



## PATIENT

Kai Jones

## SPECIES

Canine

## BREED

Australian Sheherd  
Border Collie Mix

## SEX

Neutered male

## AGE

12 years

## WEIGHT

65.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idano

## REFERRING VET

Dr. Turlock

## INVOICE

72359

## DATE

3/10/26

## PRESENTING CLINICAL SIGNS

- History of vomiting and diarrhea
- BUN 37, ALP 334
- moderate anemia (25%)
- neutropenia (1.23)
- Thrombocytopenia (77k)
- X-rays done at rDVM concerning for large abdominal mass per radiologist

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Wall thickness measured 0.94 cm at mild repletion. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 5.3 cm. The right kidney measured 6.5 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 right adrenal gland measured 0.74 cm at the cranial pole and 0.65 cm at the caudal pole.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. Minor vascular congestion was noted. There was no evidence of torsion; however, this may be a precursor to torsion. This is a positional variant and is not pathological. There was no evidence of significant disease.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Generalized hepatomegaly was noted with mild amount of remodeling. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time.



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Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder polyps were noted, yet not pathological.

**Gastrointestinal**

The **stomach** revealed a minor amount of anechoic fluid with minor mucosal remodeling. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

**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.

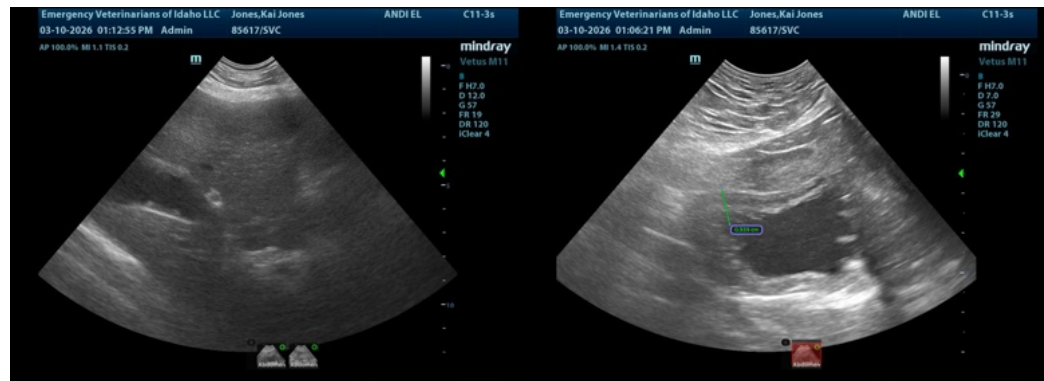
**ULTRASONOGRAPHIC FINDINGS**

Folded spleen with mild subjectively, benign splenomegaly.

Mild gastritis pattern with minor chronic mucosal remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If pain is induced on palpation of the spleen then proactive splenectomy could be considered. There was no overt evidence of neoplasia or masses. Tick borne disease panel +/- 25-gauge FNA of the spleen can be considered for further definition, yet neoplasia is not suspected. Management for gastritis is indicated. There is a potential for GI blood loss given the anemia. Urinary work-up is warranted given the bladder wall thickening.





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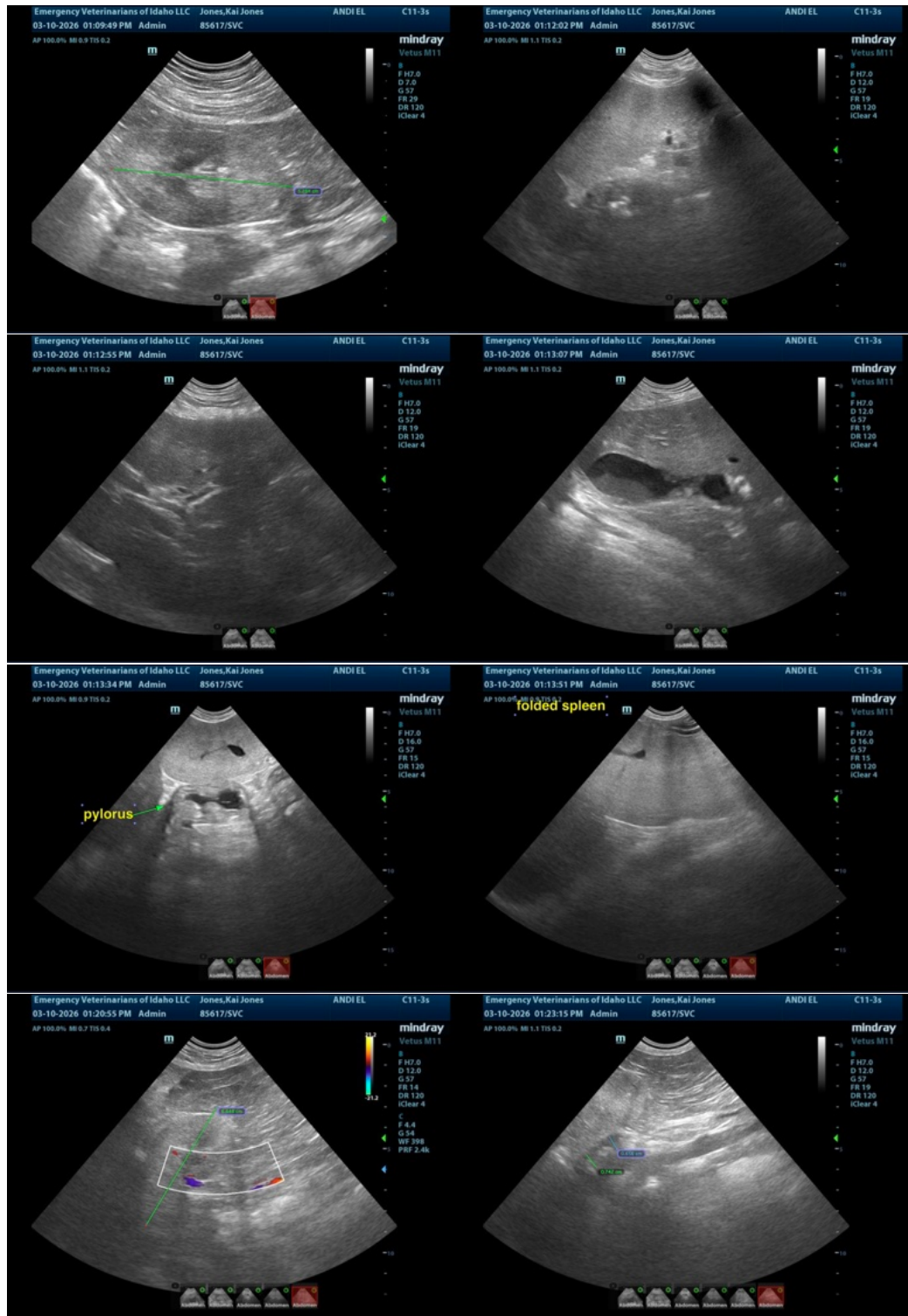
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)