



## PATIENT

Dillon Buckingham

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Neutered male

## AGE

10 years

## WEIGHT

19 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nikki Kollman, RVT

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Owens

## INVOICE

69301

## DATE

12/15/25

## PRESENTING CLINICAL SIGNS

History: Anemia found at senior wellness visit, performed x-rays and pocus to look for a cause, abdominal mass found, suspected splenic at that time.

Abnormal PE/Chem/CBC/UA Results: Anemia found on senior blood work

## 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 3.7 cm. The right kidney revealed pinpoint mineralization and anechoic cysts. The right kidney measured 4.7 cm with a 1.9 cm anechoic cyst in the cranial pole.

### Adrenal Glands

The left **adrenal gland** was slightly irregular and measured 1.12 x 0.61 cm with an anechoic cyst that measured 2.0 cm.

### Spleen

An expansive, mixed hypoechoic 8+ cm parenchymal mass was noted without cavitation. The mass was in the region of the spleen; however, it may be deriving from intestinal tract. This is not cleanly resectable.

### 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.



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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 **pancreas** was heterogenous, hypoechoic and irregular with enhanced surrounding mesentery. This is consistent with hyperplasia, potential pancreatitis.

## *Free Abdomen*

The lymph nodes were enlarged and rounded measuring up to 1.0 cm each.

## *Heart*

Rapid view of the heart revealed no evidence of pathology.

## ULTRASONOGRAPHIC FINDINGS

Undifferentiated mass adjacent to the spleen, possibly deriving from the intestinal tract or pancreas.

Adjacent lymph node enlargement.

Age related renal changes with cysts.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is very guarded. Chest radiographs are warranted in this patient. Ultrasound-guided FNA of the lymph nodes and undifferentiated tissue of the mass is recommended for further definition. FNA of the recognizable spleen and liver would also be indicated to assess for micrometastasis. Round cell neoplasia is suspected.



