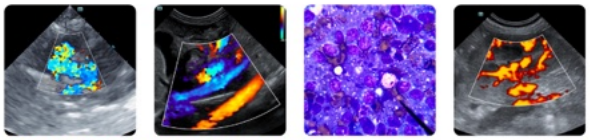


PATIENT

Harlen Hansen

SPECIES

Canine

BREED

Boston Terrier Cross

SEX

Neutered male

AGE

11 years

WEIGHT

42.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Solonynka

INVOICE

68921

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Owner noticed weight loss in the last 2-3 months. Upon exam, firm softball sized structure in caudal abdomen found.
Abdominal rads: mass effect caudal abdomen, prominent spleen, hepatomegaly VHS 11.8 UA - pyuria with hematuria CBC - non-regenerative anemia HCG 32.5% Leukocytosis due to lymphocytosis (reactive lymphocytes)

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. Slight pyelectasia was noted. The left kidney measured 5.8 cm. The right kidney measured 6.35 cm.

The iliac lymph nodes were reactive.

Adrenal Glands

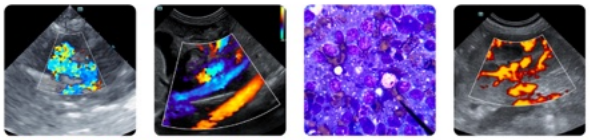
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.05 x 0.62 cm. The right adrenal gland measured 2.1 x 0.7 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

The **spleen** revealed multi-focal, hypoechoic nodular changes in the midst of generalized splenomegaly. The largest macronodular change measuring 4.6 x 3.3 cm and comprised a mass. Other nodules were noted throughout the spleen with similar echotexture. These are moderately vascular. The spleen was folded upon itself cranially. Isoechoic nodular changes were noted.

Liver

The **liver** revealed minor, heterogenous parenchymal changes with increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common



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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

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.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Multi-focal, splenic nodular changes and masses, generalized splenomegaly.

Non-specific hepatomegaly.

Likely low-grade pyelonephritis given the slight pyelectasia in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the splenic nodules and general parenchyma as well as 22-gauge FNA of the liver indicated for screening purposes. If the liver is free of evident pathology then splenectomy is indicated. If the liver is free of pathological cytology then chest radiographs, splenectomy and liver biopsy is indicated. There is a strong concern for round cell neoplasia of the spleen. Other sarcoma is possible. Stromal tumor is possible, yet less likely. Management for the UTI is recommended.

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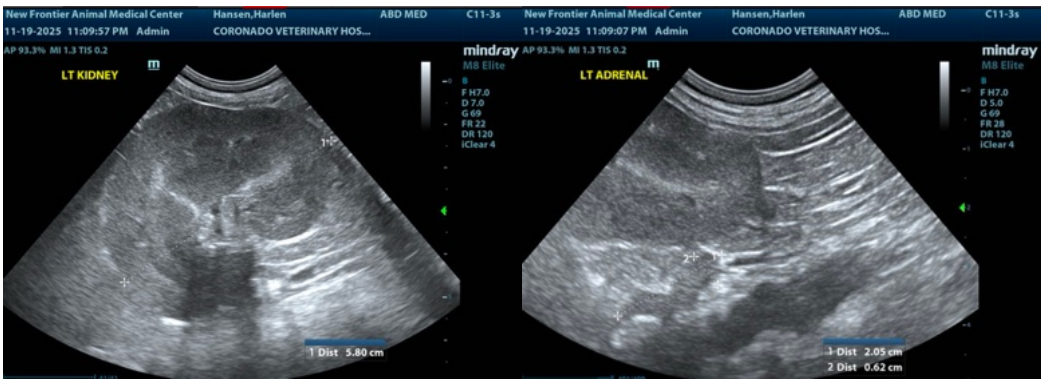

