PATIENT

Jax Giovinzzo

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

10 Years

WEIGHT

48.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, LVT

HOSPITAL NAME

Pet Stat AUC

REFERRING VET

Dr. Payne

INVOICE

36112

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Suspicious nodule on spleen.
- Pale gums

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 6.86 cm. The right kidney measured 8.34 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 0.6 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

Spleen

The **spleen** was enlarged with scalloping contour and heterogenous parenchymal changes. Strong concern for infiltrative disease. No evidence of thrombosis. An overt cavitated mass was noted at the caudal pole of the spleen, measuring 3.5 cm. Enhanced mesentery was noted around the spleen.

Liver

The **liver** was enlarged, irregular, and heterogenous with swollen contour. The gallbladder and common bile duct were unremarkable.

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

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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.

Other

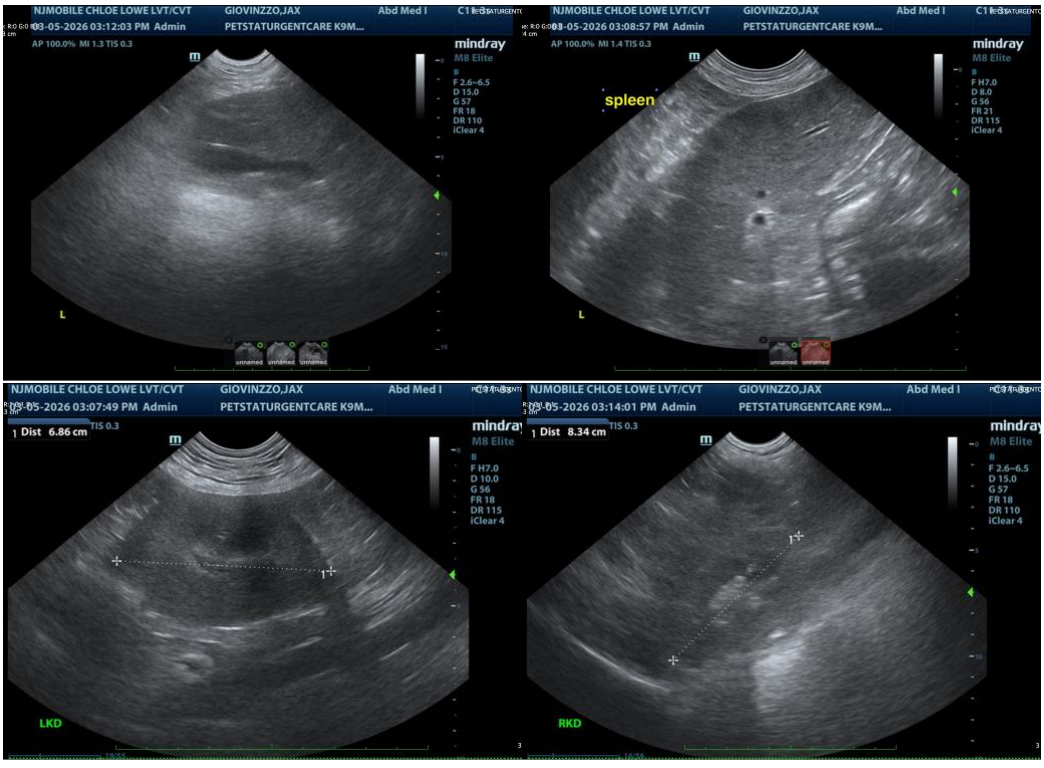
A rapid view of the **heart** revealed no evident pathology in the right auricle.

