



PATIENT

Ernie Pham

SPECIES

Canine

BREED

Standard Schnauzer

SEX

Neutered Male

AGE

10 Years

WEIGHT

20.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Glamorgan AC

REFERRING VET

Dr. Falk

INVOICE

35927

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Abdominal mass found incidentally during ultrasound- guided cysto. No clinical signs

Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia and monocytosis. Mild total bili elevation. Proteinuria and bilirubinuria.

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 residual prostate measured 0.78 cm.

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 6.6 cm. The right kidney measured 6.03 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 right adrenal gland measured 0.83 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** revealed a 9.0+ cm mixed echogenic complex mass, which appears to be isolated, other than the free fluid. Rupture is likely the cause of the free fluid.

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.

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



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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.

Free Abdomen

A **colic lymph node** measured 1.0 cm x 0.3 cm. The lymph node presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Free fluid was noted adjacent to the spleen.

Other

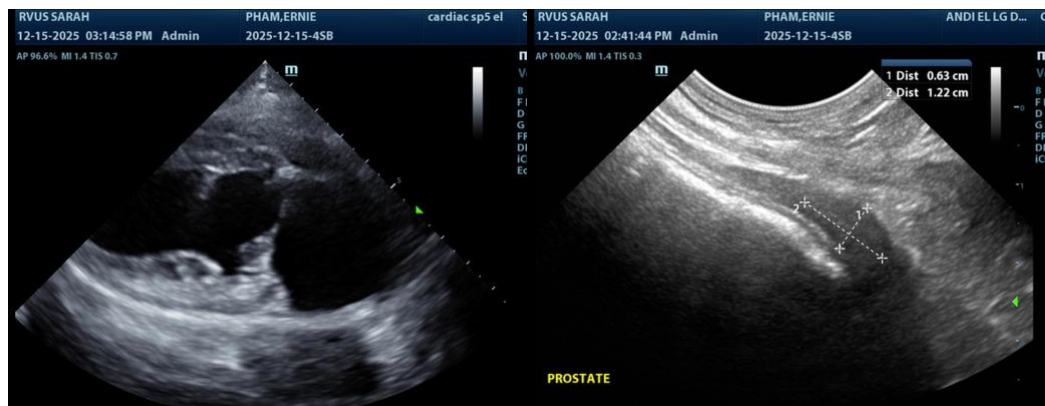
A rapid view of the **heart** revealed no evident pathology; normal volumes, contractility, right auricle, and pericardium.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Free fluid adjacent to the spleen
- Reactive colic lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If chest radiographs are free of evident pathology, then direct exploratory splenectomy is indicated. Liver inspection and biopsy are warranted, even though the liver appears normal.





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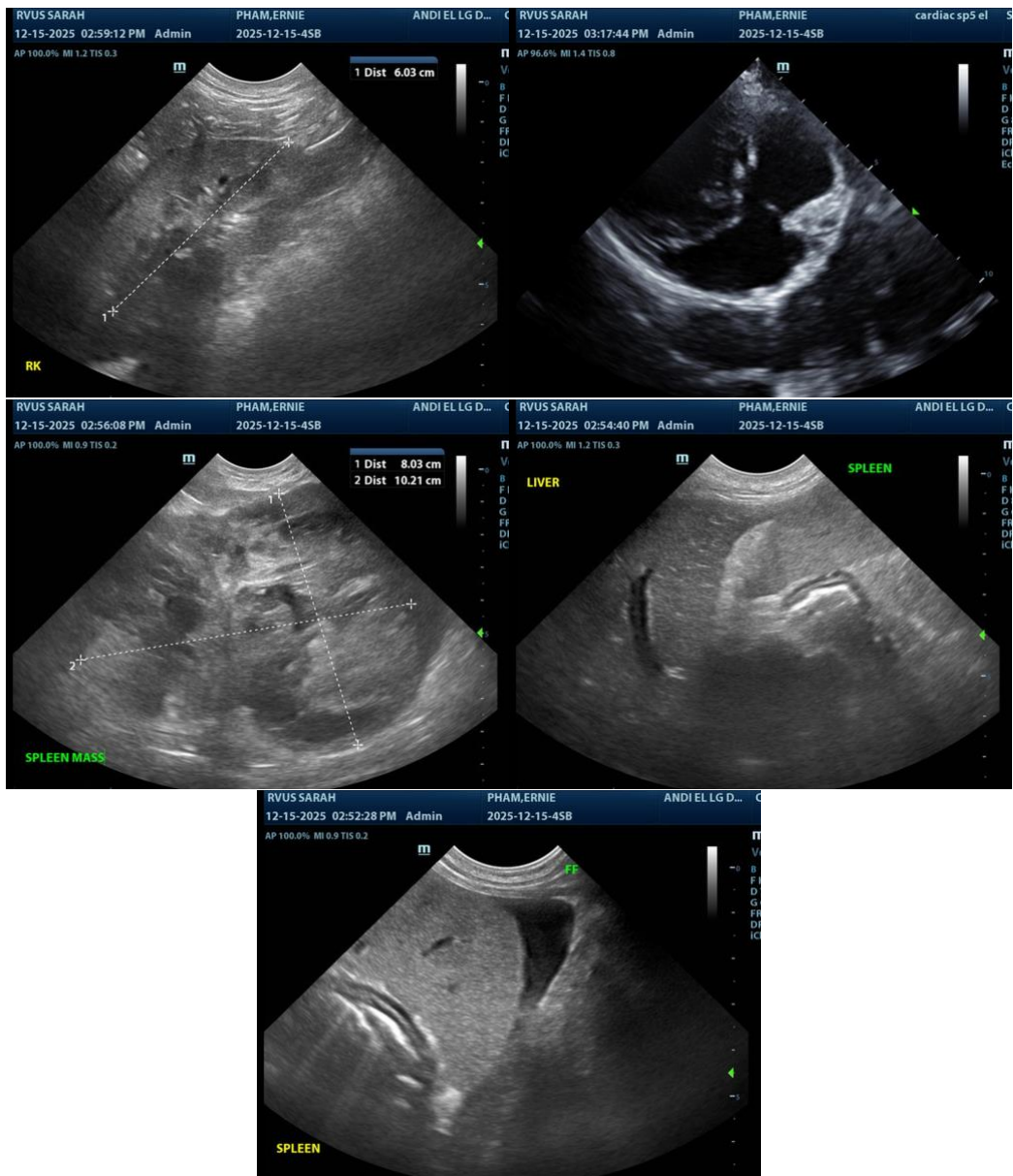
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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