



PATIENT

Hattie Holen

SPECIES

Canine

BREED

German Shorthaired
Pointer

SEX

Spayed Female

AGE

4 Years 4 Months

WEIGHT

45.20 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Raul Casas

INVOICE

14618

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Presents for referral for abdominal ultrasound, possible splenic neoplasia.
- - Recent hospitalization at Knife River Vet Clinic; records and radiographs reviewed.
- - Prior episode of vomiting (bile) and anorexia; no vomiting or diarrhea since hospitalization.
- - Appetite increased (counter surfing, waking for food at night); eating and drinking normally.
- - Activity improved but not fully normal; progressive improvement since discharge.
- - Previous nystagmus and inability to shake head; persistent right head tilt since recent illness.
- - Anemia of undetermined etiology; no evidence of external or internal hemorrhage on prior imaging.
- - No evidence of bleeding (no hematemesis, melena, hematuria, or respiratory signs).
- - Gradual improvement in strength and coordination with nutritional support.
- Current medications: Prednisone, Anti-nausea medication, Antacid, Vitamin K

ABNORMALS: - BCS 4/9 - Slightly pale pink mucous membranes - Slight right head tilt, no nystagmus - Abdominal ultrasound: performed; spleen slightly mottled. - PT, PTT: performed; results normal. - Fine needle aspirate of spleen: performed; cytology and ultrasound reports pending.

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 **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 in length. The right kidney measured 6.6 cm in length.

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 gland measured 0.50 cm width. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.40 cm width at the caudal pole.

Spleen

The **spleen** presented mildly enlarged and uniform with subtle micronodular changes.

Liver

The **liver** presented uniformly enlarged. The gallbladder revealed a minor amount of suspended debris. No evidence of significant disease.

Gastrointestinal



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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

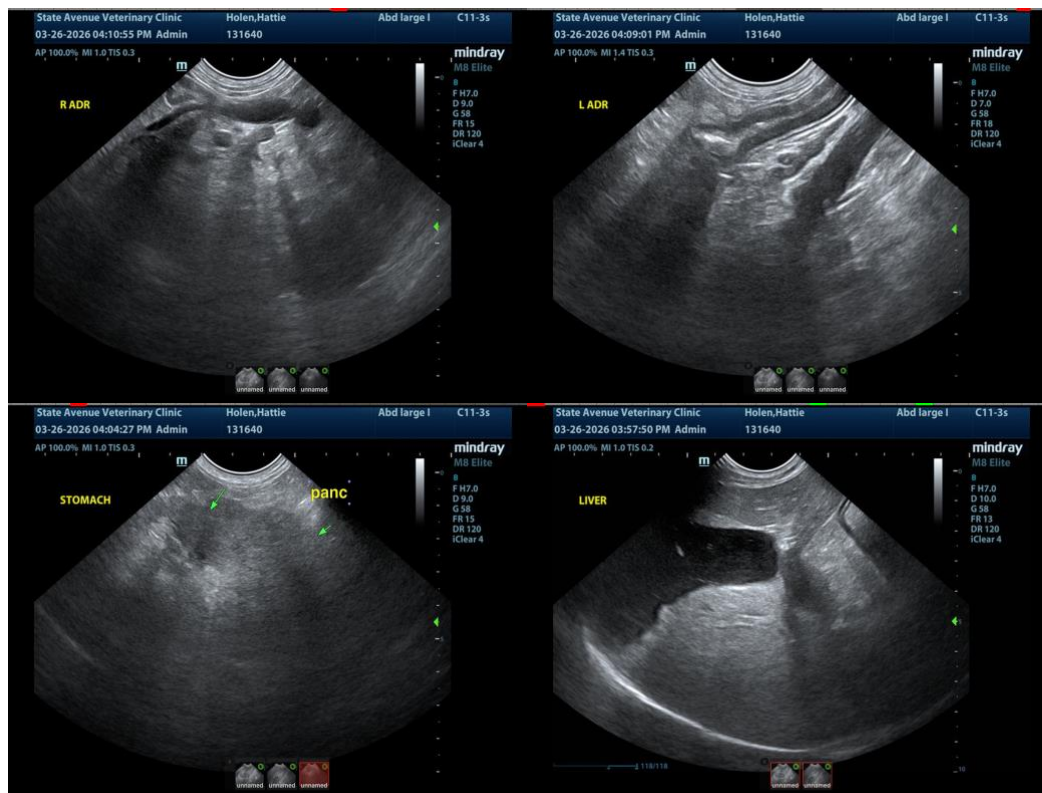
The pancreas was enlarged, hypoechoic and irregular. Some level of low-grade pancreatitis or hyperplasia is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Splenohepatomegaly.
- Suspect pancreatitis versus hyperplasia.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosplenic 25-gauge FNA is indicated. Concern for underlying/active pancreatitis. No overt evidence of neoplasia, however, cannot rule out an emerging round cell neoplastic event. The Prednisone may be suppressing a more significant presentation.





