



DATE PRESENTING CLINICAL SIGNS

04/23/26 Patient History: Reassessing folded spleen, gallbladder debris and bladder debris

PATIENT Current Medications: Provable, Entyce, Cerenia, Denamarin, Sucralfate, Metronidazole, Ursodiol, Unasyn, Metoclopramide, Fenbendazole.

Hank Bolt Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: 4-20-26

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES Stat Report: Not requested.

Imaging Performed by: Andi Parkinson RDMS

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pomeranian Mix *Urinary System*

SEX 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.

Neutered Male

AGE The **residual prostate** measured 0.64 cm.

04/18/23 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 4.07 cm in length. The right kidney measured 4.07 cm in length.

INTERPRETED BY Adrenal Glands

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS 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 1.75 cm x 0.39 cm width at the cranial pole and 0.47 cm width at the caudal pole. The right adrenal gland measured 1.62 cm x 0.43 cm width at the cranial pole and 0.43 cm width at the caudal pole.

HOSPITAL NAME

Animal Emergency Hospital

Spleen

The **spleen** revealed a hypoechoic nodule at the cranial pole measuring 0.26 cm. The spleen was folded upon itself caudally. A 0.83 cm x 0.58 cm nodule was present at the cranial pole, similar to the prior sonogram.

REFERRING VET

Dr. Campbell

Liver

INVOICE 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 revealed minor excessive debris. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

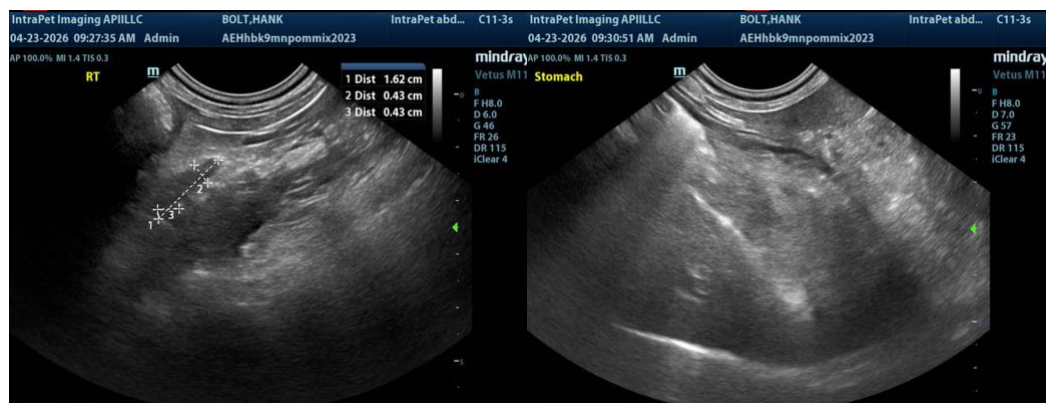
The **pancreas** presented hypoechoic and mildly irregular with undulating contour in the left limb. No evidence of active inflammation. The right base of the pancreas also presented with heterogeneous parenchymal changes.

