

**DATE PRESENTING CLINICAL SIGNS**

3/6/26 **Patient History:** Hx of lethargy, occasional vomiting, drooling. PE mostly unremarkable. mild dental dz.

PATIENT **Current Medications:** Omeprazole 20mg sid; carafate 1g tid x 4d

Boone Pizzo

Labwork Results: Labwork not attached, reported as: PCV=28, non-regenerative. rest of labs unremarkable
Chest rads: NSF except increased BI pattern in lungs, slight tracheal stripe present; thoracic spondylosis
Abdominal rads: lumbar spondylosis. Scattered radioopaque jagged objects throughout stomach and large bowel. gas in small bowel. No obvious masses visible.

SPECIES **Date of Previous IntraPet Ultrasound:** No previous.

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

BREED

Imaging Performed by: Rachel Brillhart, RDMS.

Labrador

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX** *Urinary System*

Neutered Male

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.

AGE

10/31/14

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 7.7 cm. Right kidney measured 6.81 cm.

WEIGHT

86 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

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. Left measured 3.29 cm x 0.78 cm at the caudal pole and 0.63 cm at the cranial pole. Right measured 2.53 cm x 0.80 cm at the cranial pole and 0.78 cm at the caudal pole.

HOSPITAL NAME

Greenbrier Veterinary
Clinic

Spleen

The **spleen** revealed a focal hypoechoic nodule measuring 1.3 cm at the mid body, and an adjacent nodule measuring 0.60 cm, with minor heterogeneous changes elsewhere in the spleen.

REFERRING VET

Dr. Street

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

73457

Gastrointestinal

The **stomach** was structurally unremarkable, yet some gas and chyme artifact obscured some visibility of the mucosa. Some mucosal striations noted in the small intestine.

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.

Other

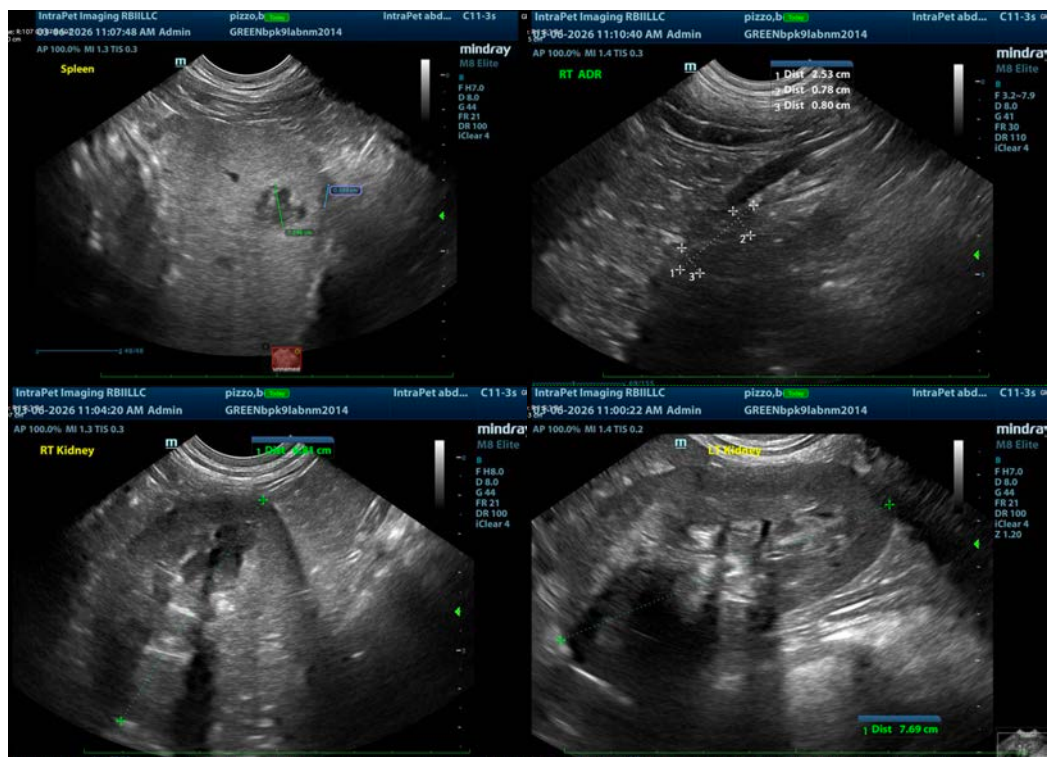
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

