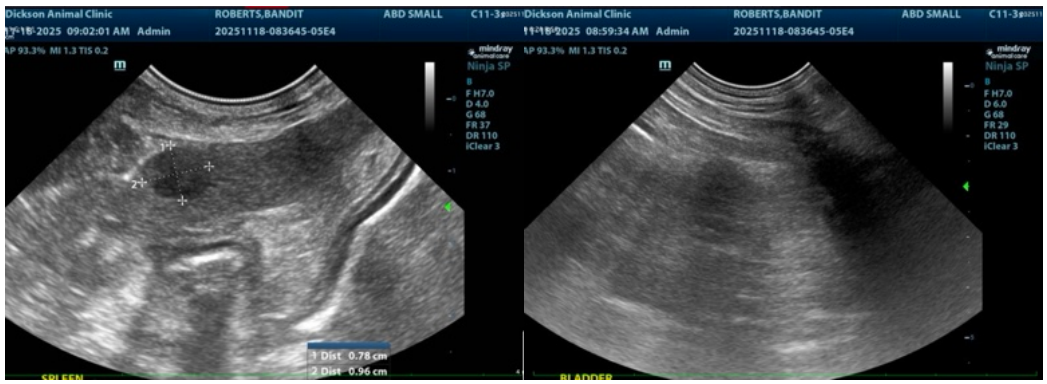


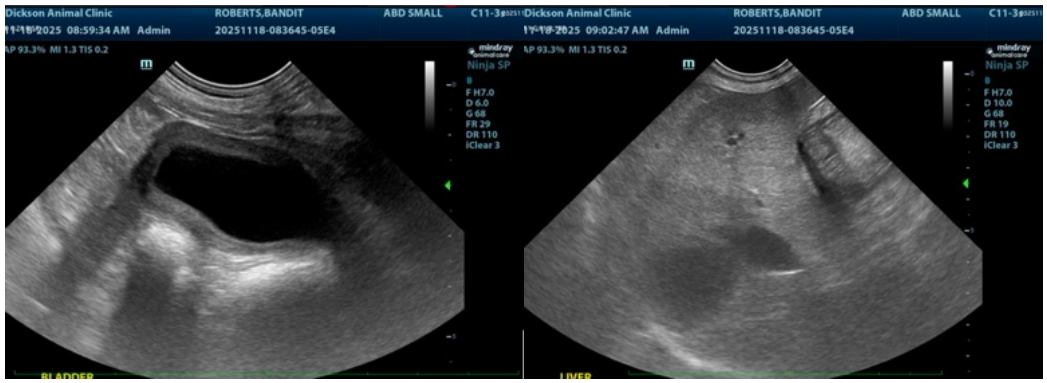


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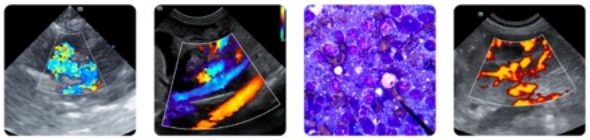

Clinical Sonography & Telecytology
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video 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 of SonoPath.com

info@SonoPath.com