



## PATIENT

Zen Wraithe

## SPECIES

Canine

## BREED

Retriever

## SEX

Spayed female

## AGE

14 years

## WEIGHT

22.4 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Laurentino

## HOSPITAL NAME

Vet To Pet

## REFERRING VET

Dr. Laurentino

## INVOICE

74014

## DATE

4/1/26

## PRESENTING CLINICAL SIGNS

- Presented to emergency on March 25th because onset of diarrhea and lethargy. Bloodwork showed non regenerative anemia RBC 5.05 (5.65-8.87 x 10<sup>6</sup>/L), ht 31% (0.373-0.617)
- Chemistry Mild elevated ALT 145 (10-125), ALP 516 (23-212) Urinalysis USG 1.030, pH 6, protein 30mg/dl, TT4 WNL's. Radiographs showed no obvious FB obstructive pattern. Possible splenic mass. Kept in hospital for supportive therapy on IVF. Discharged the next day.
- Presented on March 27th for a second opinion. Patient still slow with diarrhea but physical exam was unremarkable. Abdominal Ultrasound performed today April 1st. See results below. Collected FNA samples - pending results.
- PE. MM pale pink CRT<2sec. Severe periodontal disease. Multiple lumps on skin (fat lumps). No peripheral lymphadenopathies. No murmurs with clear lungs sounds. Decreased mobility (is on Librela. Is on Stilbestrol Repeated CBC today April 1st RBC 5.29 (5.65-8.87), Hematocrit 0.333 (0.37-0.617), hemoglobin 116 (131-205) Reticulocytes 16.4 (10.0-110.0) Lymphocytes 0.54 (1.05-5.10) MPV 13.8 (8.7-13.2). Patient was sedated with Torb 0.3mg/kg and Dexdomitor 5mcg/kg - excellent sedation. Recovered well.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **bladder** revealed anechoic urine, yet multi-focal polypoid changes and wall thickening.

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 right kidney measured 7.5 cm. The left kidney measured 5.3 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 left adrenal gland measured 0.7 cm. The right adrenal gland measured 0.6 cm at the caudal pole and 0.76 cm at the cranial pole.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally and cranially. Minor subtle, micronodular changes were noted with mixed echogenic parenchymal mass measuring 6.6 cm. This is a positional variant and is not pathological. Slight hyperechoic infarct was noted in other portions of the spleen.



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## Liver

The **liver** revealed multi-focal, hypochoic nodular changes and were non-disruptive with generalized swelling. 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

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

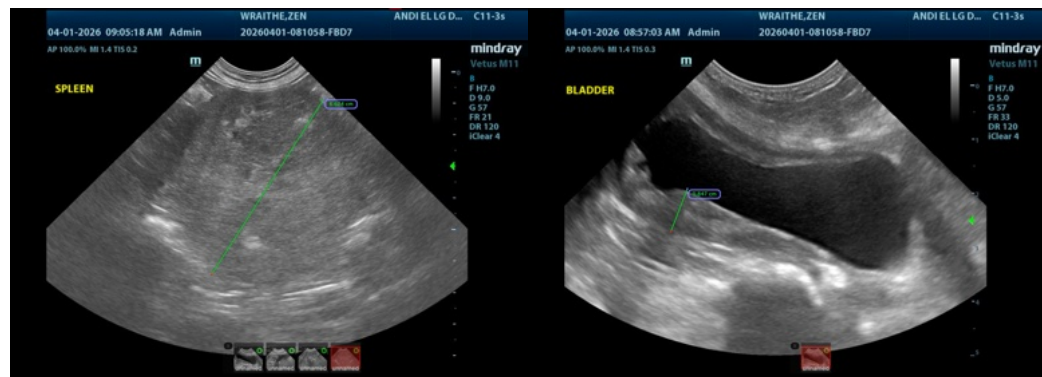
## ULTRASONOGRAPHIC FINDINGS

Splenic mass, non-cavitated.