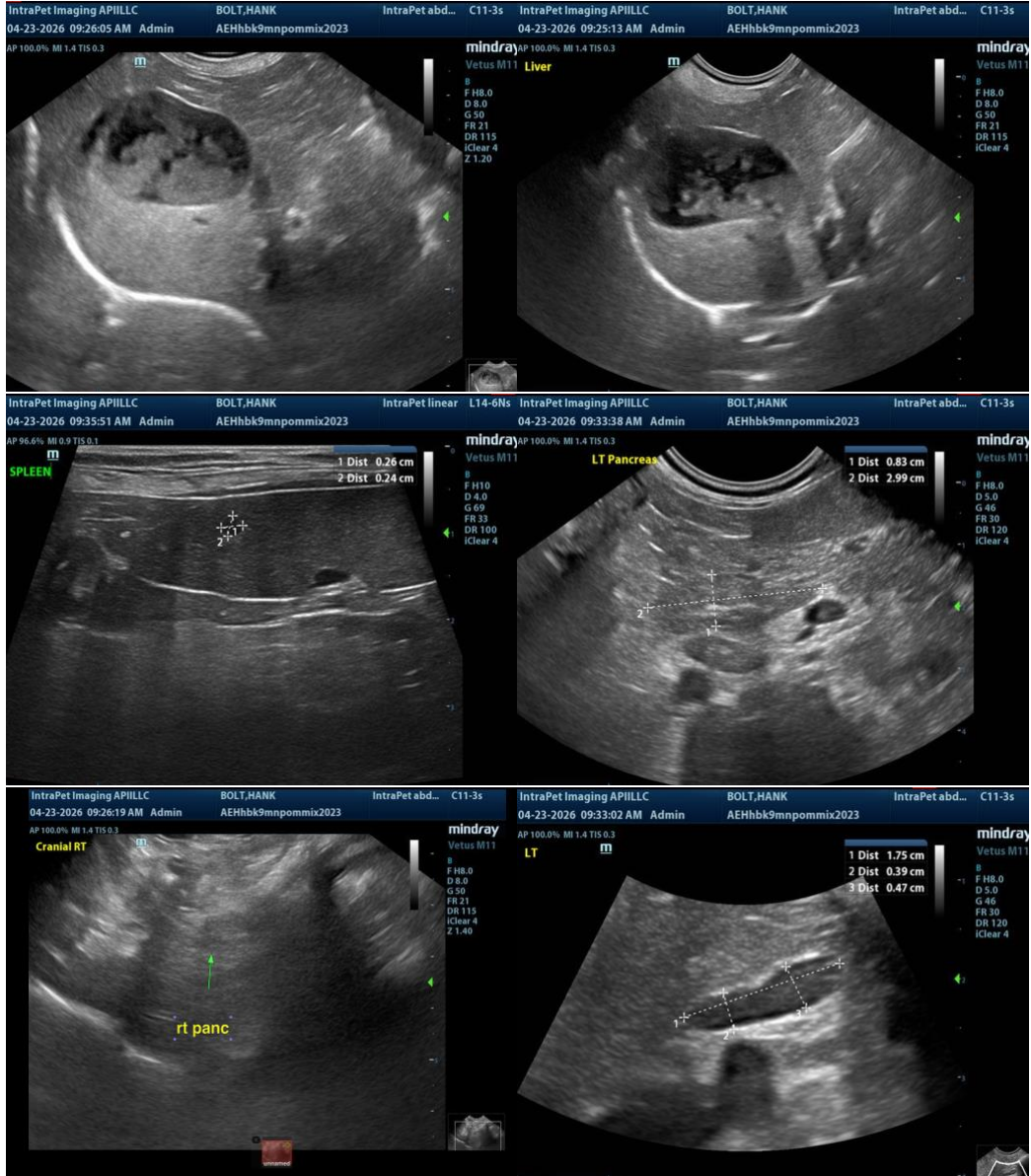
ULTRASONOGRAPHIC FINDINGS

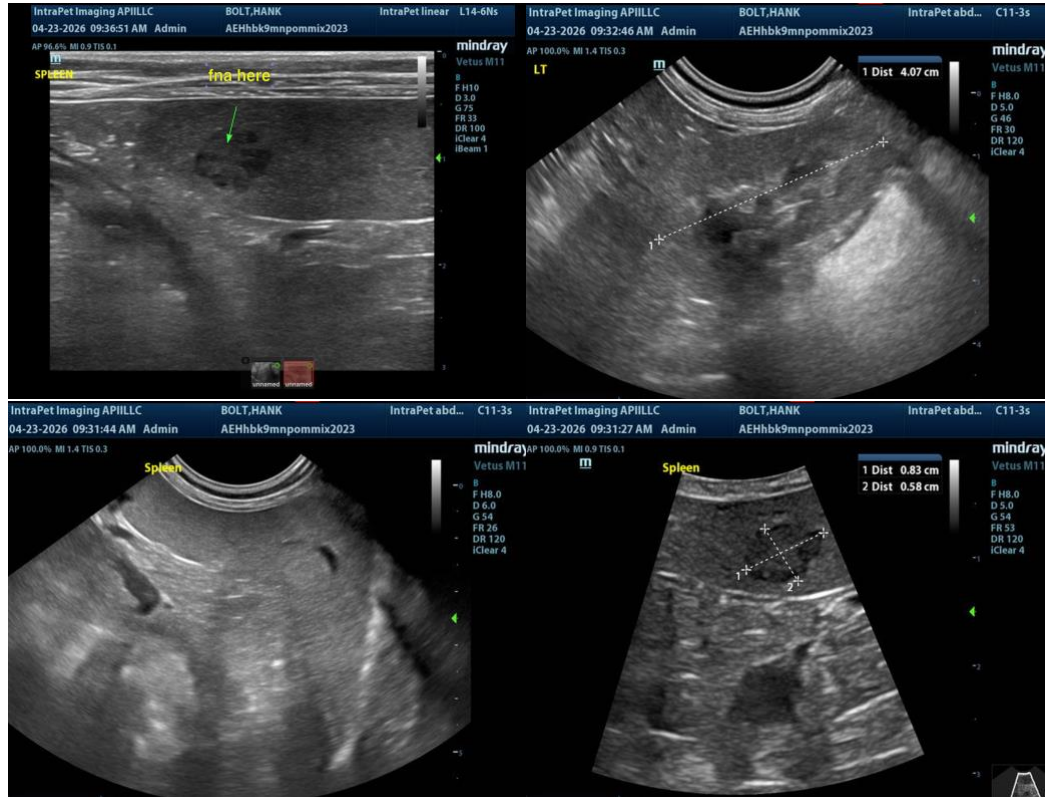
- Mild pancreatic remodeling.
- Minor excessive gallbladder debris.
- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is still indicated of the splenic nodules, yet likely benign. The bladder sand appears to have resolved. Likely splenic hyperplasia, however cannot rule out a perineoplastic state in this patient. History of pancreatitis is likely in this patient, yet no evidence of active inflammation.







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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com