



PATIENT

Abby Kiernan

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

13 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Eric Lindquist, DMV,
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IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Kozak

INVOICE

35138

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Recent lymes dx/suspect splenic mass 7.6 cm?

Clinical findings: Went to ER in December 13th for lethargy, low appetite, pu/pd

Curent medications: Doxycycline, yunnan

Lab abnormalities: Lyme +, ^ glob 6.2, ^ ALP 982

USG: 1.020, 2+ protein

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Slight pinpoint mineralizations were noted. The left kidney measured 5.9 cm. The right kidney measured 5.59 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 2.25 cm x 0.65 cm. The right adrenal gland measured 2.42 cm x 1.0 cm.

Spleen

The **spleen** revealed a highly precarious 7.0 cm mass with a 4.0 cm cavitation deriving from the mid spleen. No evidence of rupture was noted at the time of the sonogram.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal



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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.

Other

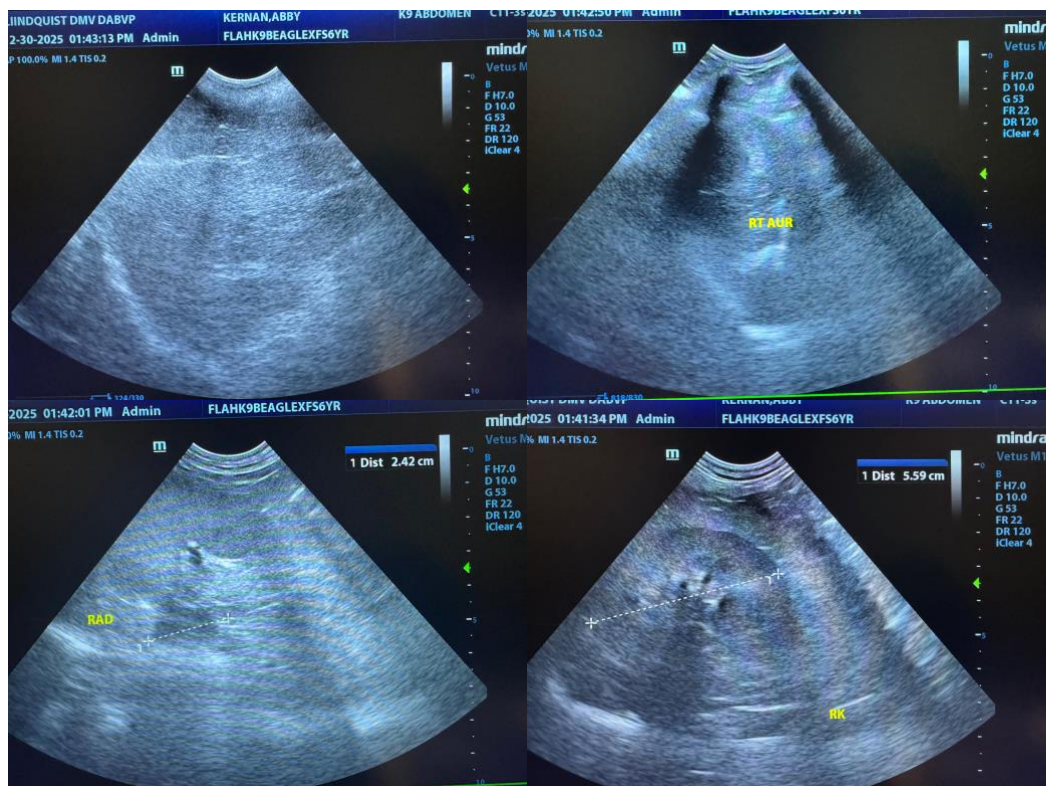
A rapid view of the **heart** revealed no evident pathology in the right auricle.

ULTRASONOGRAPHIC FINDINGS

- Precarious solitary cavitated splenic mass
- Subjectively benign hepatopathy
- Age-related renal changes with slight pinpoint mineralizations

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and immediate splenectomy is indicated. No overt evidence of metastatic disease.





