

PATIENT

Annie Beach

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed Female

AGE

7 Years

WEIGHT

80 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schanche

HOSPITAL NAME

TotalBond Veterinary
Hospital Davidson

REFERRING VET

Dr. Schanche

INVOICE

15558

DATE

04/28/26

PRESENTING CLINICAL SIGNS

7 year old FS Bernese Mountain Dog with cruciate tear. Pre-surgery blood work showed elevated lymphocytes. Lymphocytes on 4/16 were 12.320 - rest of CBC and complete chem were wnl. Repeat CBC the next day lymph count 8.9. Ran in house 4/28 and lymph was 10.9. Sent to Idexx for CBC path review - path review still pending, but for them lymph was 9.653. Doing well at home besides lameness from cruciate tear. Full blood work panel ran last in December 2025 and lymphocyte count was 2.9 and rest of CBC and chem was wnl. Ultrasound to determine underlying cause for lymphocyte elevation.

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 **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. Slight pinpoint mineralizations were noted bilaterally. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.0 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 0.60 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland measured 3.16 cm x 0.46 cm width at the cranial pole and 0.77 cm width at the caudal pole.

Spleen

The **spleen** revealed a focal hypoechoic nodule measuring 2.3 cm at the mid caudal body. A separate nodule was present at the cranial pole measuring 1.8 cm.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

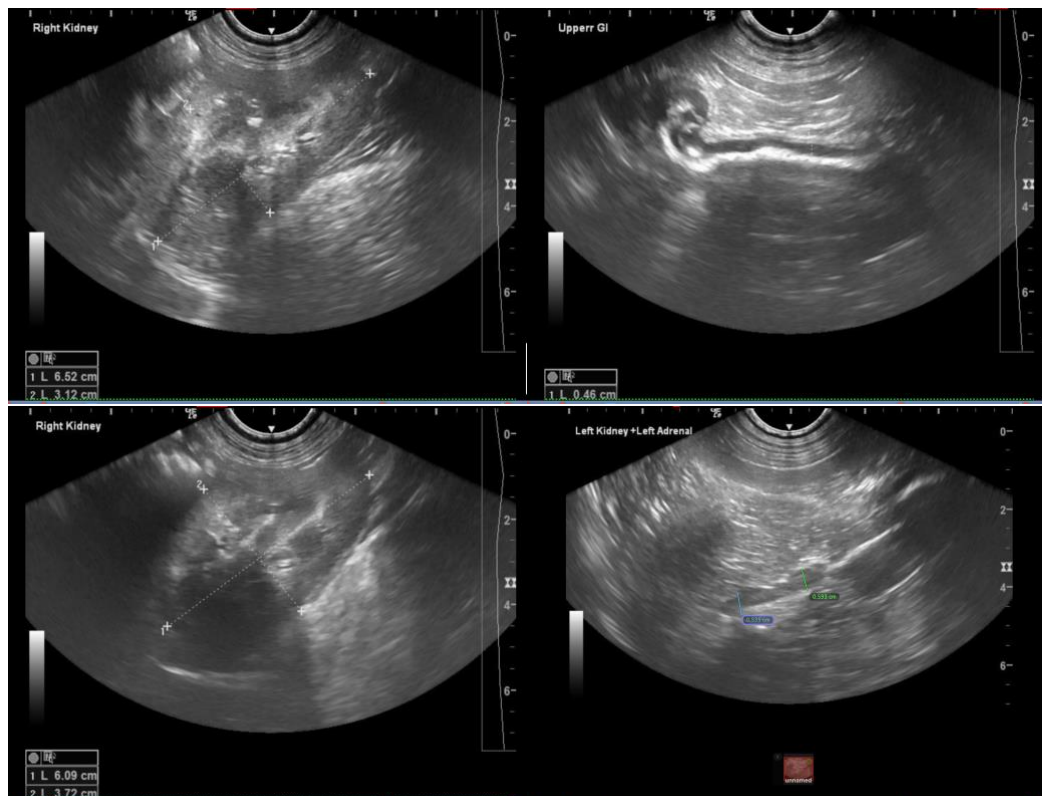
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Concerning splenic nodules- emerging round cell neoplasia, hemangiosarcoma, hyperplasia are all possible.
- Minor renal mineralizations.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA or proactive splenectomy is indicated. Rapid echocardiogram is warranted to ensure no pericardial effusion or right auricular mass is noted that may be metastatic from the spleen.