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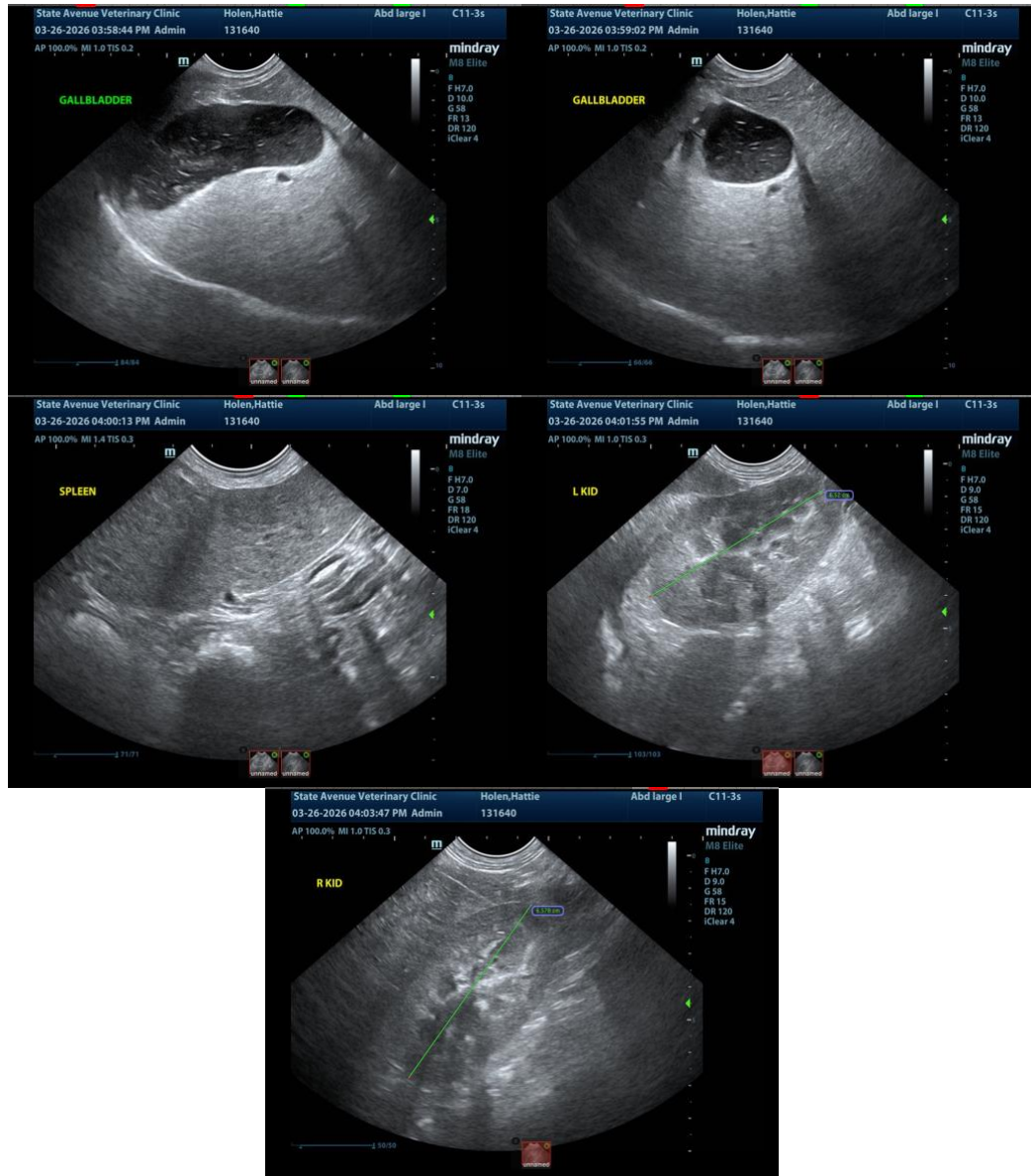
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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