



PATIENT

Bean Gravis

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

9 Years 10 Months

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Ringwood Animal
Hospital

REFERRING VET

Dr. Wilkes

INVOICE

72697

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Recheck of splenic nodule seen on last U/s. Clinically doing well. MEDS: Pimobendan, Benazapril
Abnormal PE/Chem/CBC/UA Results: ^ platelets (500) ^ ALP (419) Urine: 3+ Caox crystals, 1+
Bilirubin, USG 1.028

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 **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. Left kidney measured 3.54 cm. Right kidney measured 3.69 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. Right measured 1.57 cm x 0.50 cm at the cranial pole and 0.35 cm at the caudal pole. Left measured 1.29 cm x 0.35 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The **splenic** nodule previously noted has largely disappeared. Minor heterogeneous parenchymal changes noted. The patient was imaged on different color maps in order to assess for the splenic nodule, which was not evident.

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 largely normal with minor pyloric hypertrophy. However, the cranial dorsal aspect of the gastric fundus revealed a 1.0 cm hypoechoic nodule with loss of mural detail. This was largely non-vascular, however is in a position of gastrinoma. The gastroesophageal sphincter was normal. However, the fundic nodule was adjacent to it. The small intestine and colon were unremarkable.



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Pancreas

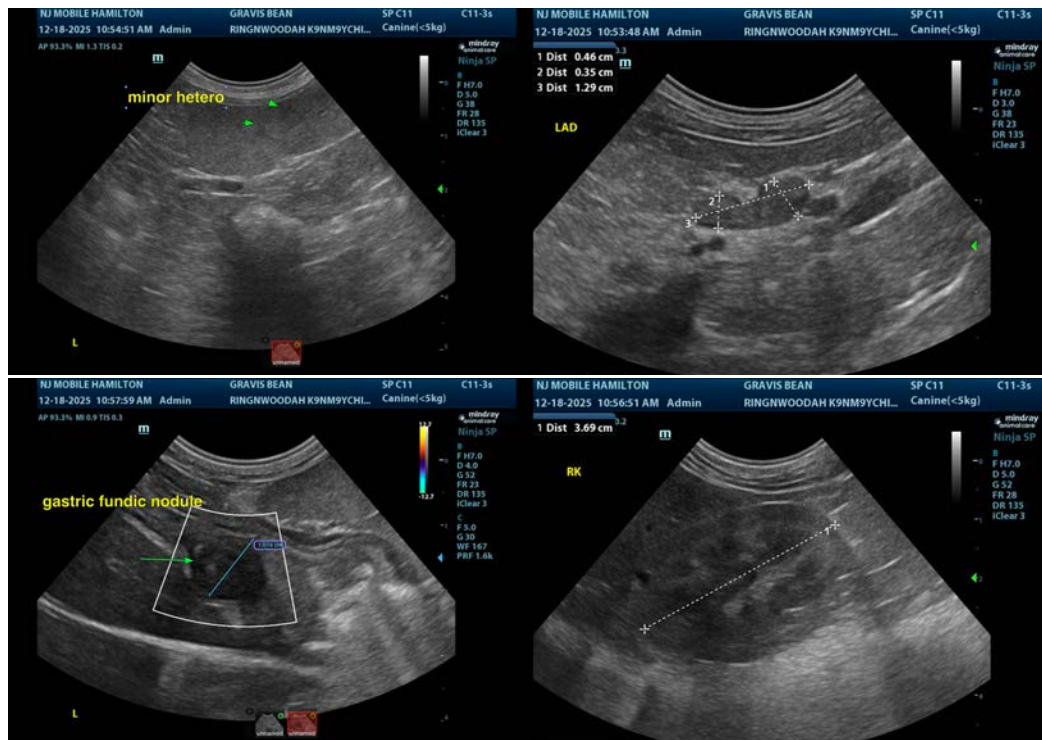
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Resolved splenic nodule with minor heterogeneous splenic changes, likely hyperplasia. These nodules can come and go periodically and are benign.
- Gastric fundic nodule – gastrinoma, resolving ulcer, newly developed round cell neoplasia or carcinoma all possible.
- Age related hepatic and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric fundic nodule is a new development that was not evident on the prior sonogram. Recommend assessing gastrin levels for gastrinoma. The lesion appears isolated and does appear potentially resectable. However, it is not in a position where ultrasound guided FNA could be performed safely. Endoscopy may be appropriate.





