



PATIENT

Ukraine Walker

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

5 Years 5 Months

WEIGHT

73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Smithfield Animal
Hospital

REFERRING VET

Dr. Boe

INVOICE

74523

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Enlarged spleen on rads. Uncomfortable, painful abdomen.
Abnormal PE/Chem/CBC/UA Results: Lyme 0.49, eos 0.04, glob 5

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 residual prostate measured 1.0 cm, uniform.

An iliac lymph node was enlarged, rounded and hypoechoic, measuring 2.8 cm, consistent with hyperplasia. Potential emerging neoplasia.

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 8.3 cm. Left kidney measured 7.1 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. Left measured 2.95 cm x 0.73 cm at the caudal pole and 0.51 cm at the cranial pole. Right measured 2.9 cm x 1.8 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

The **spleen** was uniform with occasional hypoechoic non-disruptive nodular change noted measuring up to 0.90 cm. The spleen was folded upon itself. Minor enlargement noted.

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

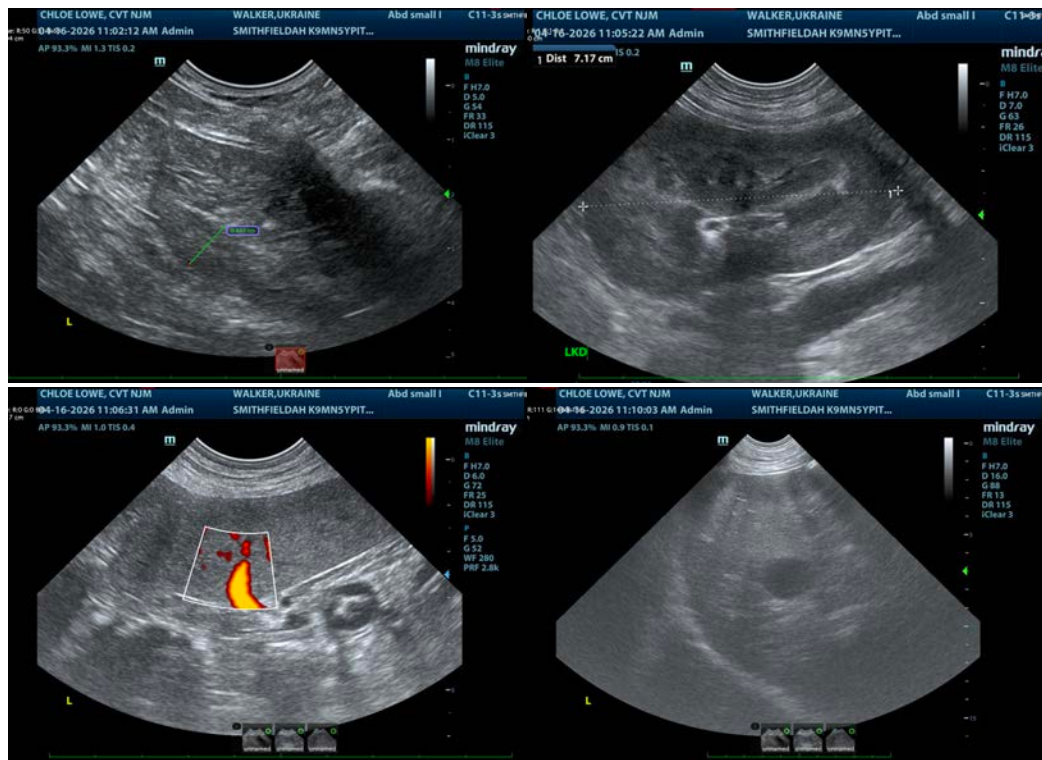
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Subtle splenic nodule, mild splenomegaly.
- Slight iliac lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinically significant disease. Assessment for cause of reactive iliac lymph nodes such as UTI or pathology in the posterior limbs or anal glands indicated. The enlarged iliac lymph node should be monitored and/or sampled by FNA. Recheck sonogram in one month of the spleen. If the nodular changes are growing, then FNA or proactive splenectomy would be indicated.





