



## PATIENT

Sammy Ekeman

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

11

## WEIGHT

28.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chelsea Pastor

## HOSPITAL NAME

Fredon Animal  
Hospital

## REFERRING VET

Dr. Michelle Roche

## INVOICE

72371

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

Lethargy, not eating.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, bcs 5/9, temp 104.3f Lyme 4dx-neg Hematocrit 36-non regenerative, wbc 5.5, glob 4.8, alkp 370, amylase 1941, lipase 499

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi or masses were present at this time. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

An **iliac lymph node** presented normal length to width ratio with slight, swollen contour, measuring up to 1.0 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex. Pinpoint mineralizations and slight pyelectasia noted. The left kidney measured 4.76 cm. Right kidney measured 5.47 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 0.70 cm. The right adrenal gland measured 0.80 cm.

### Spleen

The **spleen** was enlarged, irregular, hypoechoic, nodular, and folded upon itself. Isoechoic coalescing nodules creating mass effects noted within the spleen.

### Liver

The **liver** presented some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Some heterogeneous changes noted with irregular welling. 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.



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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

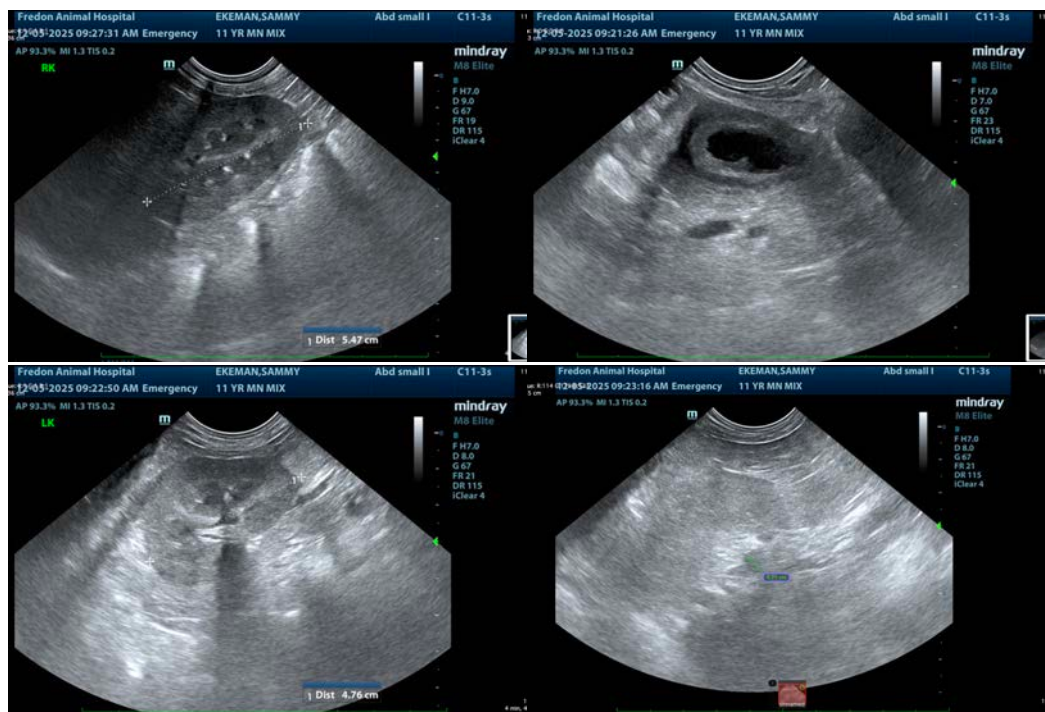
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Splenomegaly and masses with possible micrometastasis to the liver – round cell neoplasia, splenitis, hemangiosarcoma are primary concerns.
- Chronic cystitis.
- Reactive iliac lymph node.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA spleen and liver warranted for staging. If the liver is free of significant pathology, then splenectomy would be indicated. No free fluid noted. CBC path review +/- bone marrow aspirate would be warranted, given the anemia. Chest radiographs and echocardiogram warranted to screen for metastatic disease.