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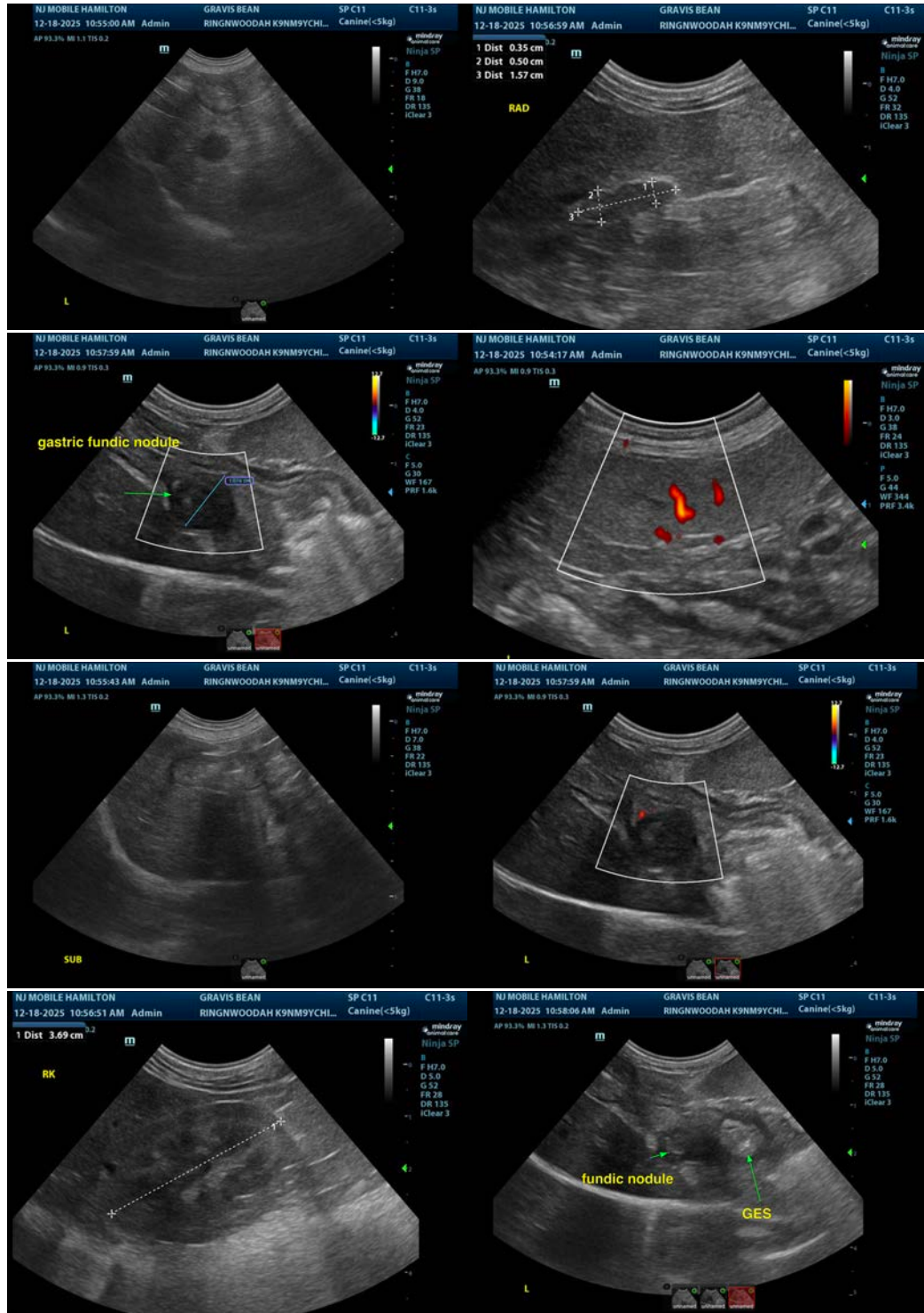
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com

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