



**PATIENT**

GingerSnap McInnis

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

11 Years 7 Months

**WEIGHT**

35 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Boone

**REFERRING VET**

Dr. Watson

**INVOICE**

74384

**DATE**

4/10/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to mass palpated in area of descending colon on rectal. Purulent discharge from vulva intermittently. Previous Urinalysis showed UTI which she was treated for.

**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 **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. Right kidney measured 6.8 cm. Left kidney measured 5.4 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. Right measured 2.0 cm x 0.52 cm at the caudal pole and 0.50 cm at the cranial pole. Left measured 1.72 cm x 0.52 cm at the caudal pole and 0.47 cm at the cranial pole.

**Spleen**

The **spleen** revealed subtle irregular, micronodular changes and was folded upon itself caudally.

**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**

The upper **gastrointestinal tract** was unremarkable. Some colonic thickening was noted just cranial to the urinary bladder, measuring up to 0.70 cm. Reactive fat noted around the colonic pathology. Soft stool noted in portions of the colon.

**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.



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**Free Abdomen**

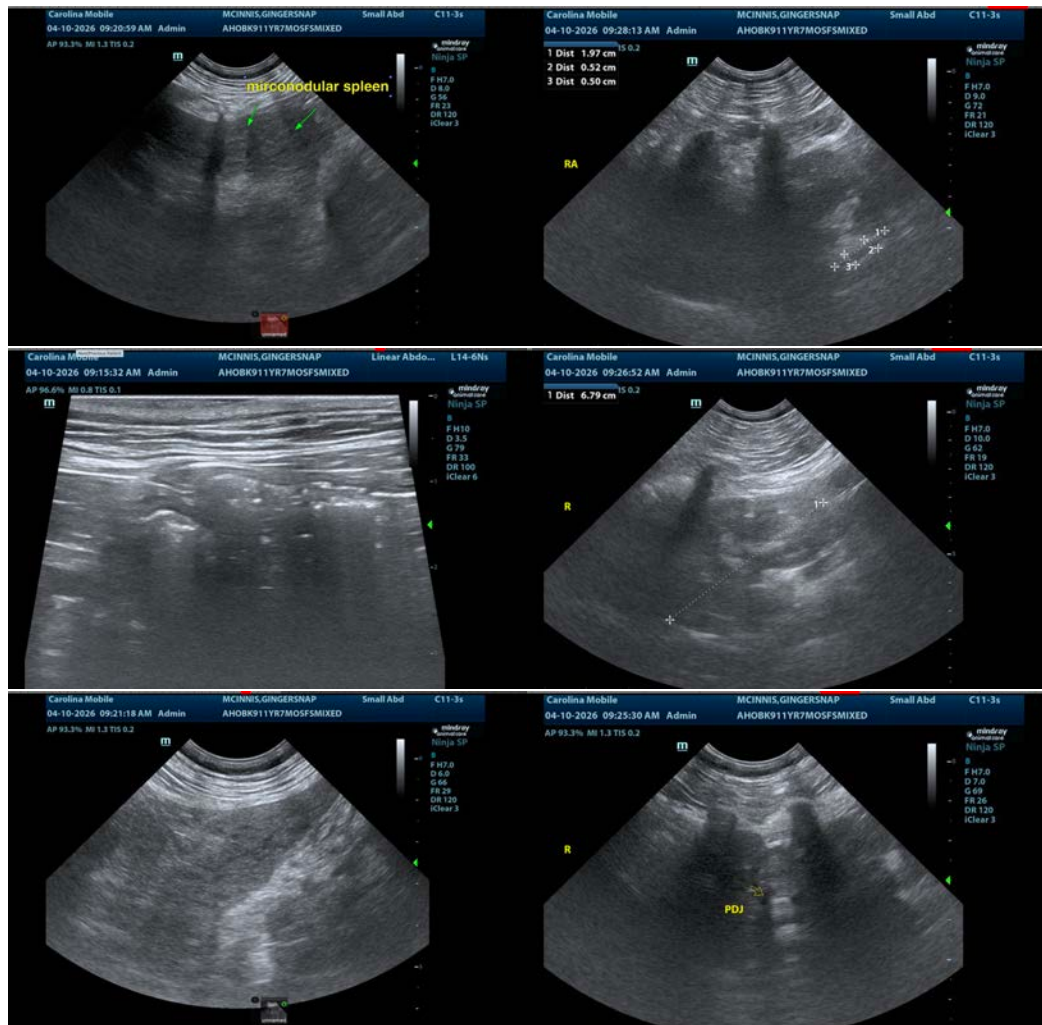
A rounded, 1.0 cm x 0.90 cm hypoechoic caudal abdominal lymph node was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Micronodular spleen – concern for emerging round cell neoplasia. Reactive spleen or splenitis also possible.
- Colonic thickening – colitis versus emerging round cell neoplasia.
- Caudal abdominal lymphadenopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sedation and ultrasound guided FNA of the spleen and accessible lymph nodes indicated with further imaging of the descending colon for further definition.





