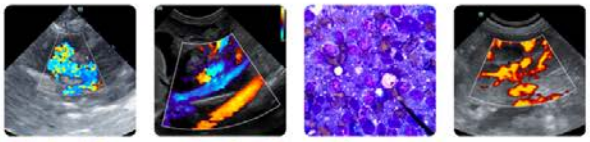

PATIENT

Ellie Peneton

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

11 Years

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

72528

DATE

12/12/25

PRESENTING CLINICAL SIGNS

3 week history of weight loss and PU/PD

Abnormal PE/Chem/CBC/UA Results: PE: BCS 1.5/5 (thin, generalized muscle atrophy. Remainder typical. CBC: leukopenia typical for her (4.2 K/uL) Chem: ALT 255 U/L, ALP 189 U/L, GGT 35 U/L cPL 300 ug/L, Lipase 287 U/L UA: Clear, USG 1.006 Euthyroid sick: Total T4 0.8, Free 0.5

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 7.2 cm. Left kidney measured 7.08 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Left measured 2.67 cm x 0.77 cm at the caudal pole and 0.76 cm at the cranial pole. Right measured 2.92 cm x 0.71 cm at the caudal pole and 0.93 cm at the cranial pole.

Spleen

The **spleen** revealed a mass at the splenic body measuring 7.7 cm, non-cavitated and may be incidental. However, at times splenic mass can cause paraneoplastic PU/PD.

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. The cystic and common bile ducts were 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

The **stomach** was filled with shadowing material. If NPO at the time of the sonogram, gastric foreign body should be considered and examined at surgery. The small intestine and colon were unremarkable.

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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.

Other

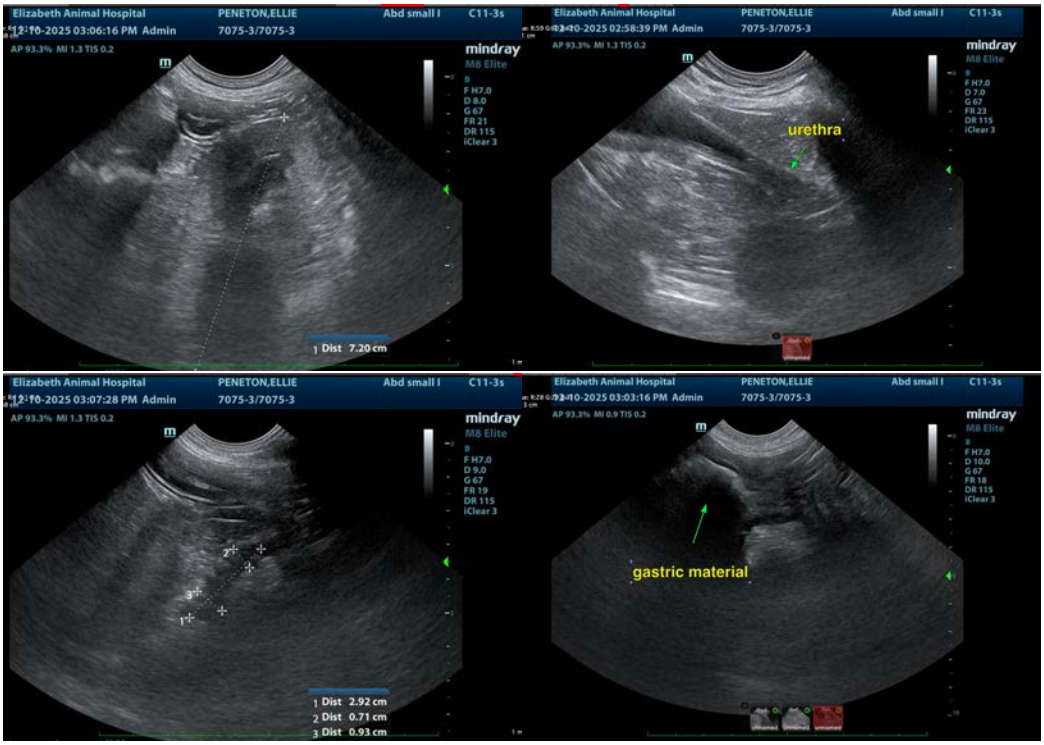
Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass, isolated - Hemangiosarcoma versus round cell neoplasia or benign hyperplasia, yet it is precarious and at risk for rupture or torsion.
- Age related adrenal changes.
- Minor age related renal changes.
- Age related hepatic changes.
- Gastric luminal material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend chest radiographs, immediate splenectomy, and inspection of the stomach for gastric foreign matter. Liver biopsy warranted given the liver enzyme elevations.