Nodular hyperplasia liver pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out potential metastatic disease. Ultrasound-guided FNA of the splenic mass was performed without complication. Depending on FNA samples echocardiogram are warranted to assess for metastatic disease followed by splenectomy, liver inspection and biopsies. CBC path review +/- bone marrow aspirates may be appropriate.





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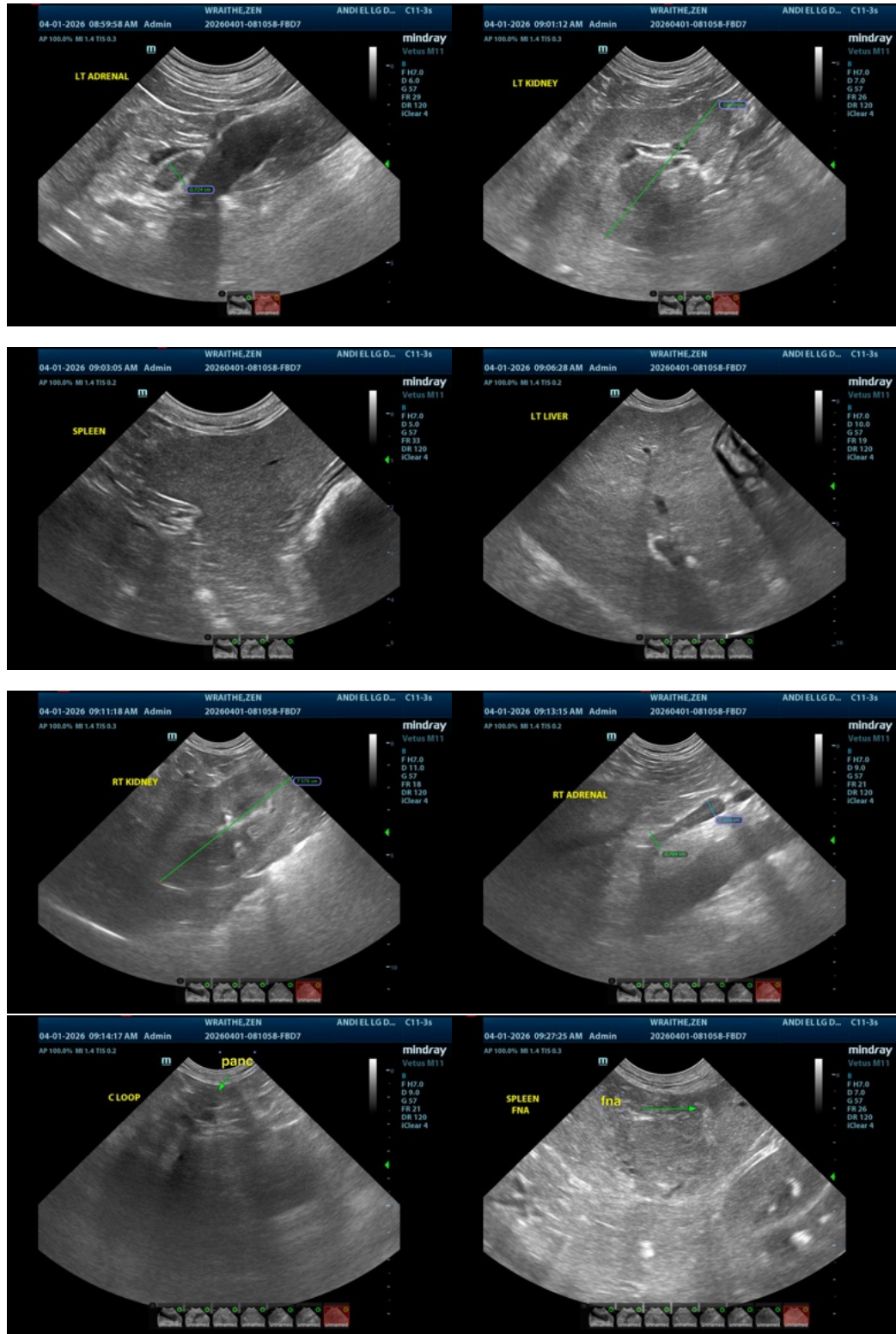
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)