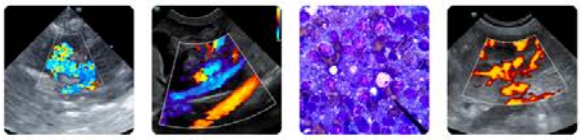


DATE

2/20/26

PATIENT

Teddy Duke

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

1/14/14

WEIGHT

71 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Madonna Veterinary Clinic

REFERRING VET

Dr. Brockett

INVOICE

73132

PRESENTING CLINICAL SIGNS

Patient History: Repeat scan to check splenic mass.

Current Medications: N/A.
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: Multiple, most recent 10/21/25. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 1.6 cm.

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 5.73 cm with slight mineralizations noted. Left kidney measured 6.23 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. Left measured 3.09 cm x 0.62 cm at the caudal pole and 0.77 cm at the cranial pole. Right measured 2.57 cm x 0.82 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

The **spleen** revealed hypoechoic nodules, examples measured 0.87 cm and 0.76 cm. Minor heterogeneous parenchymal changes noted elsewhere in the spleen.

Liver

The **liver** presented minor heterogeneous parenchymal changes without disrupted architecture The gallbladder and common bile duct were unremarkable. The changes in the liver were minor and expected for this age patient.

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.

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

Mildly enlarged mesenteric lymph nodes noted up to 1.6 cm.

Rapid view of the heart revealed no evident pathology in the auricle or pericardium. Normal contractility and volumes.

ULTRASONOGRAPHIC FINDINGS

- Persistent splenic nodular changes.
- Heterogeneous liver.
- Slightly enlarged mesenteric lymph nodes.

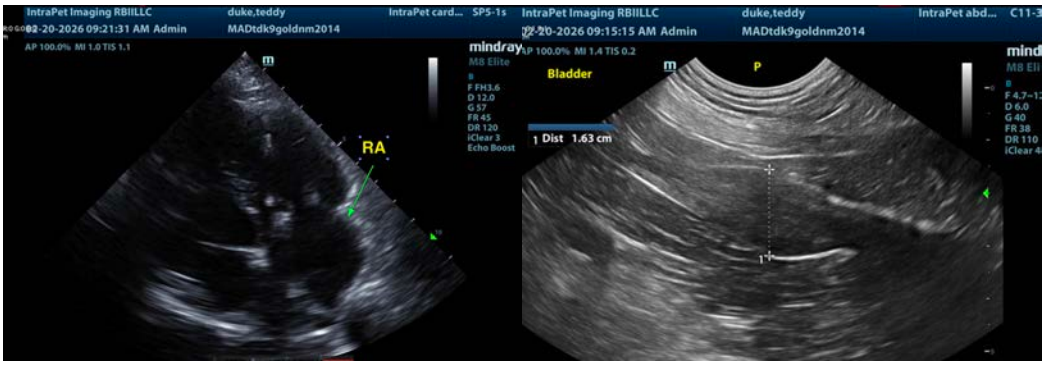
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

