



## PATIENT

Smokey Edwards

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Neutered Male

## AGE

8.5 Years

## WEIGHT

13.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lucy Will

## HOSPITAL NAME

Viking Veterinary  
Hospital Idaho Falls

## REFERRING VET

Dr. Lucy Will

## INVOICE

15092

## DATE

04/13/26

## PRESENTING CLINICAL SIGNS

Patient has been lethargic since April 9. He stopped eating on April 10 but continued to drink water. He did start to eat small amount of a homemade diet until today (April13). He does have a history of seizures which is controlled with Phenobarbital twice daily.

Abnormal PE/Chem/CBC/UA Results: Grade 2/6 heart murmur noted on auscultation, remaining PE wnl PCV/TP 13% and 7.2 g/dL 4dx negative UA Usg 1.005, 4+ blood with cocci present, remaining UA wnl CBC- severe thrombocytopenia, Coags wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 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 **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 5.2 cm in length. The right kidney measured 5.7 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. A focal hypoechoic nodule was noted on the spleen measuring 0.80 cm at the medial aspect of the spleen with minor capsular expansion.

### 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.



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## Pancreas

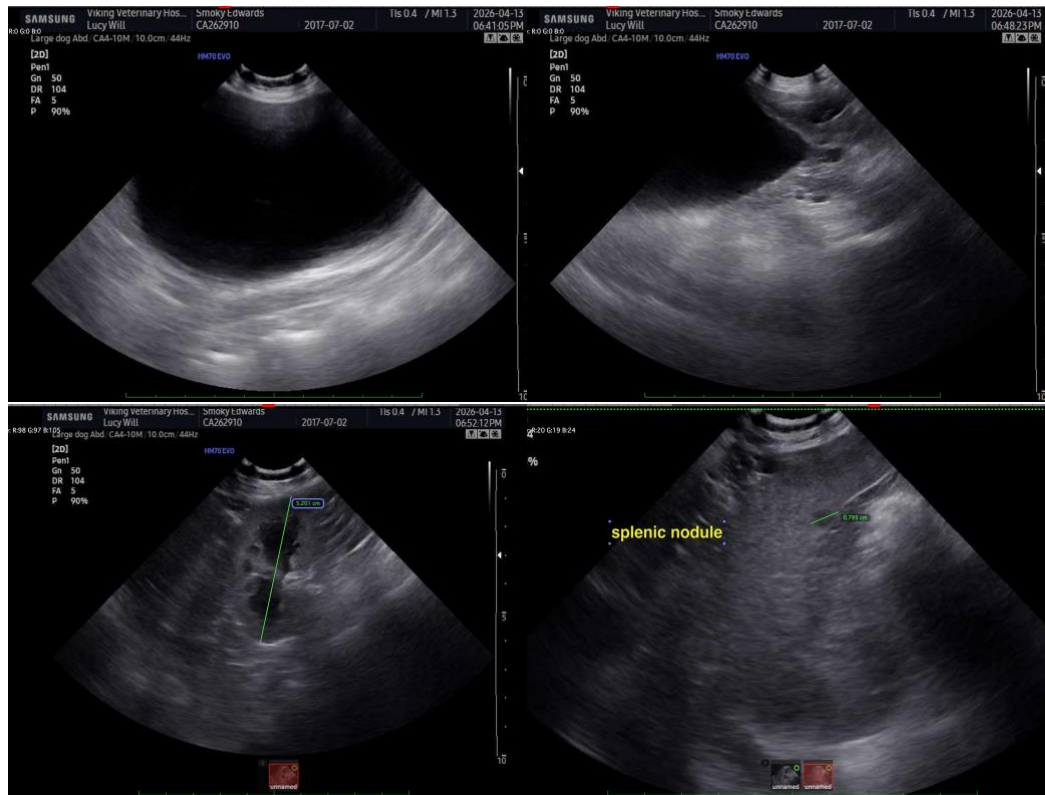
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Focal splenic nodule.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gross pathology. CBC path review or bone marrow aspirate is indicated in this patient. 25-gauge FNA of the splenic nodule can also be considered, however subjectively appears benign, yet may be representative of a more systemic disease. Screening for Addison's is indicated as well with baseline cortisol or ACTH stimulation test.





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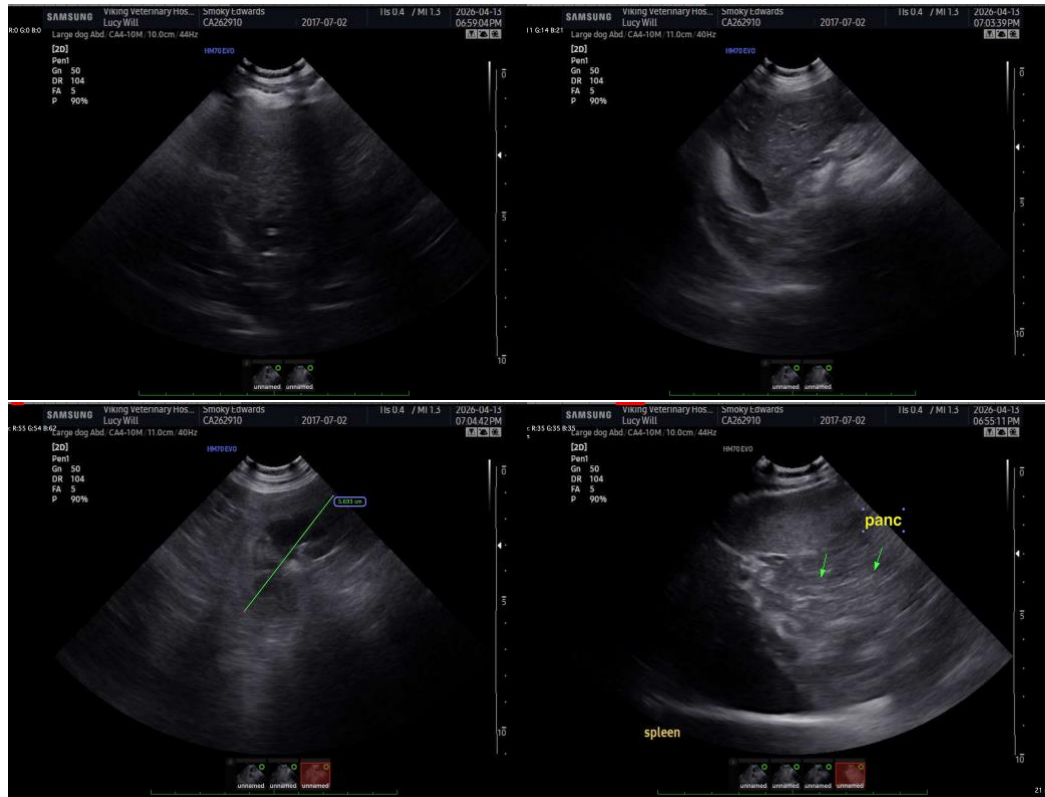
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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