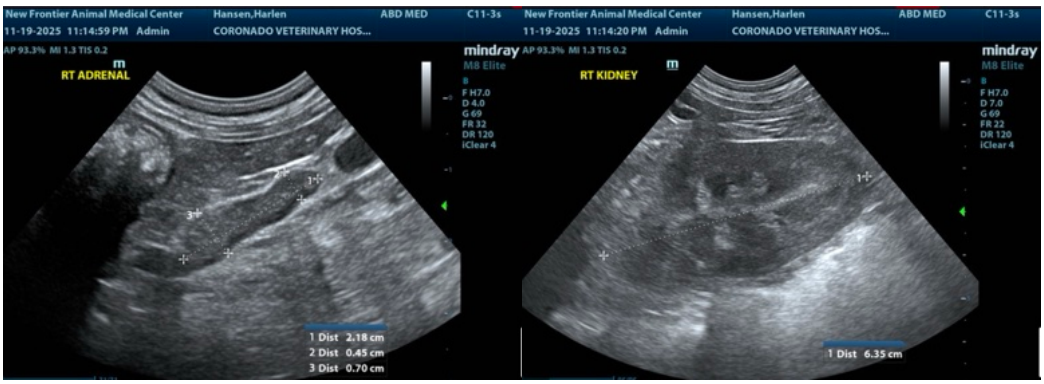

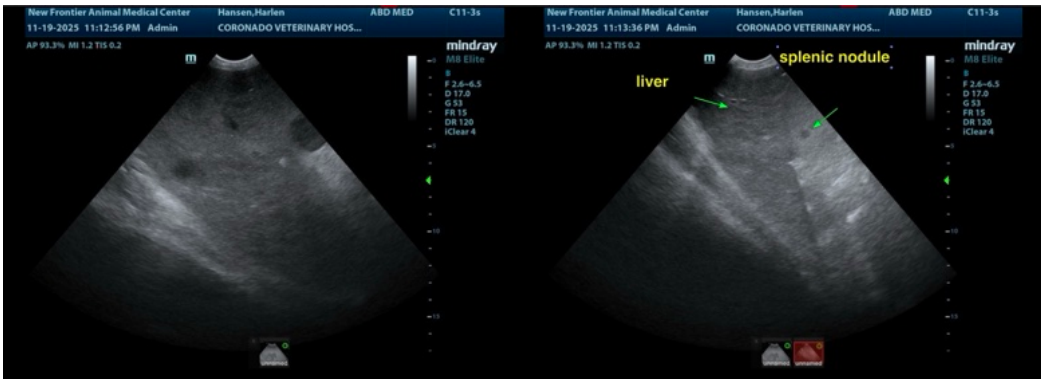

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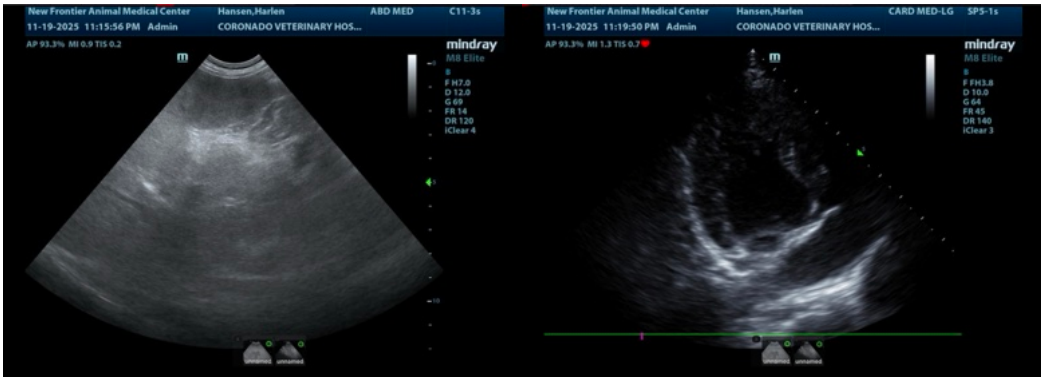

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com