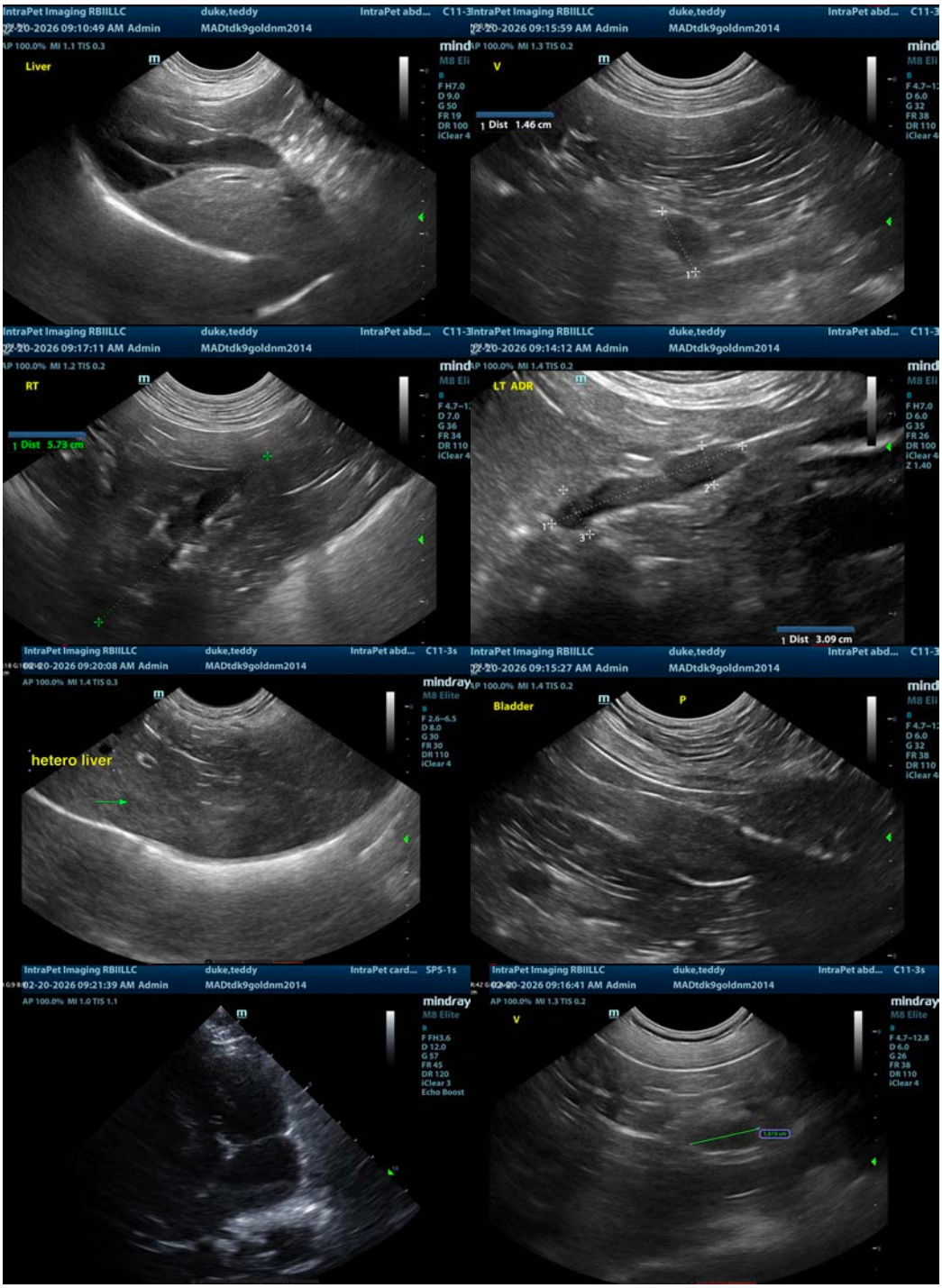
The nodular splenic changes have historically varied in size. This can happen typically in hyperplastic spleens. No overt neoplastic criteria in this patient. However, the nodular changes are still concerning and may represent a pre-neoplastic state. The slightly enlarged mesenteric lymph nodes should be monitored.

Given the breed predisposition, and even though no significant changes have occurred regarding the splenic nodule size, the parenchymal changes subjectively appear slightly more dramatic, and given the slight mesenteric lymph node enlargement, my personal preference in this case would be proactive removal of the spleen with inspect and biopsy the mesenteric lymph nodes as well as the liver given the convenience of the procedure. However, the liver does not bother me as a potential issue.

Otherwise, screening FNA of the splenic nodules and mesenteric lymph node warranted. However, the mesenteric lymph nodes are particularly small and may be difficult to obtain definitive aspirates.

Chest radiographs warranted.

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Liver
IntraPet Imaging RBIILLC
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V
Dist 1.46 cm
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RT
Dist 5.73 cm
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LT ADR
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hetero liver
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Bladder
P
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V

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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