



**PATIENT**

Sophie Toong

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

19.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Kayla Hanson

**HOSPITAL NAME**

Yorkville AH

**REFERRING VET**

Dr. Long

**INVOICE**

33742

**DATE**

12/27/21

**PRESENTING CLINICAL SIGNS**

Previous ultrasound done 12/3/21 where a splenic nodule was noted. recheck u/s recommended by dvm.

Abnormal PE/Chem/CBC/UA Results: no PE performed today

**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. The right kidney measured 4.04 cm. The left kidney measured 4.12 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.5 cm at the caudal pole.

**Spleen**

The **spleen** was largely uniform. The nodule noted on the prior sonogram was persistently present and irregular with some loss of detail, measuring 1.7 cm x 1.0 cm. The nodule is slightly increased in size compared to the prior sonogram. Margins were ill-defined.

**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**

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.



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**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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Slightly progressed splenic nodule, unremarkable abdomen otherwise

**BREED**

Havanese

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

From a proactive standpoint, I would recommend splenectomy in this patient. Even though the nodule may be histopathologically benign, the architecture is concerning. 25-gauge ultrasound guided FNA could be considered. However, if hemangiosarcoma is emerging, then cytology is often not fruitful in this type of lesion.

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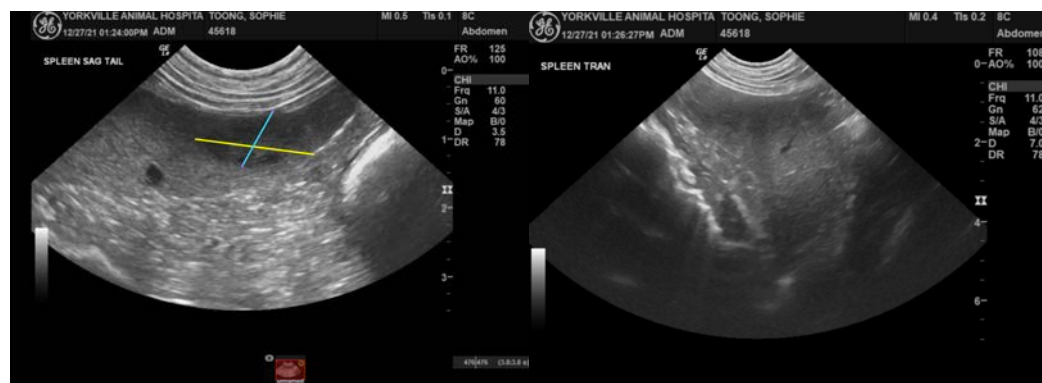
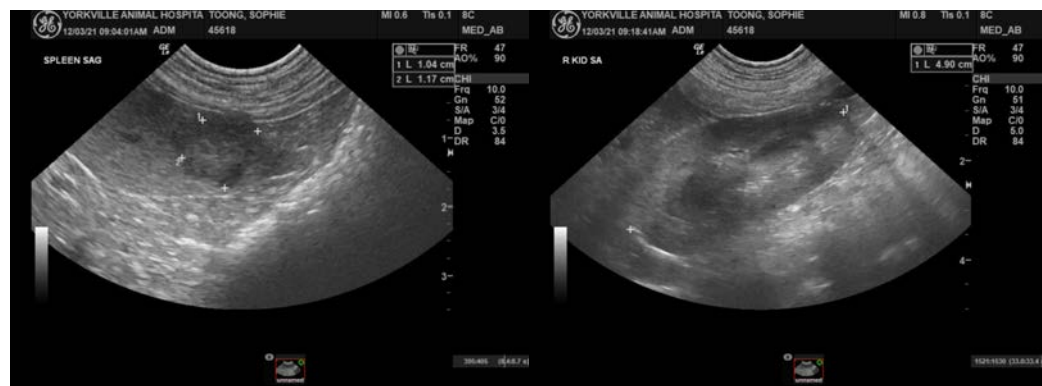
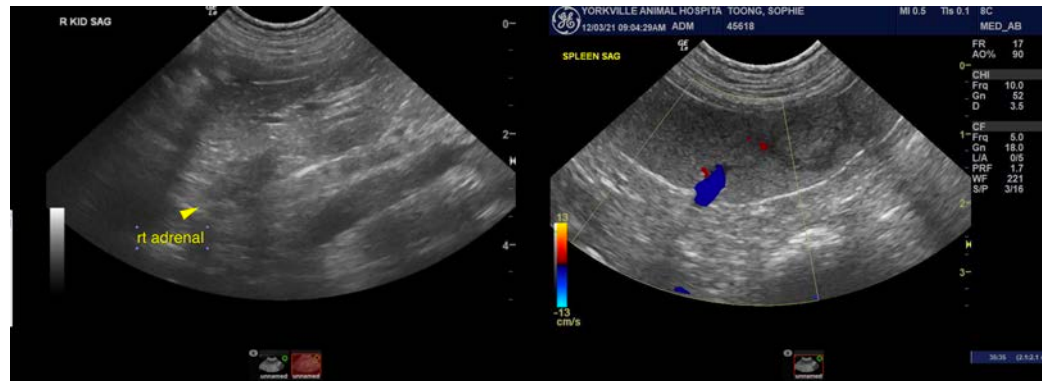
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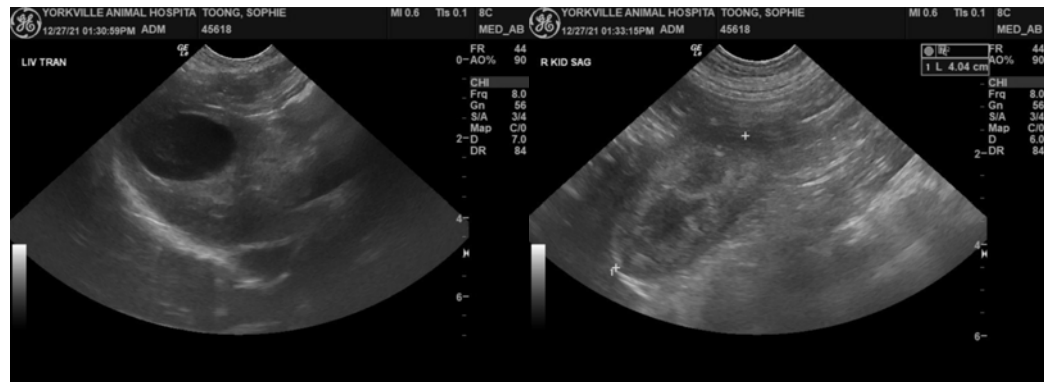
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
[info@SonoPath.com](mailto:info@SonoPath.com)