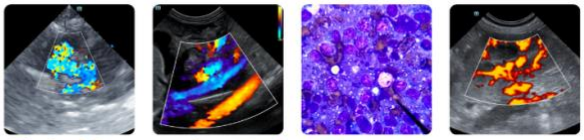

PATIENT

Peanut Mendoza

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

9 Years 9 Months

WEIGHT

11.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Village Pet Clinic

REFERRING VET

Dr. Defabio

INVOICE

14179

DATE

03/09/26

PRESENTING CLINICAL SIGNS

- Recent COHAT/Dental Performed
- Elevated Liver Enzymes
- History provided by referring veterinarian.

Abnormal PE/Chem/CBC/UA Results: • Elevated Liver Enzymes: ALT 203 U 2/24/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.65 cm in length. The right kidney measured 3.82 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 1.3 cm x 0.47 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland measured 1.65 cm x 0.51 cm width at the caudal pole and 0.38 cm width at the cranial pole.

Spleen

The **spleen** revealed an expansive mixed hypoechoic nodule measuring up to 1.6 cm with capsular expansion. The remainder of the spleen was unremarkable.

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.

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

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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

- Age-related abdominal changes with concerning splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the microcystic nature of the splenic nodule, I believe direct splenectomy would likely be in this patient's best interest. 25-gauge FNA of the nodule could be considered, however, regardless of the underlying cytology, the nodule should be monitored carefully over the next week with follow-up ultrasound to assess for any progression. An echocardiogram is warranted to assess for metastatic disease as well as chest radiographs, followed by proactive splenectomy and liver biopsy given the liver enzyme elevation.

The liver is structurally unremarkable from a sonographic perspective. Differentials on the splenic nodule include emerging hemangiosarcoma, pronounced nodular hyperplasia, abscessation less likely, round cell neoplasia less likely.

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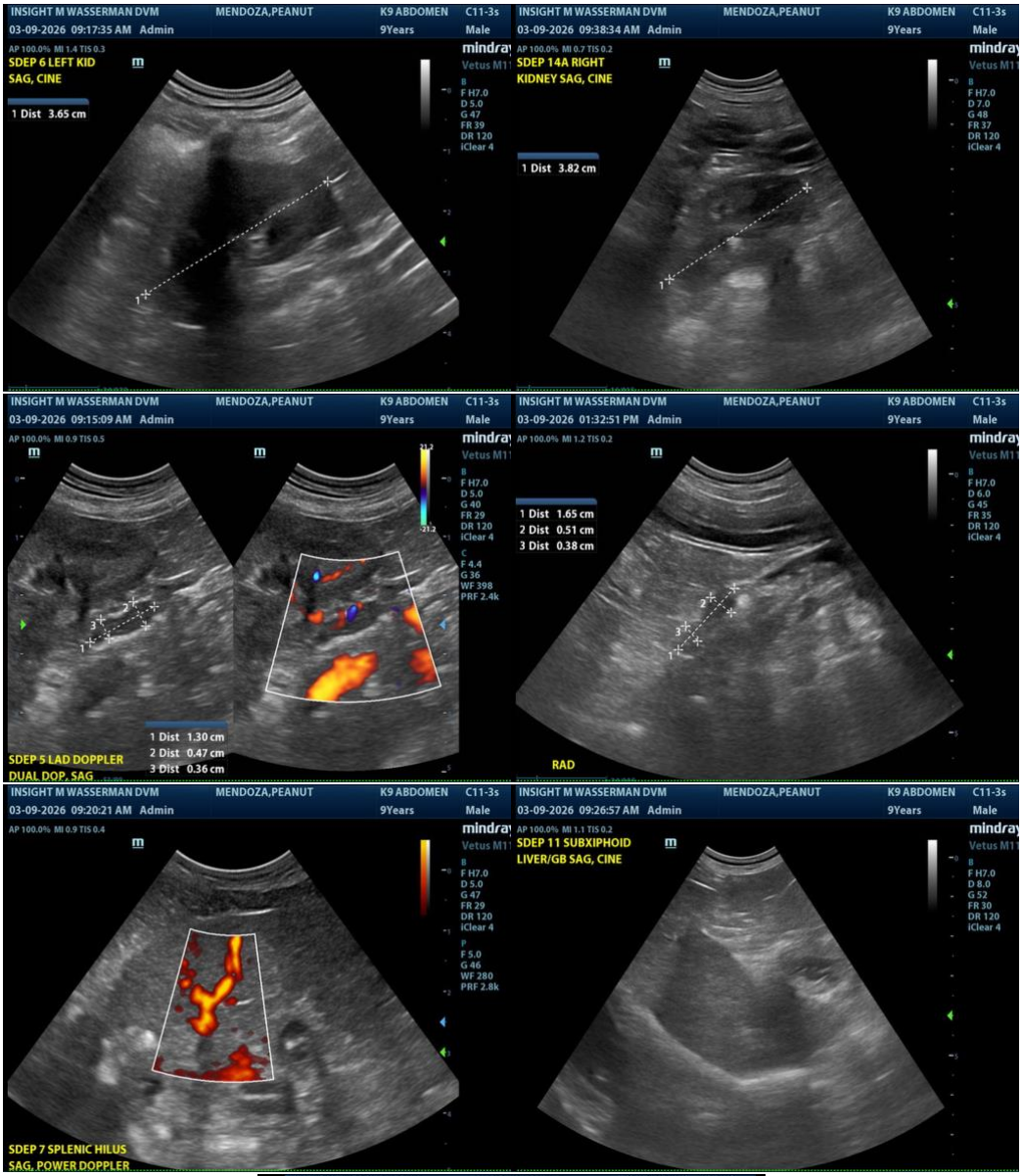

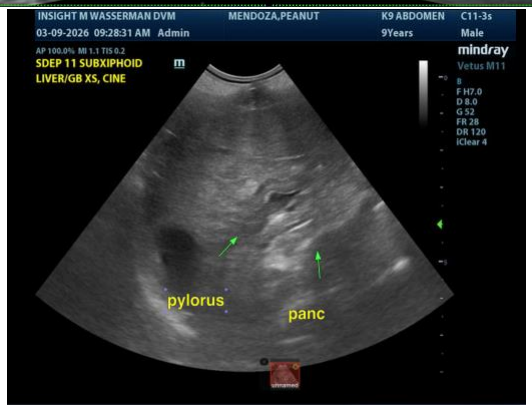

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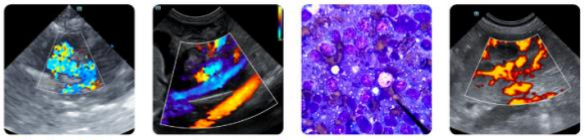

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com