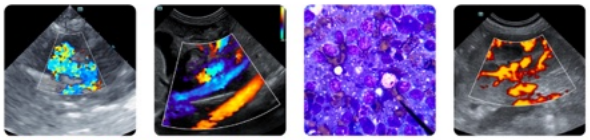

PATIENT

Marshall Sigmon

SPECIES

Canine

BREED

Rottweiler Lab Mix

SEX

Neutered male

AGE

22 months

WEIGHT

55 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wes Spangler

HOSPITAL NAME

TotalBond VH Paw Creek

REFERRING VET

Dr. Spangler

INVOICE

73700

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting over the last year. Vomiting was occurring daily, has reduced to 2 - 3x/week on RC Hydrolyzed protein diet + daily oral famotidine and probiotics
- Pet developed IMHA in mid October 2025. At that time HCT was 19% with sphereocytes, very high reticulocytes and nRBCs.
- Infectious anemia panel at that time was negative.
- Responded well to immunosuppressive doses of prednisone on a long slow taper. We were able to achieve HCT of 40% by 11/28/26
- Came in on 3/16 with reports of a scuffle with other dogs on 3/14, owners reported consistent epistaxis since the scuffle coming from within the nose (not an external injury) as well as a toenail that bled during the same time
- Normal HCT, WBC count on 3/16, however platelet count was 22,000. R/o immune mediated vs consumption. No bruising/petichiation visible during exam
- Restarted immunosuppressive prednisone out of abundance of caution
- recheck CBC count on 3/23 shows platelets improved to 109,000
- It came to my attention this morning that a previous ultrasound done elsewhere in early October (prior to coming to me) did identify the larger splenic nodule at 11mm. There was not mention of any additional nodules.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 left kidney measured 6.5 cm. The right kidney measured 6.1 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 0.55 cm. The left adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed a focal, hypoechoic nodule measuring 1.0 cm at the mid body. This may be partially suppressed owing to the Prednisolone therapy. The remainder of the spleen was largely unremarkable.

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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 normal volume with no evidence of congestion. The gallbladder was slightly edematous.

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.

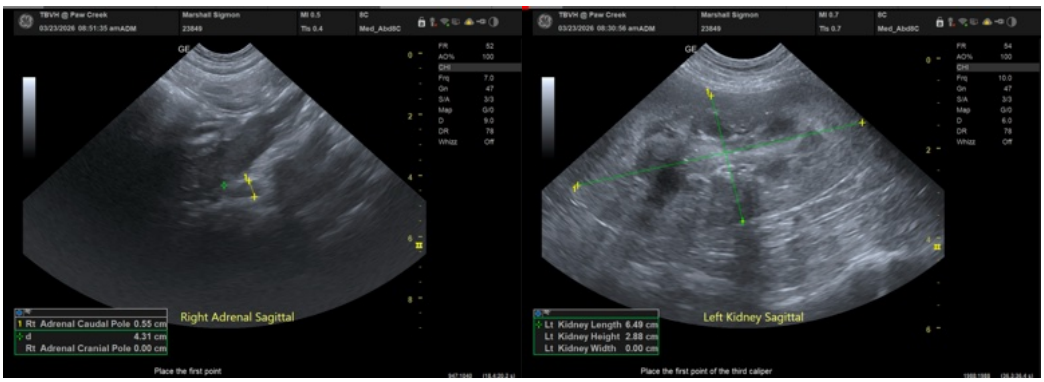
ULTRASONOGRAPHIC FINDINGS

Focal splenic nodule.

Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the Prednisolone therapy, I cannot rule out an immune suppressed presentation. Ultrasound-guided 25-gauge FNA of the splenic nodule is recommended with potential PCR or PARR for round cell neoplasia. Differentials include hyperplasia, round cell neoplasia, emerging hemangiosarcoma is possible with no evidence of pathology.



