

## PATIENT

Blue Chandra

## SPECIES

Canine

## BREED

Weinaraner

## SEX

Neutered Male

## AGE

7/20/2013

## WEIGHT

30.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

DesertHills Animal  
Hospital

## REFERRING VET

Dr. Coats

## INVOICE

13780

## DATE

02/13/26

## PRESENTING CLINICAL SIGNS

- Presented for ADR-lethargic, not eating ~40 hours, O very concerned P at end of his life as he is acting like previous dogs at their end. O has been out of town from January 31-February 9th, was doing fine w/ pet sitter. Some runny stool a few days ago, yesterday a normal bowel movement. Refusing his favorite foods, not wanting to walk. Has been drooly past 48 hours. On physical exam noted P had pale mucus membranes.
- NO murmur; bradycardic at 80 bpm, no arrhythmia on auscultation
- Working diagnosis
- R/O Cardiac vs splenic mass
- Any additional information
- Patient acutely decompensated & passed away shortly after workup-was sitting normally in kennel, then passed

Abnormal PE/Chem/CBC/UA Results: CBC- all WNL Hct=47% (37-55%), Platelets=277 (165-500)  
Chem 11- ALT=551 (10-118)-was WNL 7/25 cPL<90-WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed minor apical wall thickening with slight micropolypoid changes. A minor amount of suspended debris was present.

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. Slight pinpoint mineralizations were noted. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.52 cm in length. The right kidney measured 6.2 cm in length.

### Adrenal Glands

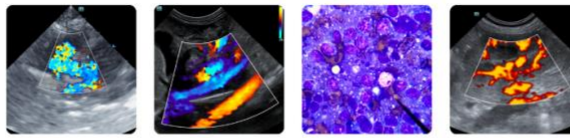
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.64 cm width at the cranial pole and 0.71 cm width at the caudal pole. The right adrenal gland measured 1.12 cm width at the cranial pole and 0.76 cm width at the caudal pole.

### Spleen

The **spleen** presented enlarged with subtle micronodular changes and swollen contour most consistent with hyperplasia. This may be playing a role in the arrhythmogenic disease. The spleen was folded upon itself cranially and caudally yet not overtly neoplastic.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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



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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.

**Pancreas**

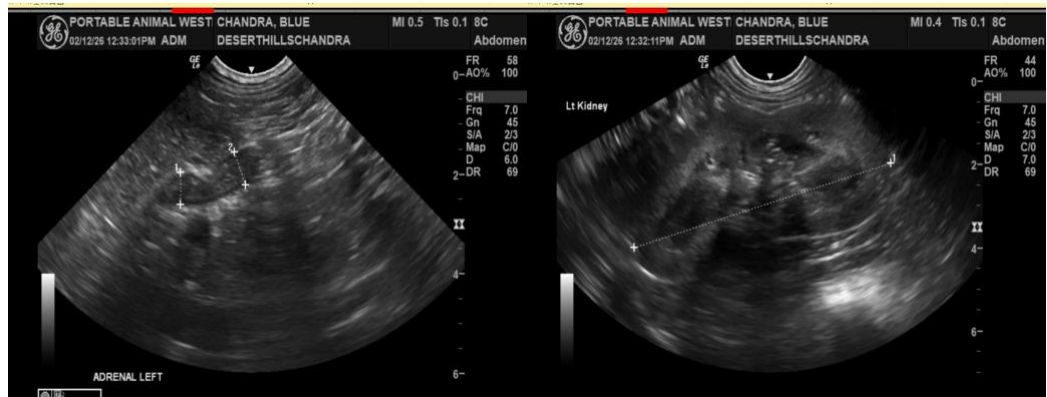
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Hypersplenism/hyperplastic spleen with very minor potential for round cell neoplasia.
- Minor bladder thickening.
- Age-related abdominal changes.
- Unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the spleen could be considered for further definition. Not suspected to be neoplastic, however, it cannot be completely ruled out. No evidence of mass is noted. Urinary work up if not already performed given the bladder wall thickening.