ULTRASONOGRAPHIC FINDINGS

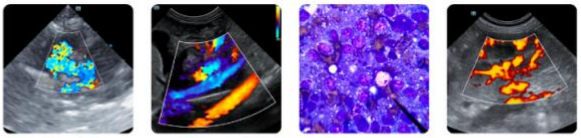
- Splenic mass with micronodular changes
- Nodular hyperplasia liver pattern
- Cannot rule out an emerging neoplastic event
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the general splenic parenchyma (without sampling the cavitated mass), as well as 22-gauge FNA of the liver indicated for staging purposes, or direct exploratory splenectomy, liver inspection and biopsy would be appropriate. Note, there is no evidence of active bleeding or of rupture, even though the splenic mass is at high risk for rupture. If anemia is an issue in this patient, then CBC path review is warranted, given the pale mucus membranes. Sedation would be necessary given the patient's size and body tension, as acoustic penetration is not possible.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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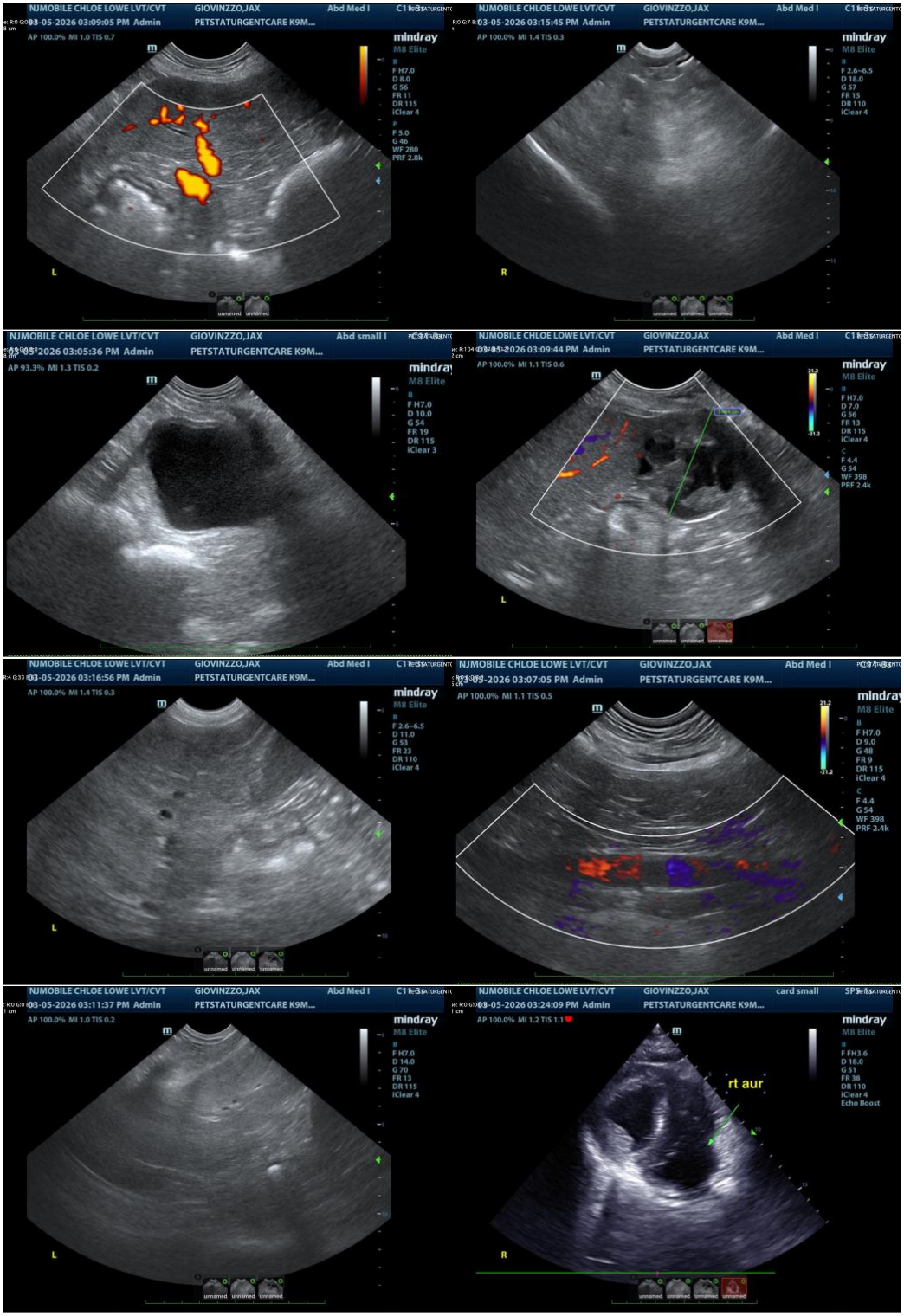

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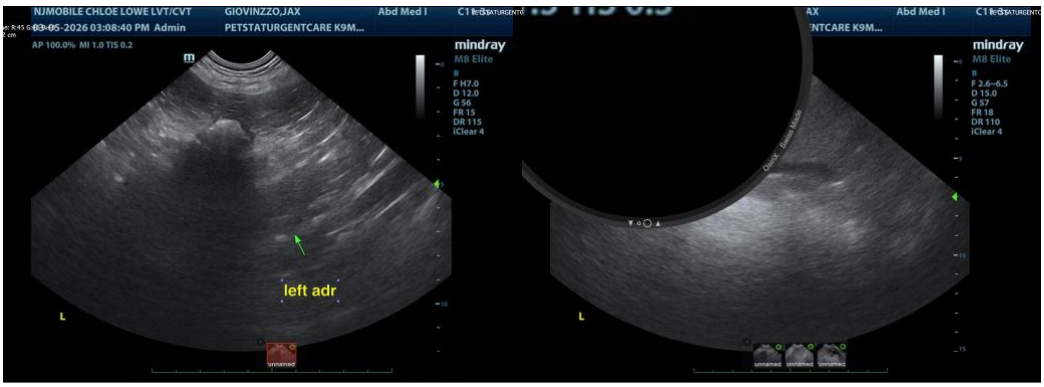

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com