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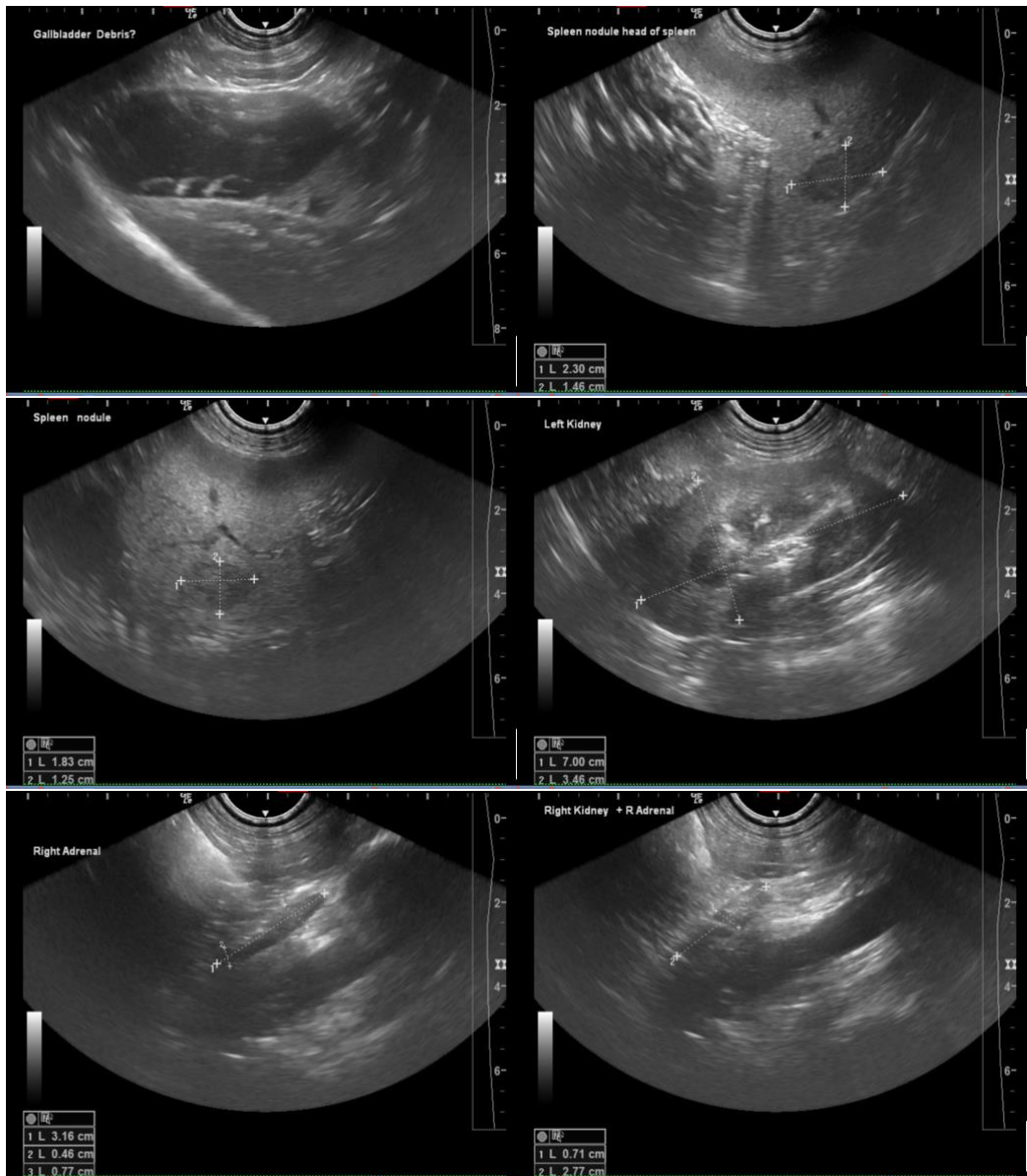
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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