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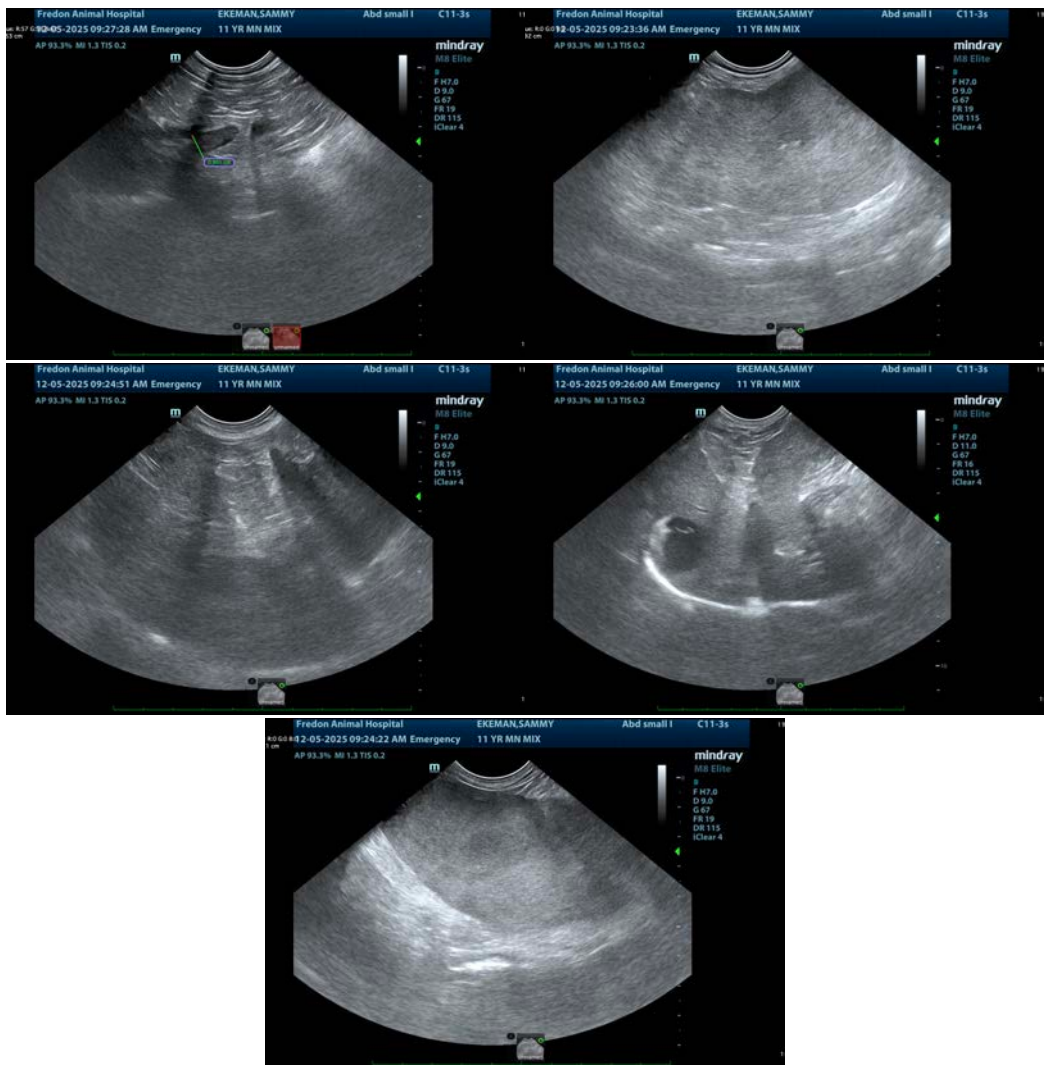
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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