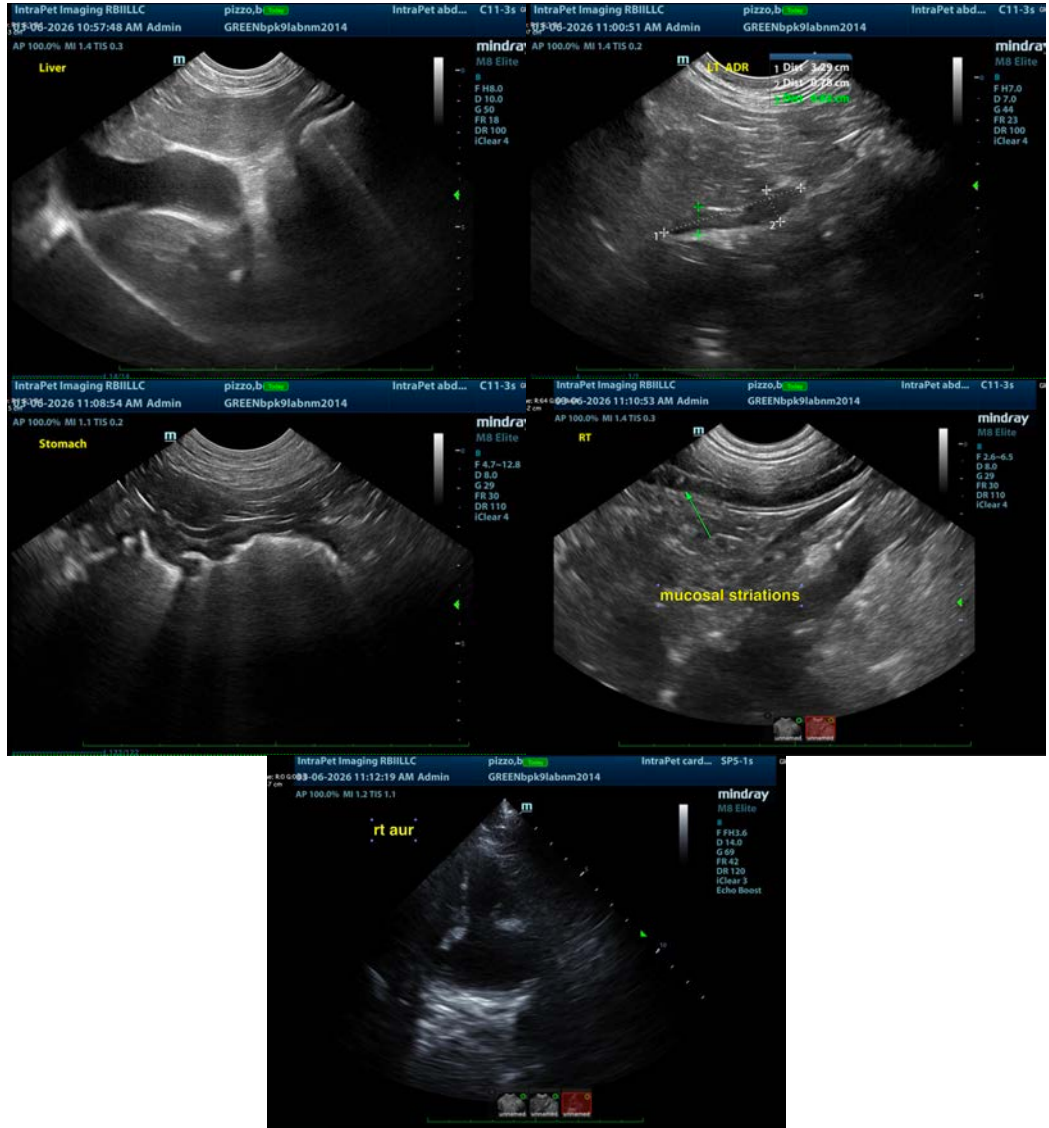
ULTRASONOGRAPHIC FINDINGS

- Splenic nodules – Round cell neoplasia, emerging hemangiosarcoma, benign hyperplasia all possible.
- Mucosal striations noted in the small intestine.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the general spleen and nodular indicated. No evidence of hemorrhage or direct cause of the anemia in this patient. GI protectant protocol could be considered empirically in case of GI blood loss. CBC path review +/- bone marrow aspirate may be appropriate if the anemia does not resolve. Proactive splenectomy is also valid intervention in this patient. Chest radiographs warranted to assess for comorbidities.





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.

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