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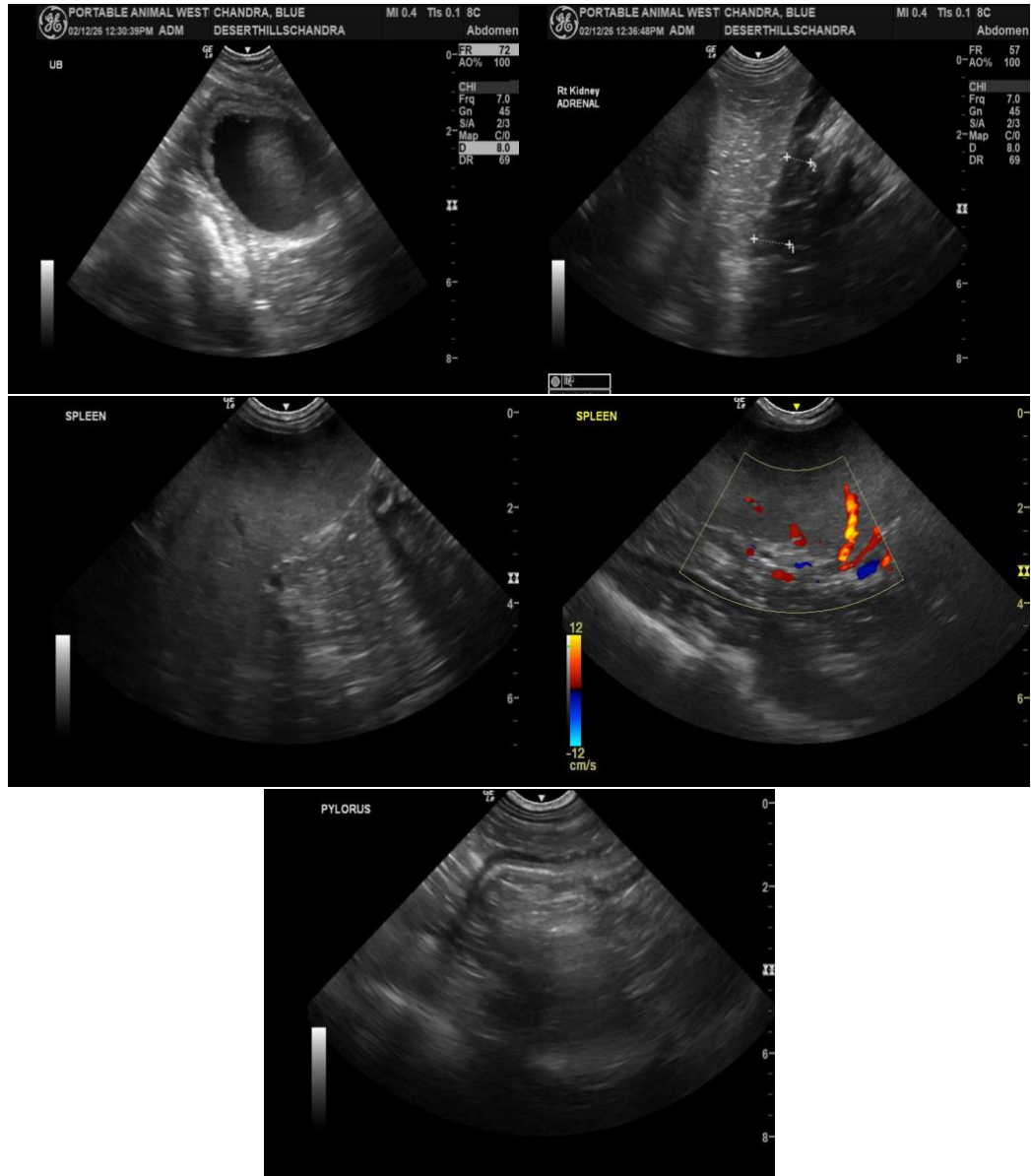
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

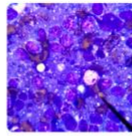
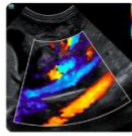
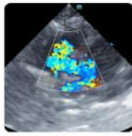
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