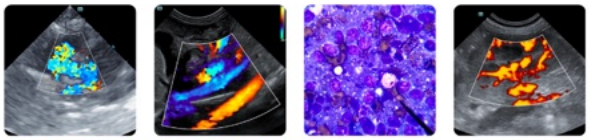

PATIENT

Patrick Turner

SPECIES

Canine

BREED

Rott/Lab Mix

SEX

Neutered male

AGE

12 years

WEIGHT

40 kgs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wes Spangler

HOSPITAL NAME

TotalBond VH Paw Creek

REFERRING VET

Dr. Spangler

INVOICE

71849

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Rechecking scan as suspected cystitis was noted on previous scan. Urine culture came back negative.
- doing well at home

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 was noted. Ureteral papillae were normal.

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 6.7 cm. The left kidney measured 7.67 cm.

The iliac lymph nodes were reactive and measured 2.6 x 1.4 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.76 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** revealed a focal, hypoechoic nodule at the medial aspect of the mid splenic body. A second nodule measured 0.87 cm. The nodules have target type appearance, which is concerning. The spleen was folded upon itself cranially.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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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.

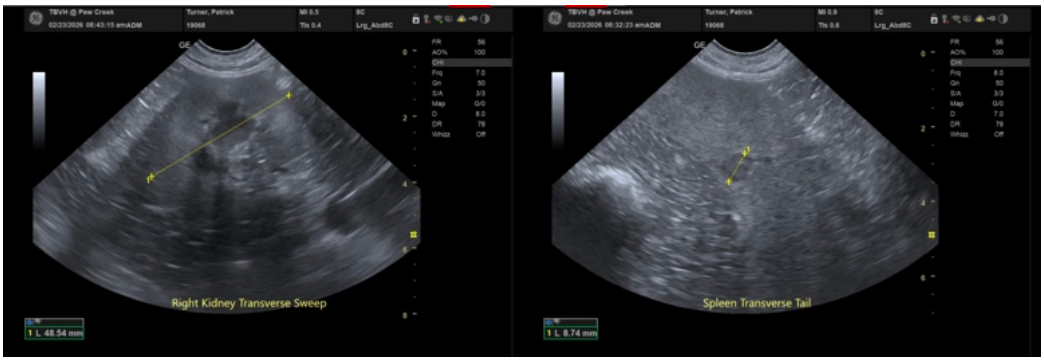
ULTRASONOGRAPHIC FINDINGS

Splenic nodules.

Normal bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of residual bladder thickening. I am concerned about the splenic nodules in this patient. Proactive splenectomy after chest radiographs and rapid echocardiogram particularly focused on the right auricle and pericardium would be ideal as differentials on the splenic nodules include emerging hemangiosarcoma, round cell neoplasia, hyperplasia, necrotic or abscessing nodules (unlikely). Ultrasound-guided 25-gauge FNA of the nodules could be considered. However, given the breed predisposition to splenic neoplasia, proactive splenectomy may be the best option in this patient.



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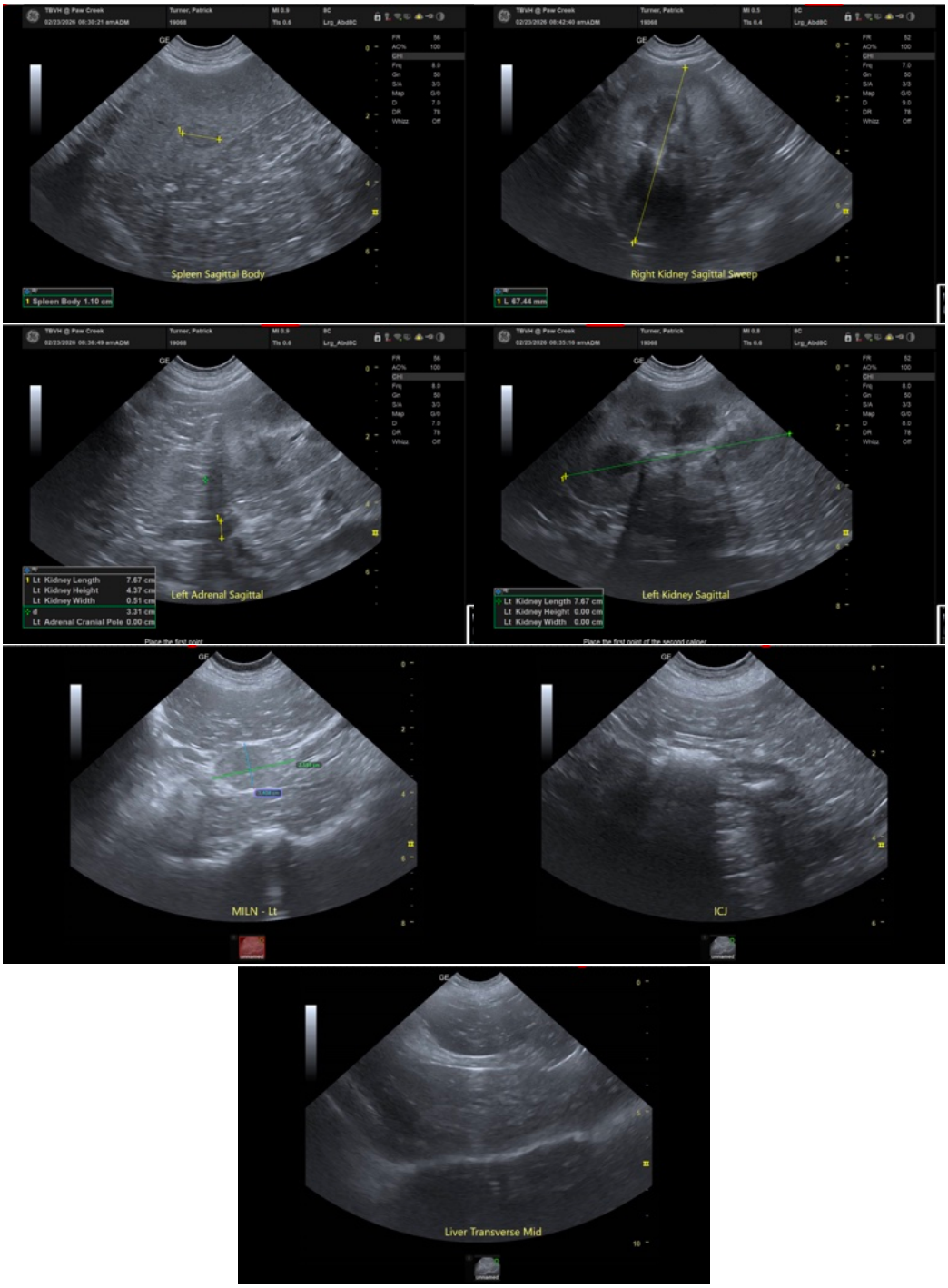
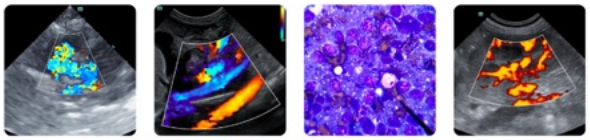


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com