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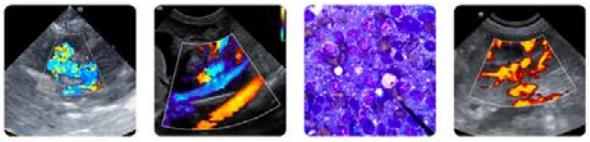

Clinical Sonography & Telecytology
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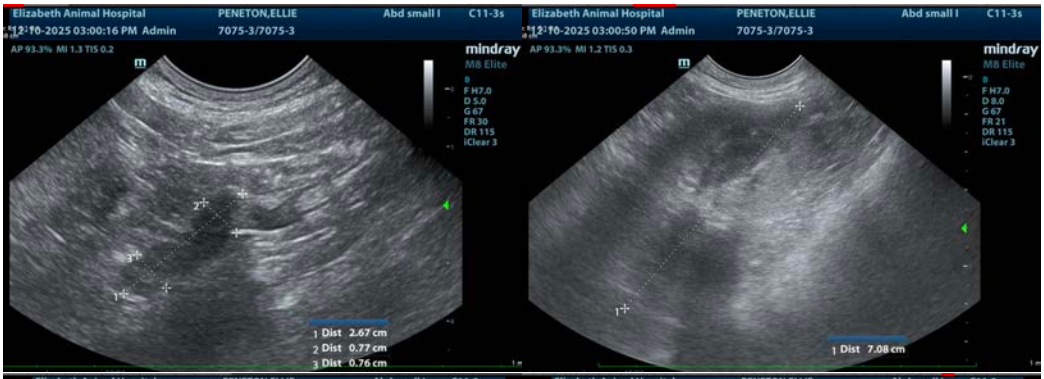

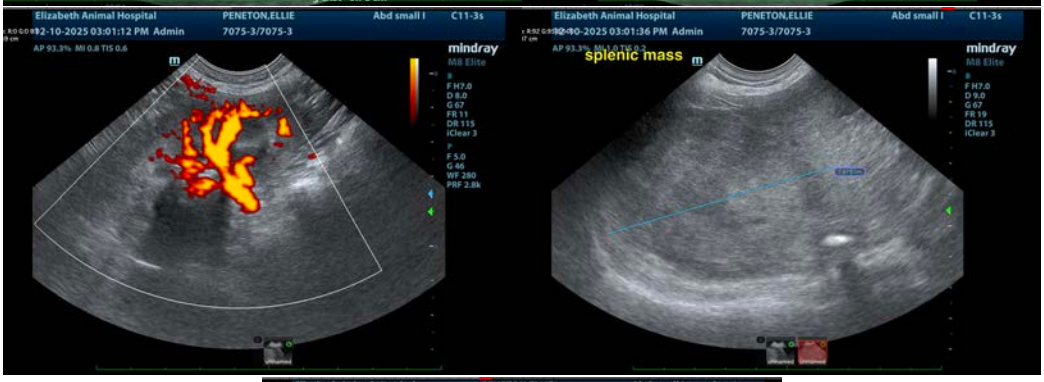

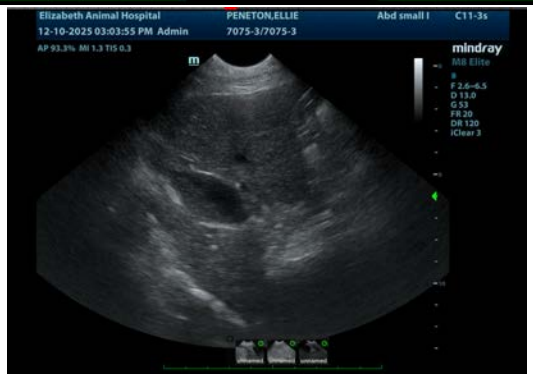

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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