



PATIENT

Francis Arias

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

9 Years 11 Months

WEIGHT

104.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Black River VH

REFERRING VET

Dr. Hewitt

INVOICE

36534

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: Possible splenic mass. Mid abdominal mass effect on radiograph.
Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia 13.24 and monocytosis 1.23

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.

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 7.6 cm. The right kidney measured 7.36 cm.

Adrenal Glands

The **left adrenal gland** was slightly irregular. The left adrenal gland measured 0.84 cm at the cranial pole and 0.75 cm at the caudal pole.

The **right 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 right adrenal gland measured 0.9 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

The **spleen** presented generalized enlargement. Caudal folding of the spleen was noted, creating a mass effect, yet no neoplastic criteria was present. The spleen was also folded cranially.

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 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

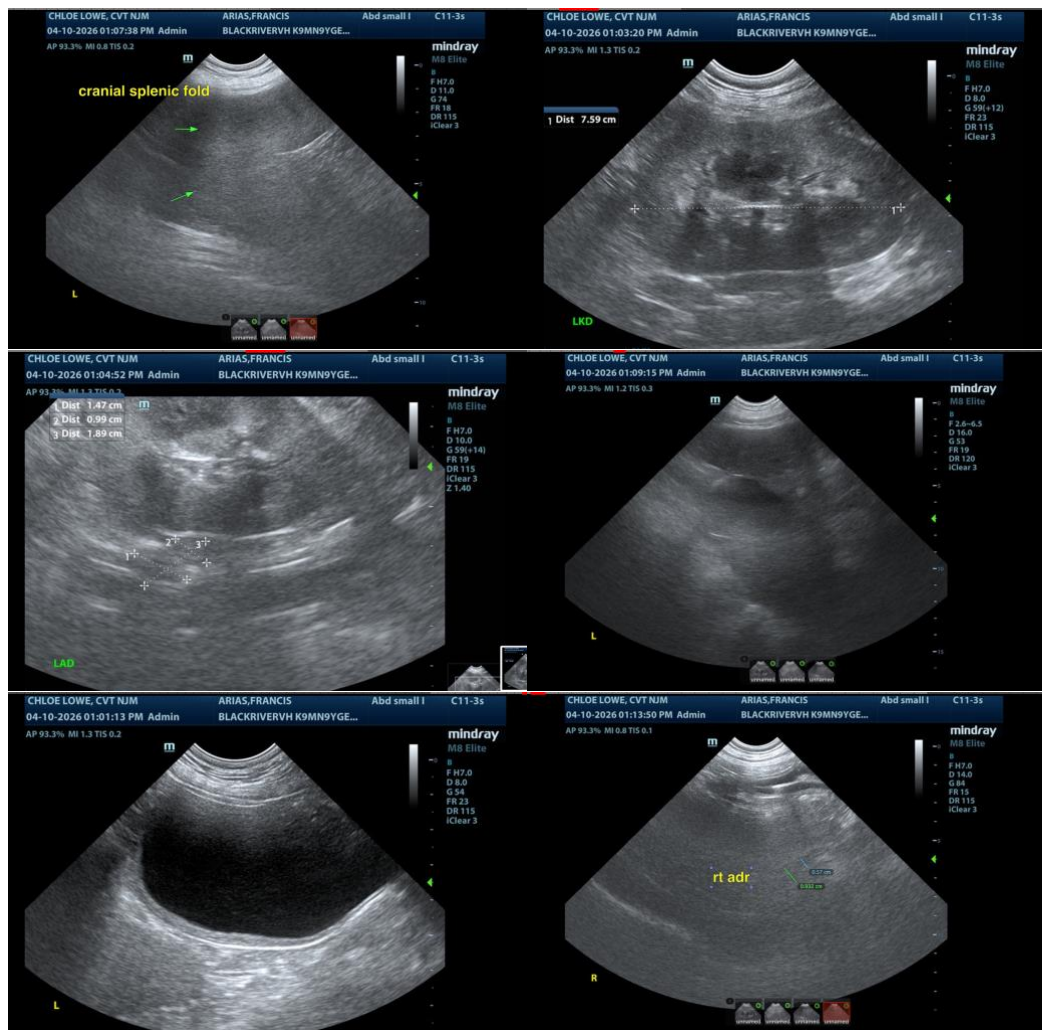
A rapid view of the **heart** revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Folded spleen with mild German Shepherd splenic enlargement, benign/breed predisposition
- Slightly irregular left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology. Immune stimulation issues could be playing a role. If the patient is painful upon palpation of the spleen, proactive removal could be considered, yet not overtly necessary.





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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,
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