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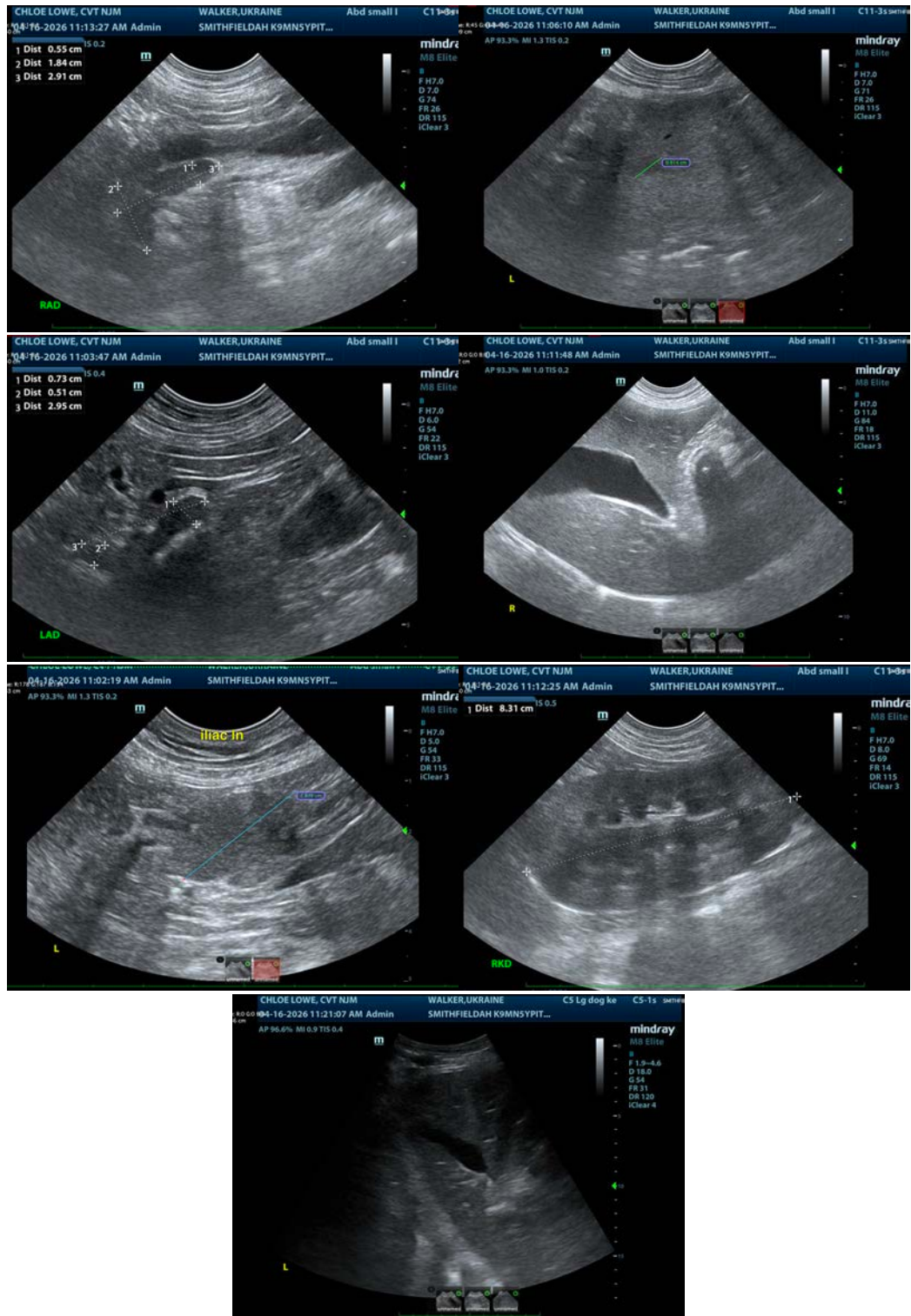
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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