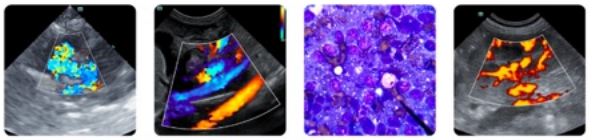

PATIENT
Ricky Gavette

SPECIES
Canine

BREED
Beagle

SEX
Neutered male

AGE
12 years

WEIGHT
40 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Michelle Lindemulder

HOSPITAL NAME
Southkent VH

REFERRING VET
Dr. Kursch

INVOICE
68490

DATE
11/7/25

PRESENTING CLINICAL SIGNS

History: Grade III/VI heart murmur, on Vetmedin; Abdominal radiographs taken after CBC abnormalities noted - splenomegaly and mild hepatomegaly on radiographs.
Abnormal PE/Chem/CBC/UA Results: CBC: decreased MCH, MCHC and Reticulocyte hemoglobin

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 right kidney measured 6.0 cm and the left kidney measured 5.5 cm.

The residual prostate measured 1.2 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 0.4 x 1.5 cm. The right adrenal gland measured 2.0 x 0.6 cm.

Spleen

The **spleen** revealed irregular contour and a focal swelling that measured approximately 5.0 cm at the mid splenic body. This may be a positional anomaly.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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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

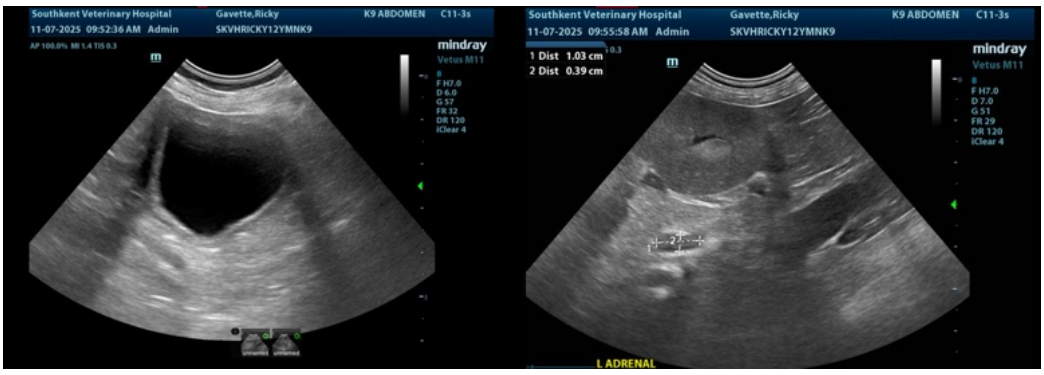
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic swelling, likely positional. Mild potential for underlying neoplasia.
- Benign hepatopathy with mild remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening 25-gauge FNA of the splenic swelling and liver is warranted for further definition. If the patient is painful upon palpation of the spleen, then proactive splenectomy may be appropriate. Regardless proactive splenectomy may be appropriate. Recheck sonogram of both lesions is recommended. A recheck sonogram primarily of the spleen in approximately 2-3 weeks to assess for any progression.



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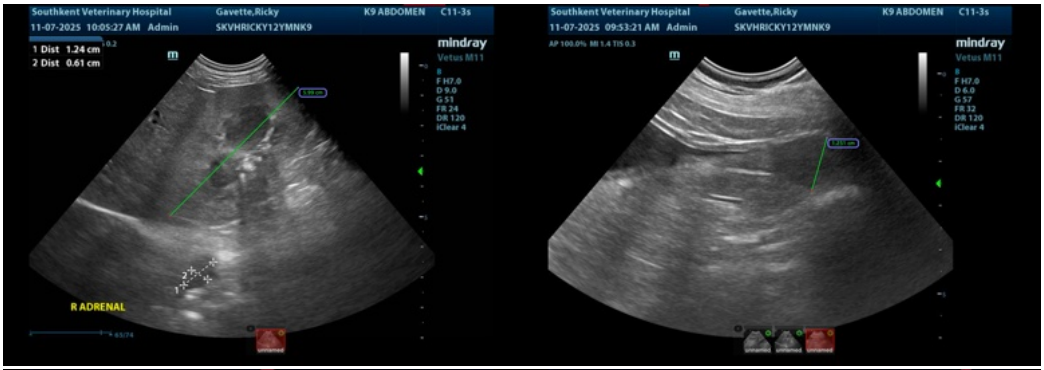

