



PATIENT

Ginger Jones

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed female

AGE

10 years

WEIGHT

65 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Danielle Harshberger

HOSPITAL NAME

Local Mobile
Veterinary Service

REFERRING VET

Dr. Lorandeanu

INVOICE

71805

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- 1/28/26: P seen for swollen peripheral lymph nodes and increased thirst. Otherwise acting normal. Cytology of Lymph nodes diagnostic for lymphoma.
- AUS to complete diagnostics
- Current meds: Carprofen 100mg q24
- 2/10/26: CBC/Chem/ UA: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Minor apical bladder wall thickening was noted. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone was normal. The urethra was not visualized owing to pelvic position of the bladder.

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 left kidney measured 6.0 cm. The right kidney measured 6.9 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 measured 0.58 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed focal, hypoechoic target type nodule that measured 1.0 cm at the caudal pole of the spleen. Minor heterogenous parenchymal changes were noted elsewhere in the spleen, yet no overt masses.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of



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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

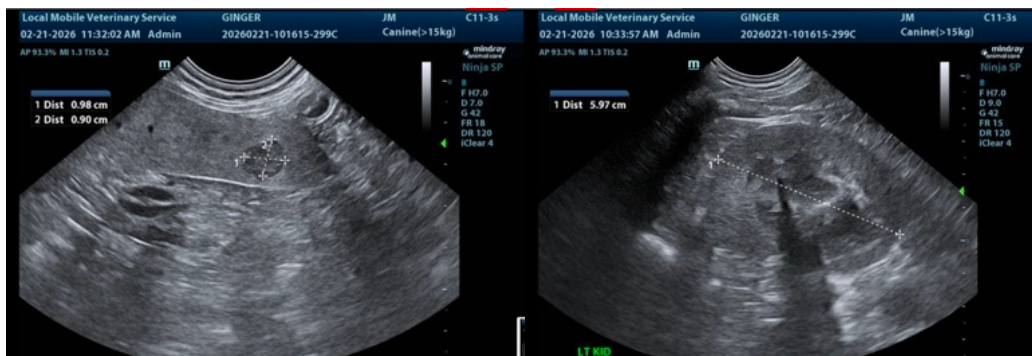
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Heterogenous spleen with focal concerning nodule at the caudal pole.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule or proactive splenectomy is indicated. The primary potential is round cell neoplasia. Other differentials include emerging hemangiosarcoma, nodular hyperplasia, or less likely abscessation or necrosis. Chest radiographs and echocardiogram with right auricular focus is recommended to assess for metastatic disease prior to surgery. Subtle, micronodular changes were noted elsewhere in the spleen. Given the patient's history 25-gauge FNA of the general spleen and 25-gauge FNA of the nodule is recommended for screening purposes.