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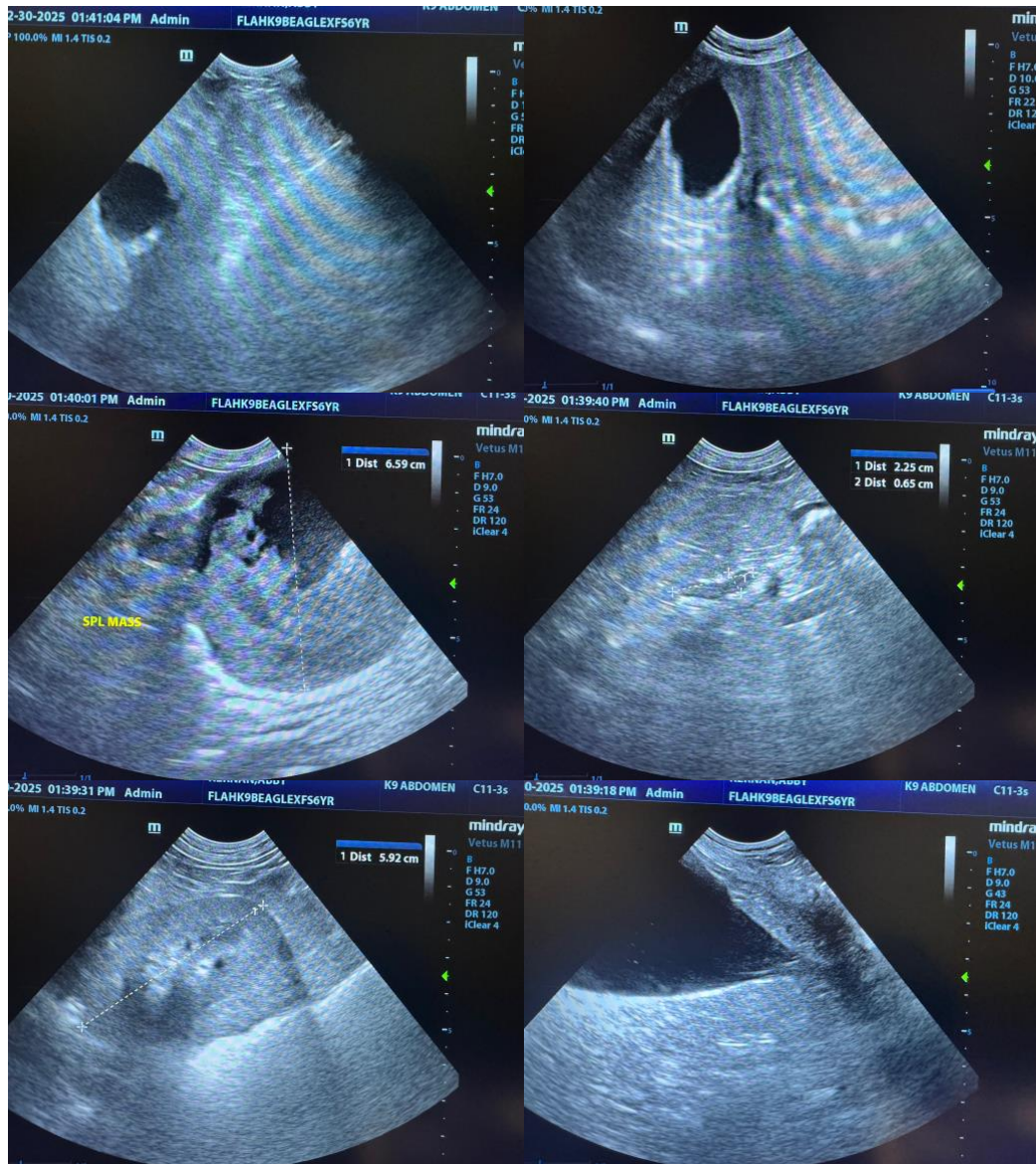
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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