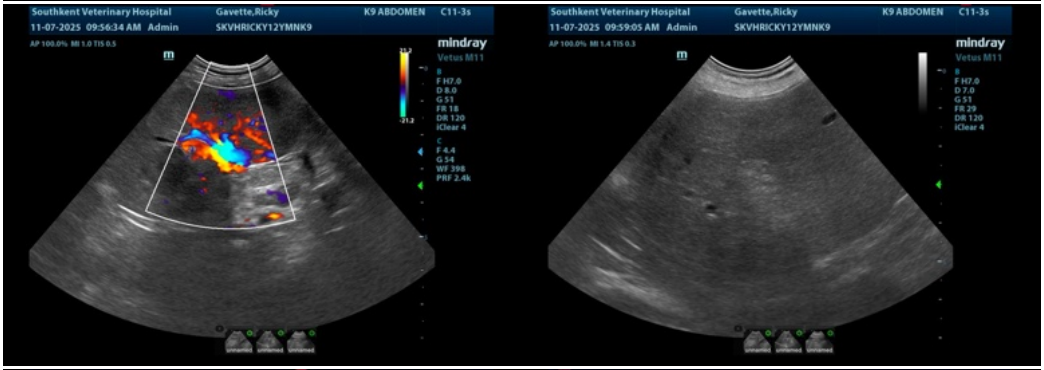

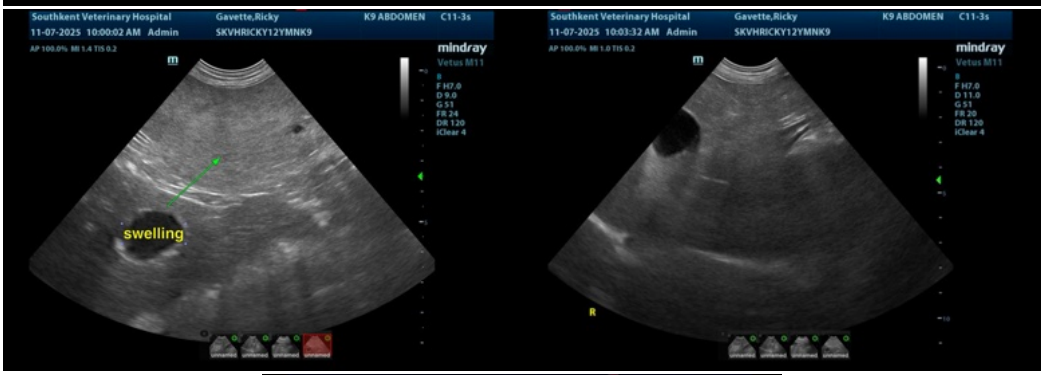

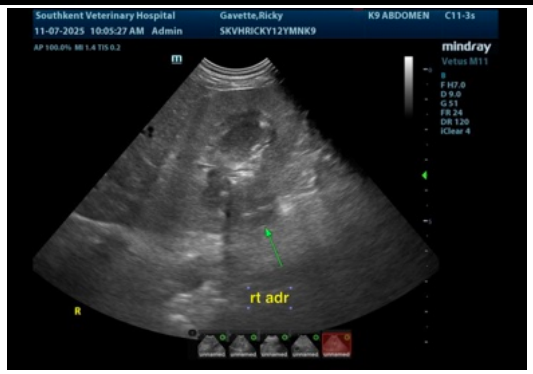

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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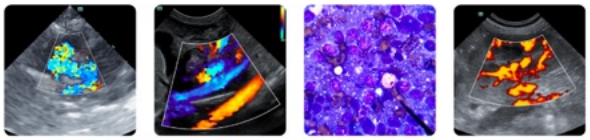

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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