



PATIENT

Raven Slepakoff

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

9 Years 9 months

WEIGHT

84 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Eric Lindquist, DMV,
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IVUSS

HOSPITAL NAME

Greenwood Lakes
Animal Hospital

REFERRING VET

Dr. Streng

INVOICE

15295

DATE

04/21/26

PRESENTING CLINICAL SIGNS

PU/PD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pinpoint mineralizations were present. The left kidney measured 6.03 cm in length. The right kidney measured 6.1 cm in length.

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 2.7 cm x 0.60 cm width. The right adrenal gland measured 2.4 cm x 1.14 cm width at the cranial pole and 0.80 cm width at the caudal pole.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach. The largest nodule measured 4.0 mm.

Liver

The **liver** in this patient revealed a moderate amount of remodeling. Multifocal nondisruptive nodular changes were present with an overt 3.8 cm macronodular change in the left cranial liver. The gallbladder presented with a minor amount of dependent debris. The common bile duct was 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.



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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.

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ULTRASONOGRAPHIC FINDINGS

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- Undefined hepatic nodular changes and remodeling with focal macronodular change consistent with nodular hyperplasia, potential emerging carcinoma. Should be monitored.
- Age-related renal changes with mineralizations.
- Gallbladder debris.
- Age-related micronodular splenic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the liver changes are growing, then ultrasound guided FNA is indicated as this does appear resectable eventually.

