



PATIENT

Finn Torre

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

3 Years

WEIGHT

38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, LVT

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia

INVOICE

36725

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Diarrhea despite hydrolyzed diet/fiber/probiotics.
Abnormal PE/Chem/CBC/UA Results: Giardia +, cbc/chem WNL 2 months ago B12 / fulate/ TLI pending.

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 right kidney measured 4.77 cm. The left kidney measured 5.51 cm.

Adrenal Glands

Both **adrenal glands** were low/normal in size. The left adrenal gland measured 2.1 cm x 0.4 cm at the cranial pole and 0.3 cm at the caudal pole. The right adrenal gland measured 1.44 cm x 0.43 cm at the caudal pole and 0.67 cm at the cranial pole.

Spleen

The **spleen** revealed a slight hypoechoic nondisruptive nodule (0.7 cm) at the cranial pole of the spleen. This is likely hyperplasia.

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

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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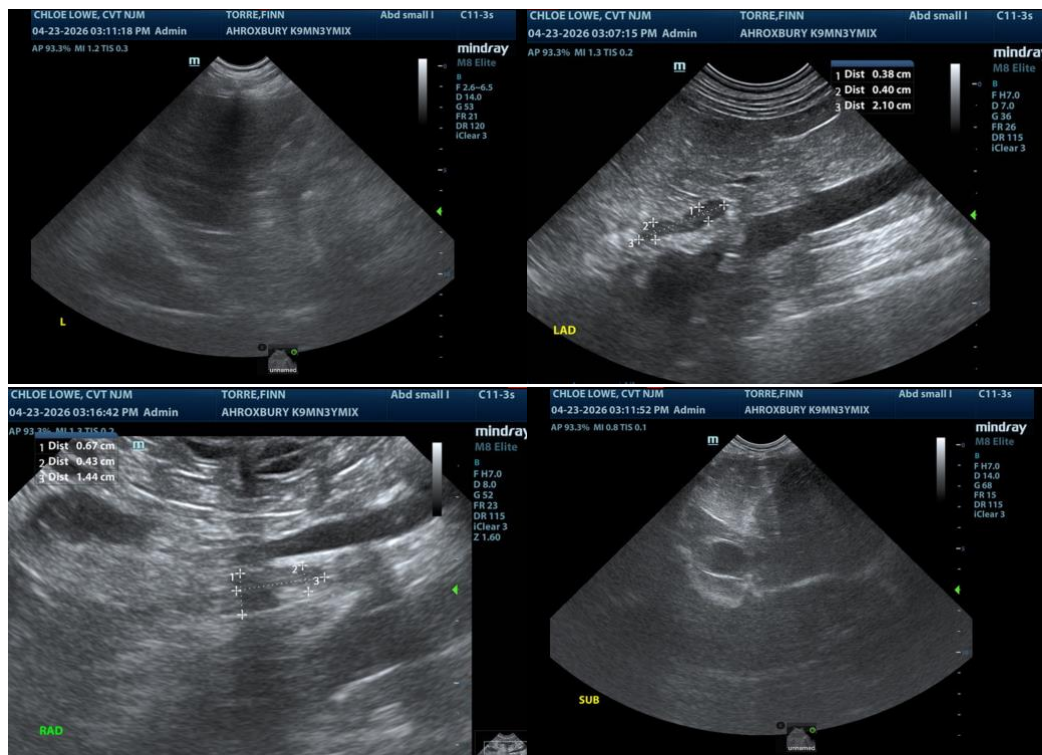
ULTRASONOGRAPHIC FINDINGS

- Subtle splenic nodule, appears subjectively benign
- Low/normal adrenal gland size
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule should be monitored. Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days.

Screening for underlying Addison's is warranted given the vague clinical signs and low/normal size of the adrenal glands. Recheck of the splenic nodule is recommended in one month. If growing, ultrasound guided FNA or splenectomy is indicated.





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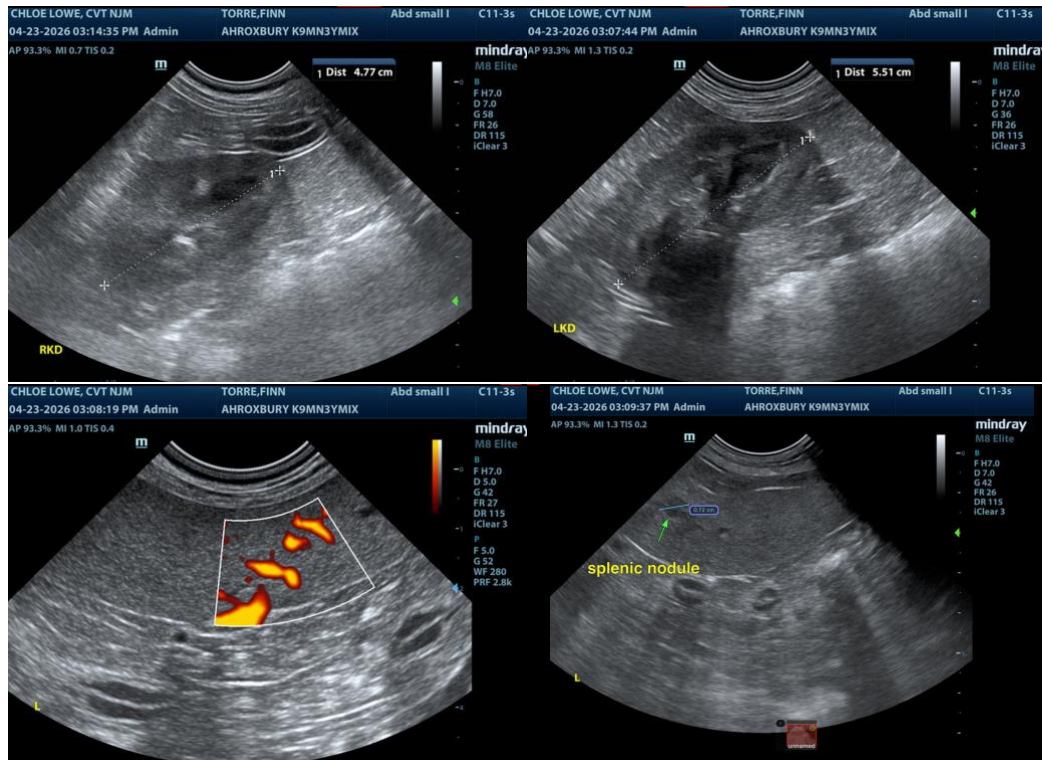
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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