



PATIENT

Nalu Baxter

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

12 Years 8 Months

WEIGHT

26.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Epple

INVOICE

13860

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Recheck abdomen
- Prev. U/S rec. splenectomy (prev. report attached)

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm 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 residual **prostate** measured 0.65 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.8 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 0.5 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.50 cm width at the caudal pole.

Spleen

A viable spleen was present in this patient with a hypoechoic nodule at the cranial pole measuring 0.88 cm. The splenic nodule is expansive and moderately vascular on power doppler assessment. The spleen was folded upon itself cranially.

Liver

The **liver** was uniformly swollen with mild 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. No evidence of metastatic disease.

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



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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.

Free Abdomen

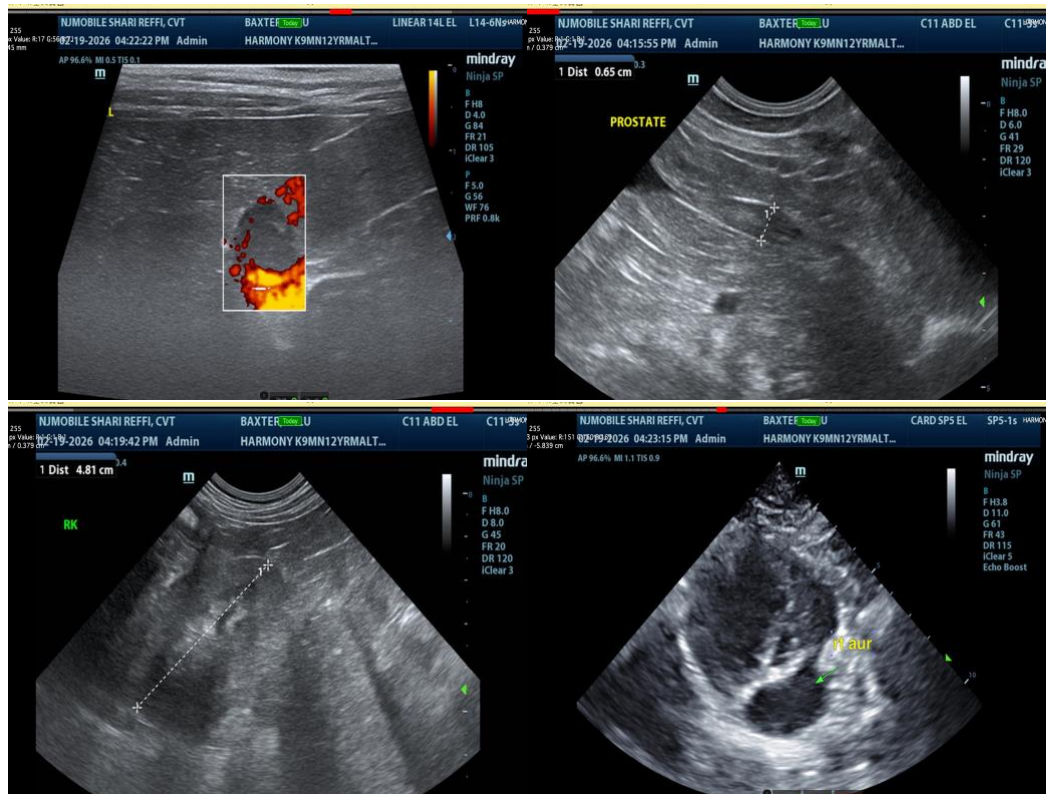
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Age-related abdominal changes.
- Persistent splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodule appears stable, however, capsular expansion and disruption of architecture is concerning. Proactive splenectomy is still recommended.





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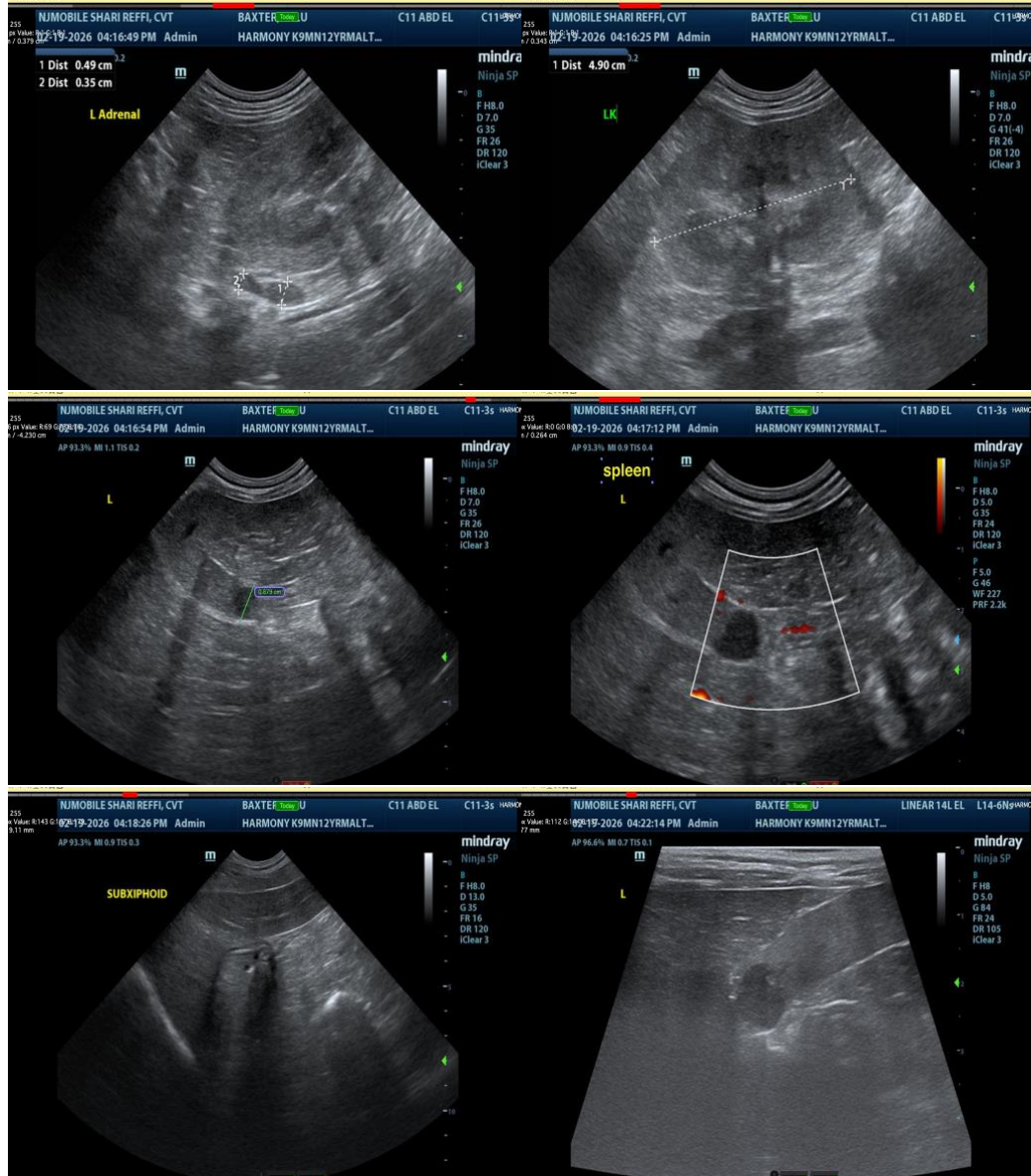
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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