



PATIENT

Oliver Quirk

SPECIES

Canine

BREED

Bichon Frise Mix

SEX

Neutered male

AGE

11 years

WEIGHT

30.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Cruz

INVOICE

69027

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: Weak hindlegs, lethargic, sensitive when lower abdomen palpated Current Meds: Dex 0.5mg SID / Doxy 100 mgs 1 BID

Abnormal PE/Chem/CBC/UA Results: CBC/Superchem/T4 - All WNL Abnormal UA Findings: Not done

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. Slight areas of mineralization were noted. The right kidney measured 6.2 cm and the left kidney measured 5.4 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 2.17 x 0.4 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 2.44 x 1.15 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** revealed multi-focal hypoechoic, non-disruptive nodular change with one focal, hypoechoic expansive nodule at the caudal pole measuring 1.3 cm.

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

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

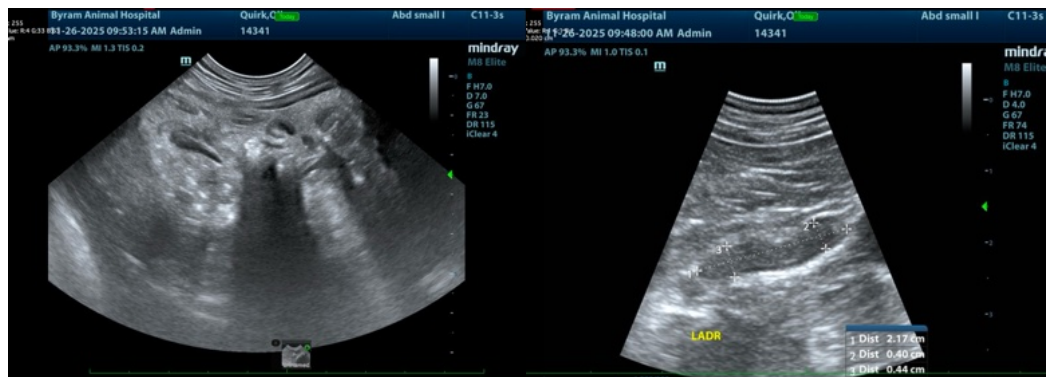
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Nodular spleen. Hyperplasia, emerging round cell neoplasia are both possible. Hemangiosarcoma is less likely. This may be completely incidental and not related to the clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general splenic parenchyma and nodule at the caudal pole is recommended for further definition or direct splenectomy. There was no evidence of visceral disease responsible for the clinical signs noted.





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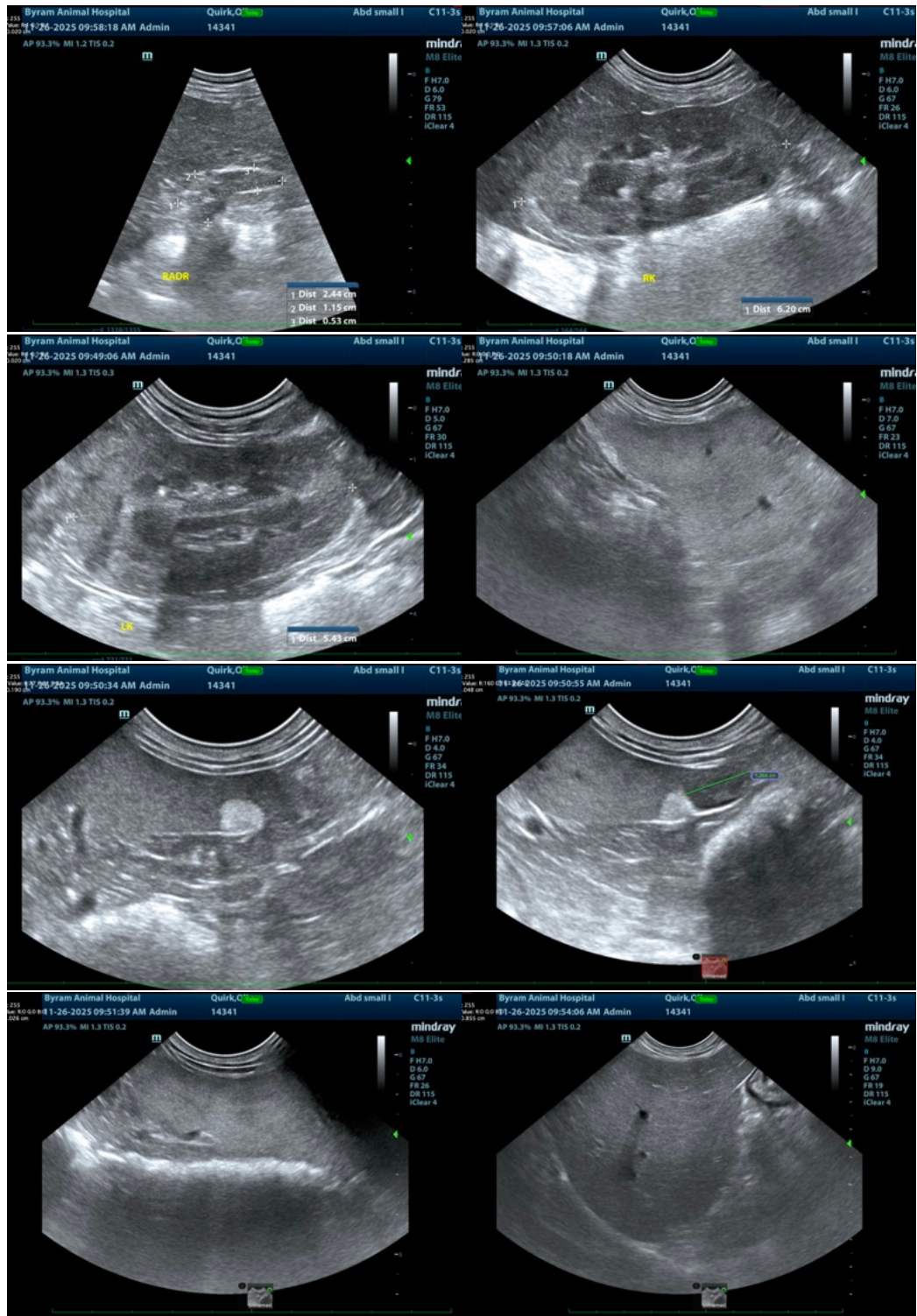
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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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