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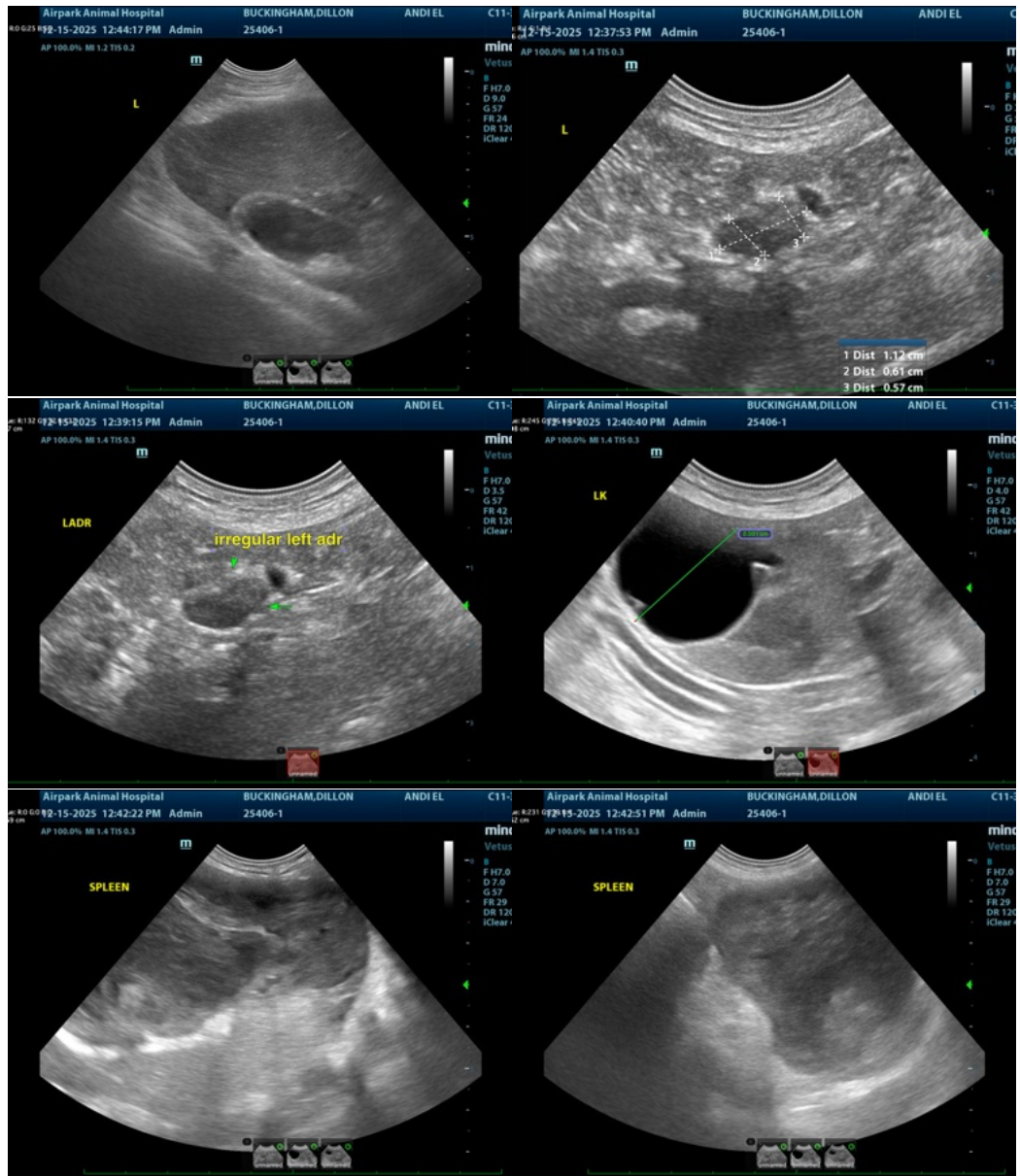
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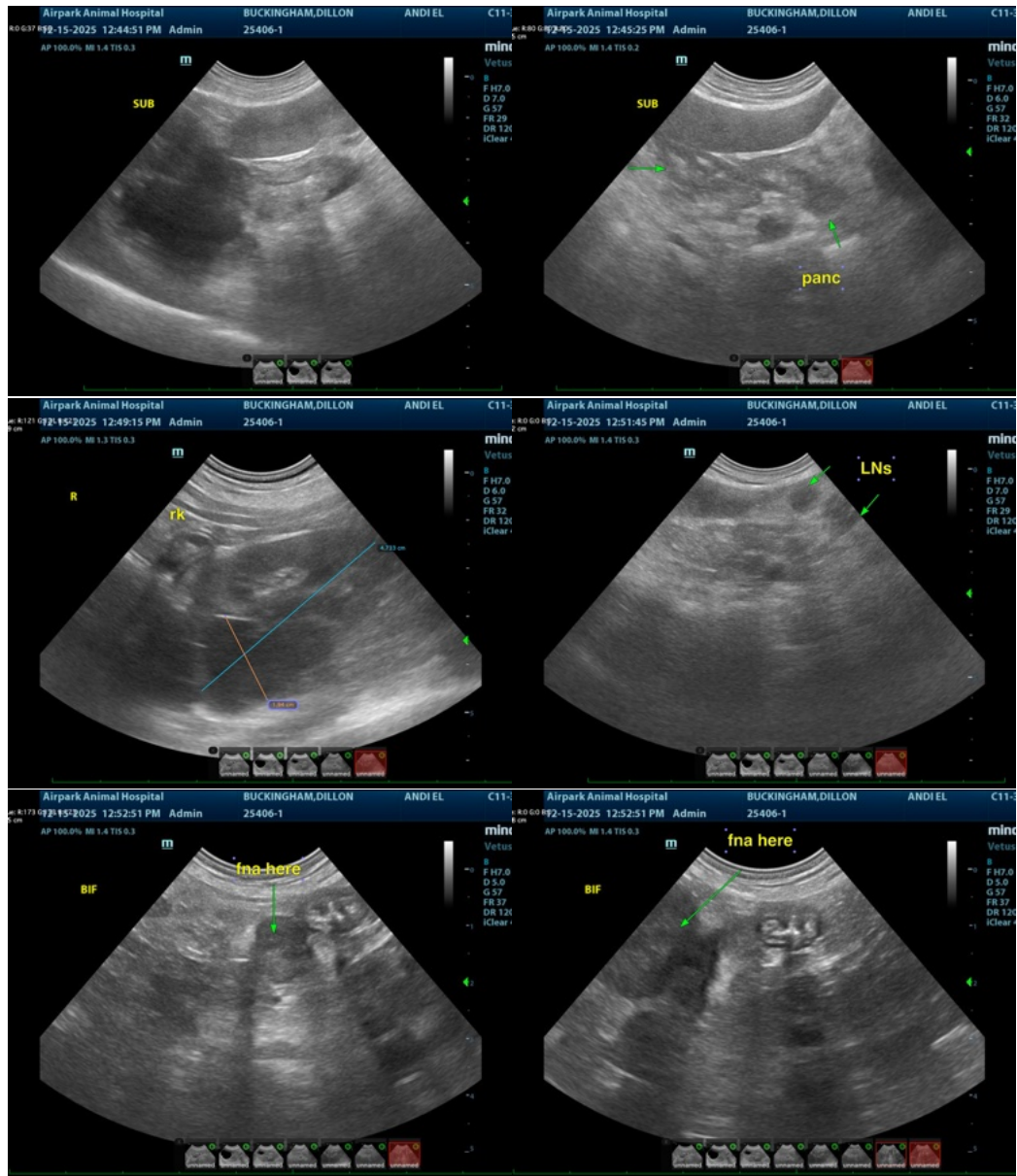
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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