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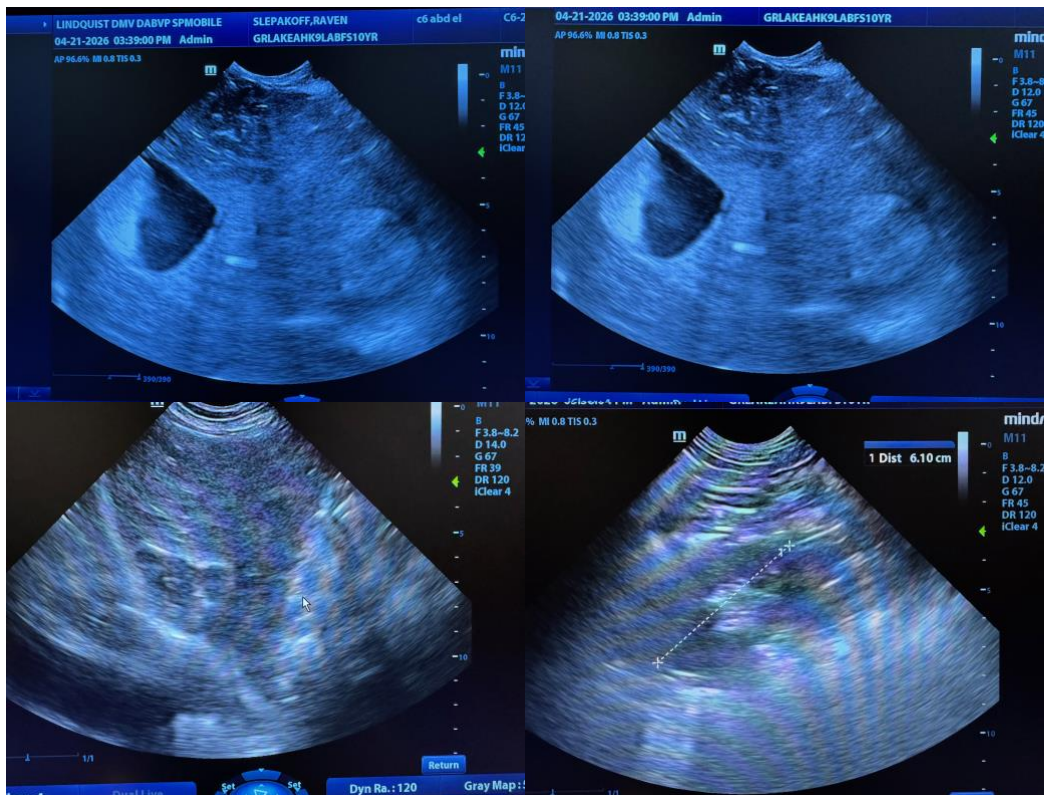
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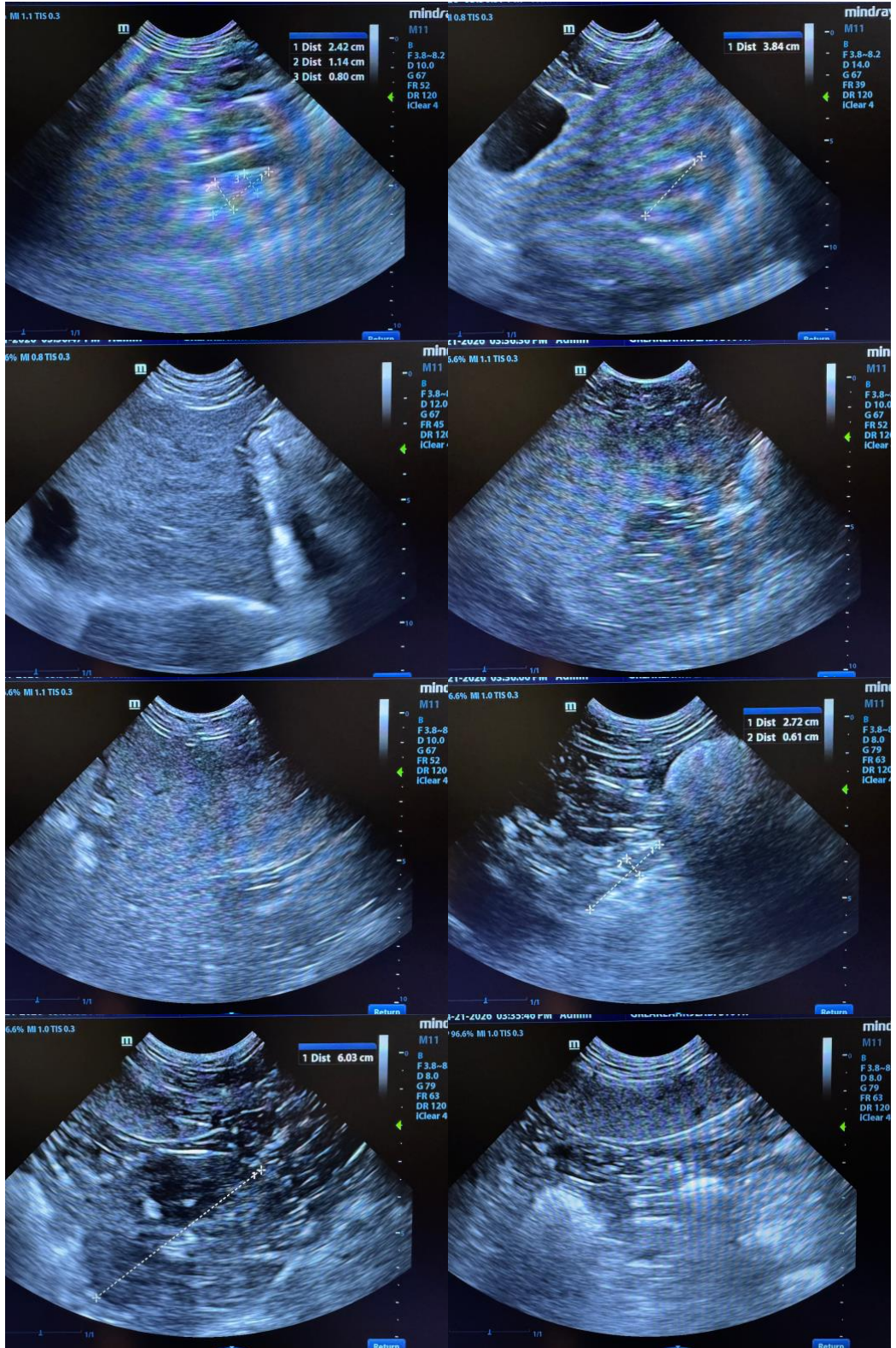
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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