



PATIENT

Jocko Garrison

SPECIES

Canine

BREED

American Staffordshire

SEX

Neutered male

AGE

11 years

WEIGHT

67.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Klaassen

HOSPITAL NAME

Animal Care Group of
Lake Oswego

REFERRING VET

Dr. Klaassen

INVOICE

69568

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: - epistaxis started 3 days ago - no other clinical signs
Abnormal PE/Chem/CBC/UA Results: - ALT 141 - PLT 482

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 and right kidney measured 5.0 cm.

The residual **prostate** was uniform and measured 2.0 cm with minor remodeling.

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 0.5 cm. The right adrenal gland measured 0.5 cm at the caudal pole and 1.0 cm at the cranial pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodule at the cranial pole measuring 1.0 cm with mild disruption of architecture. FNA of the general parenchyma and nodule is recommended. Subtle heterogenous parenchymal changes were noted elsewhere.

Liver

Minimal views of the **liver** were present owing to demeanor and confirmation, ye the visible liver appeared 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 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 nodule and hyperplasia pattern. Differentials include hyperplasia, splenitis, emerging round cell neoplasia, and less likely hemangiosarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel is recommended given the epistaxis as well as 25-gauge FNA of the splenic nodule and general spleen is indicated.





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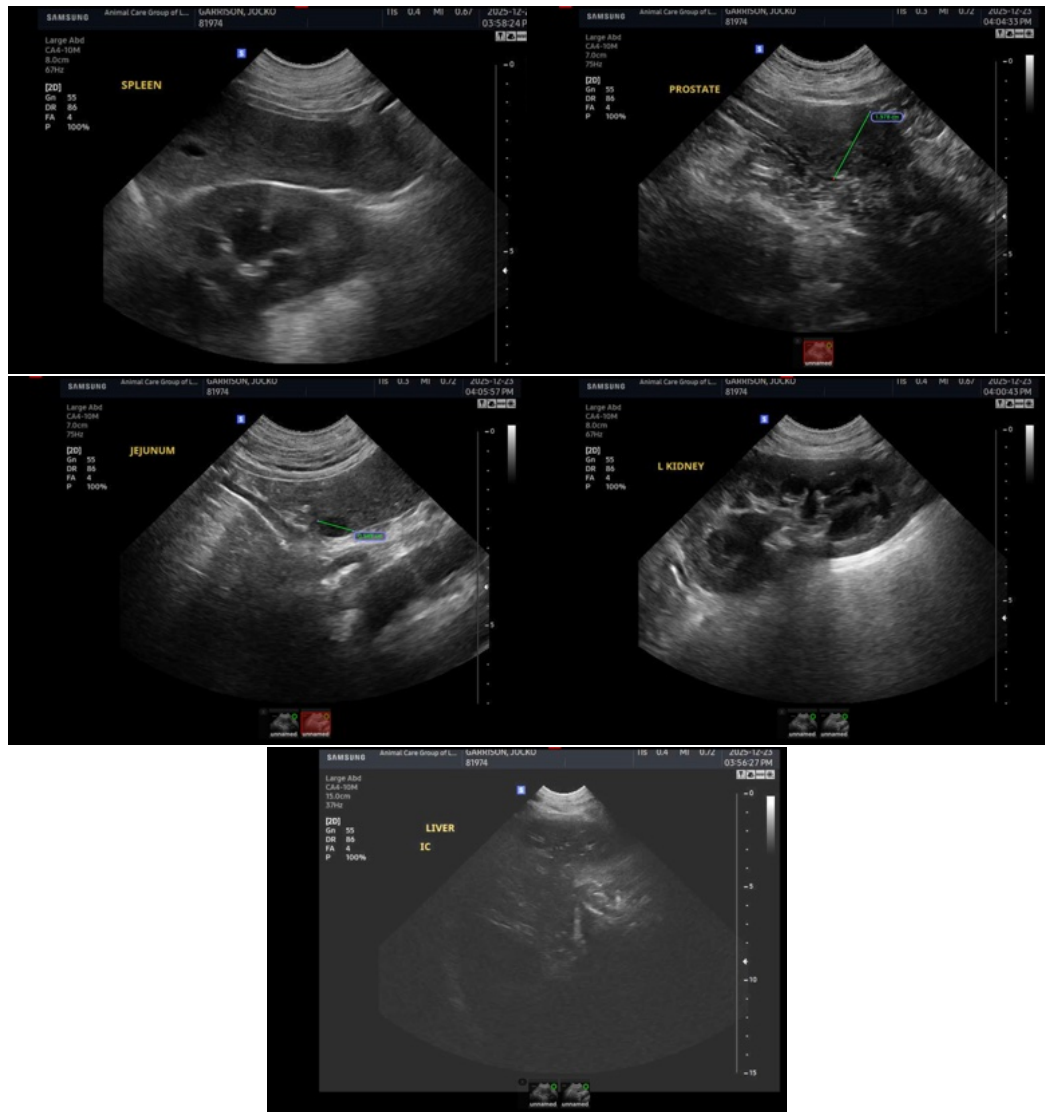
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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