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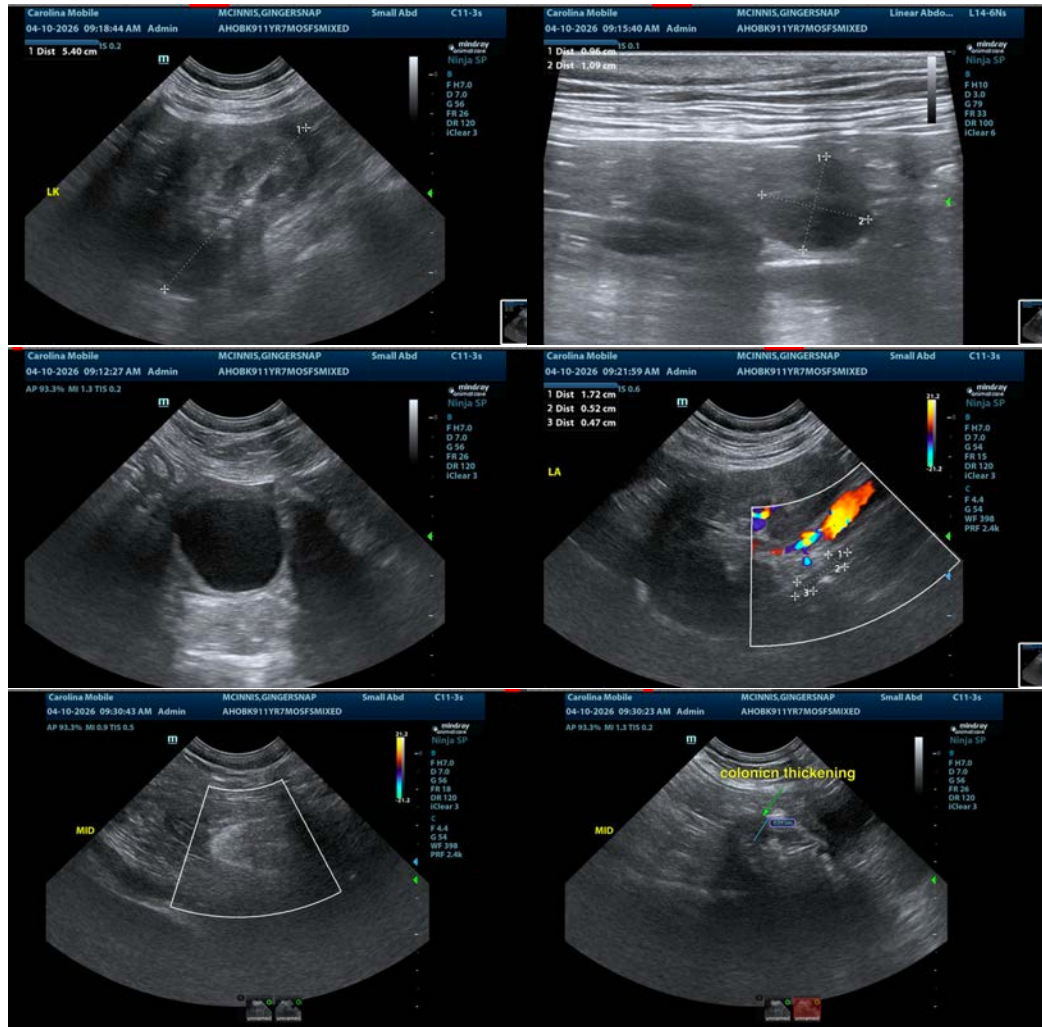
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**  
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