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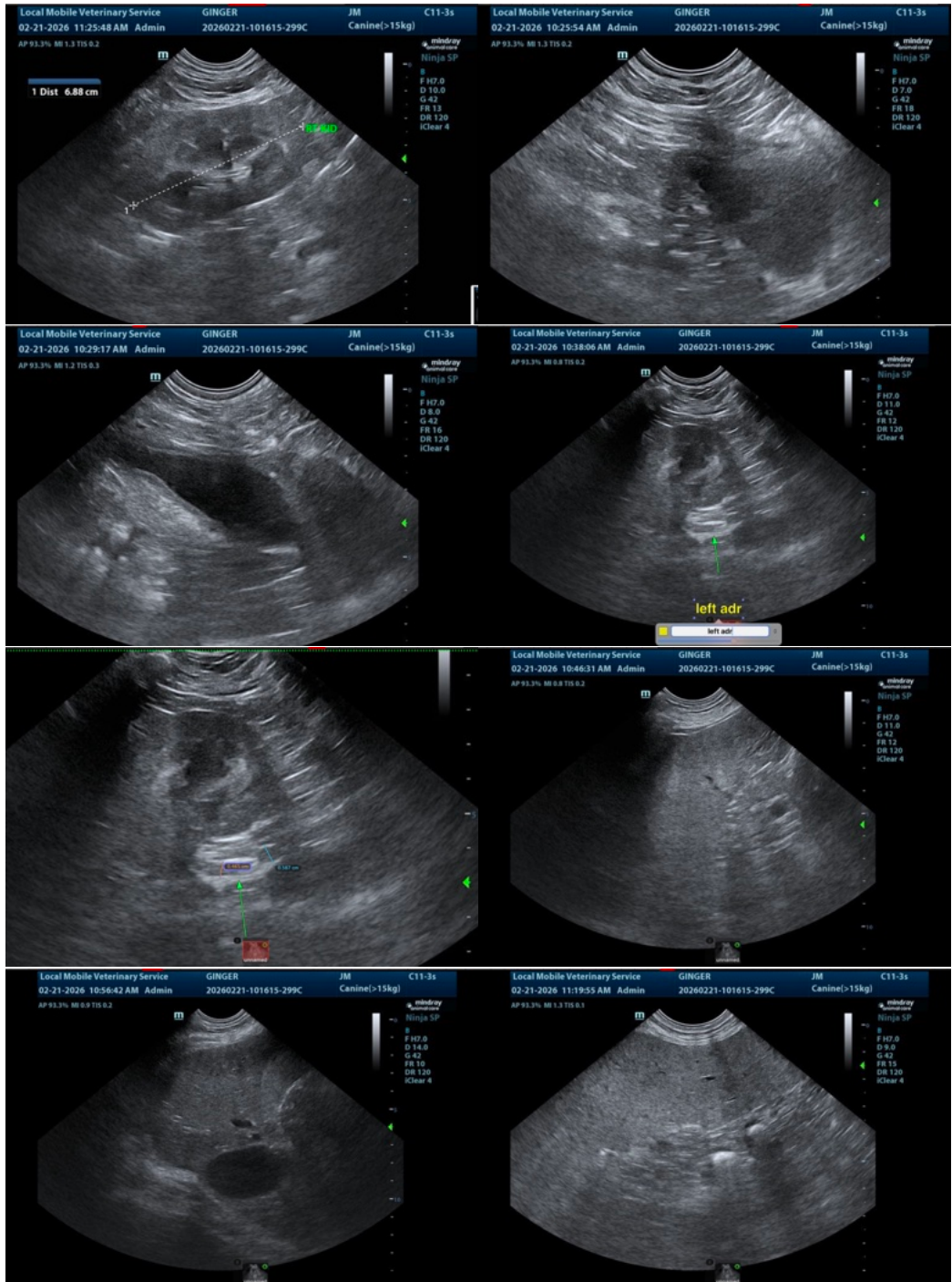
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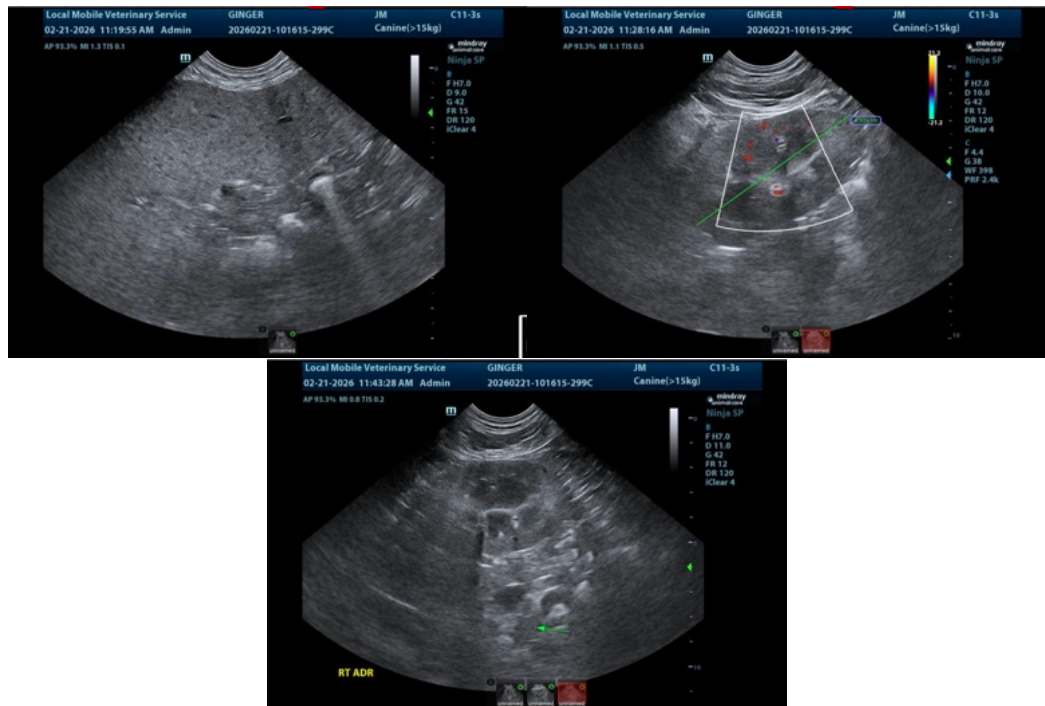
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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