



PATIENT

Cletus Channas

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

10 years

WEIGHT

26.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wilkinson

HOSPITAL NAME

Severna Park VH

REFERRING VET

Dr. Wilkinson

INVOICE

68928

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: P presents for a 2 week history of hunched appearance, lowered head, and reduced activity. No v/d, no c/s/w. No change to appetite or thirst. Markedly tense on palpation of abdomen, especially cranial abdomen. Mildly painful on cervical ROM exam. No response to paraspinal palpation. afebrile. Rectal palpation NSF. CBC/Chem (11/20/25): NSF

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 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 4.72 cm. The right kidney measured 5.53 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 1.2 x 0.37 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodule at the cranial pole measuring 0.72 cm. There was some disruption of architecture noted. The remainder of the spleen was unremarkable.

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.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

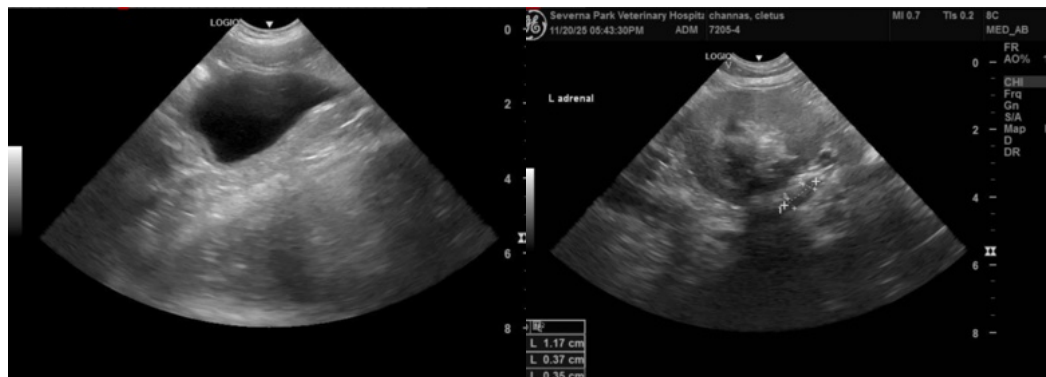
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Splenic nodule, likely an incidental finding, yet FNA is indicated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic FNA, cytology +/- culture is recommended. Round cell neoplasia, emerging hemangiosarcoma, necrosis, abscessation and hyperplasia are all potentials. Full orthopedic examination and CNS examination is warranted given the patient's history.





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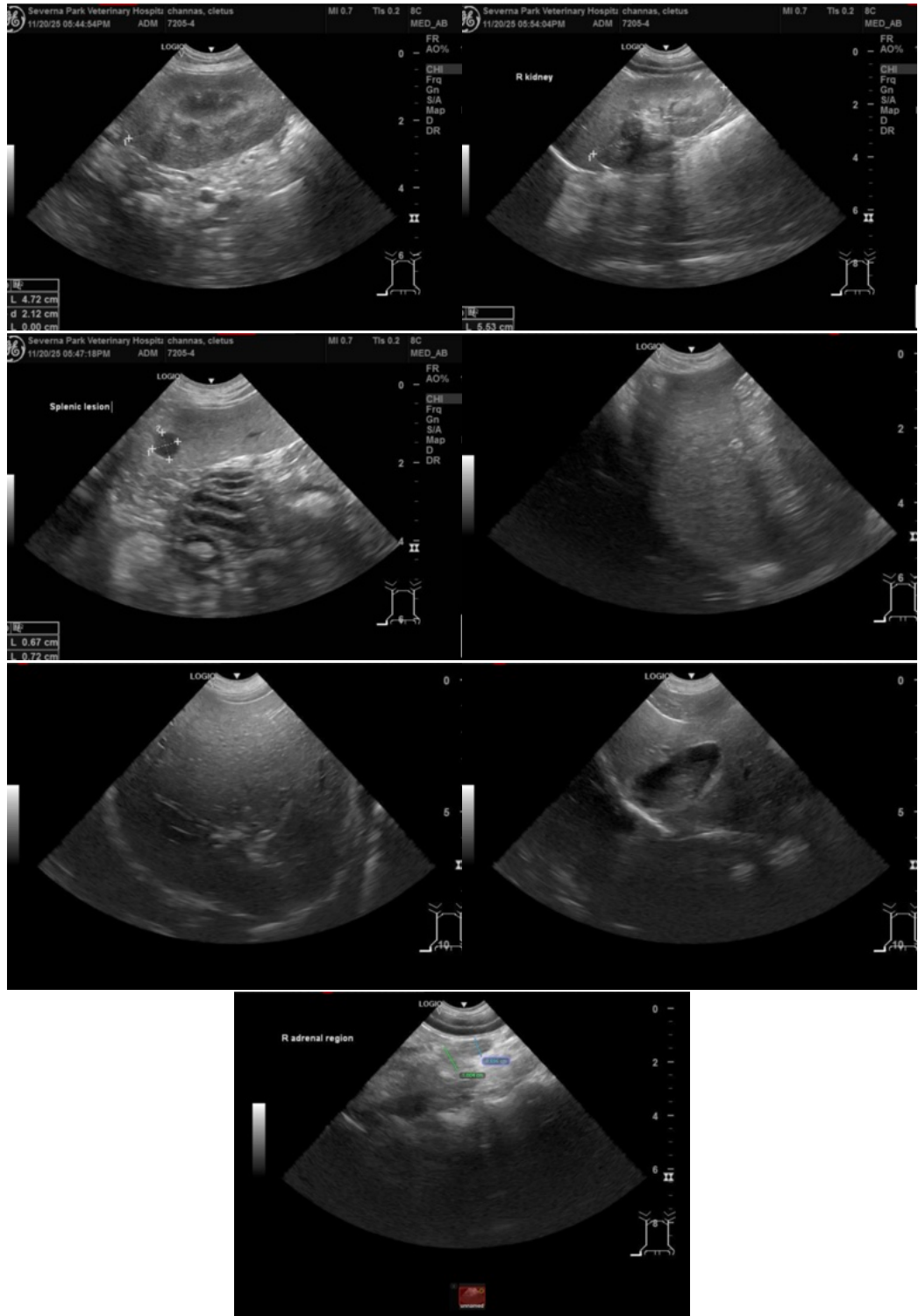
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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

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