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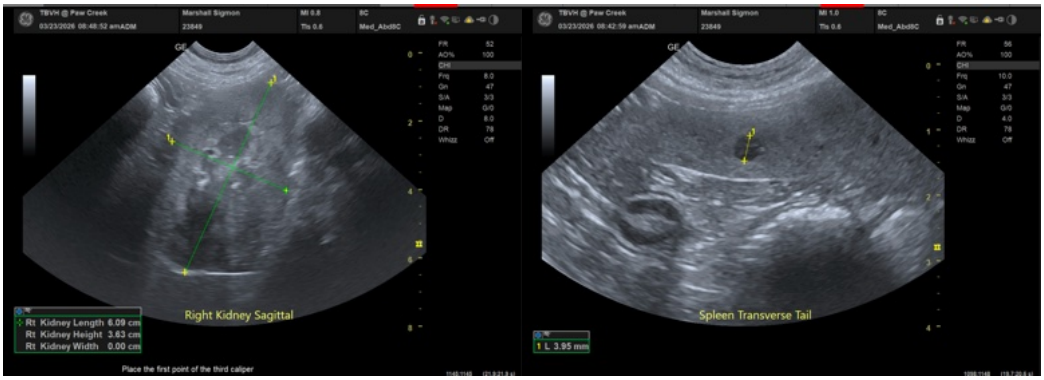

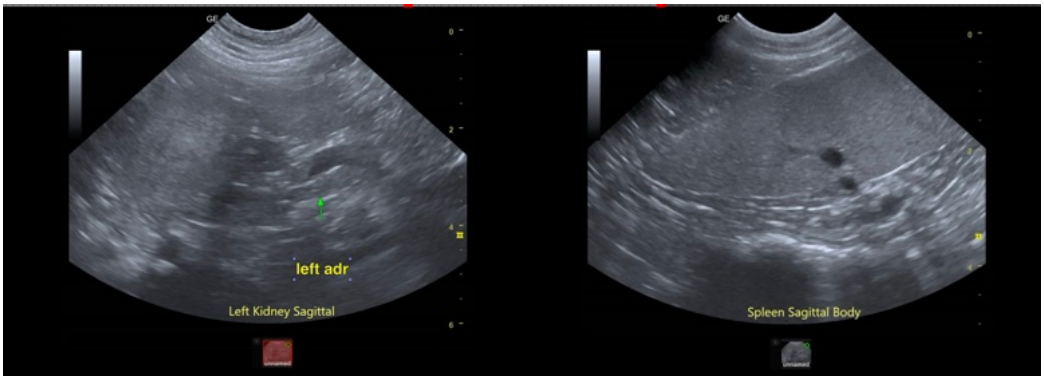

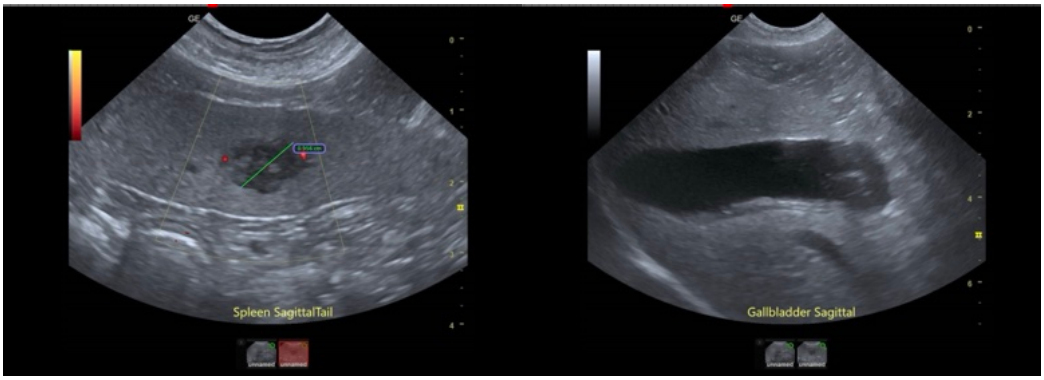

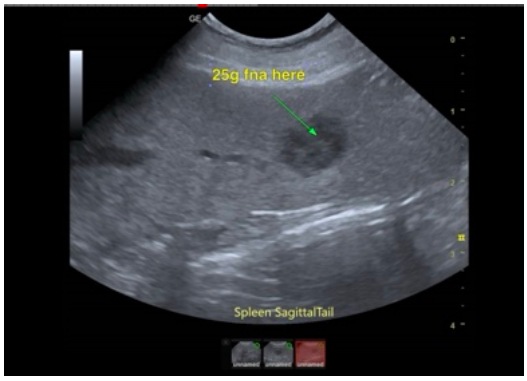

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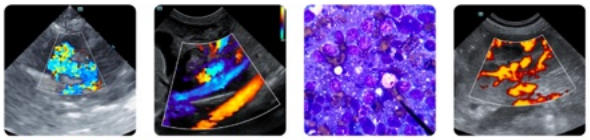

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com