



## PATIENT

Honey Zeller

## SPECIES

Canine

## BREED

Shepherd Cross

## SEX

Spayed female

## AGE

12 years

## WEIGHT

26.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Trudeau

## HOSPITAL NAME

Vetcetera AH

## REFERRING VET

Dr. Trudeau

## INVOICE

75057

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

History: anorexia, weight loss and lethargy; black stool but the dog has also been eating dirt so unsure if that or melena; has been on omeprazole and sucralfate sometime mirtazapine  
CBC - NSF Chem - mild increase ALP and Glob 4Dx - negative

## 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 was 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Both kidney measured 6.0 cm.

### Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

### Spleen

The **spleen** revealed focal, hypoechoic nodule at the mid cranial body measuring 0.83 cm. Subtle, heterogenous parenchymal changes were noted in the remainder of the spleen. The spleen was folded upon itself caudally. A 5.1 cm mixed echogenic mass was noted and appeared to derive from the caudal pole of the spleen. However, this cannot be confirmed.

### Liver

The left liver revealed a 2.6 cm, isoechoic macronodular change that is consistent with adenoma or hepatoma and nodular hyperplasia. Subjectively this appears benign. Other isoechoic nodular changes were noted in the liver.

### Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal.



## PATIENT

Honey Zeller

## SPECIES

Canine

## BREED

Shepherd Cross

## SEX

Spayed female

## AGE

12 years

## WEIGHT

26.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Trudeau

## HOSPITAL NAME

Vetcetera AH

## REFERRING VET

Dr. Trudeau

## INVOICE

75057

## DATE

4/30/26

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. Reactive mesenteric lymph node 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

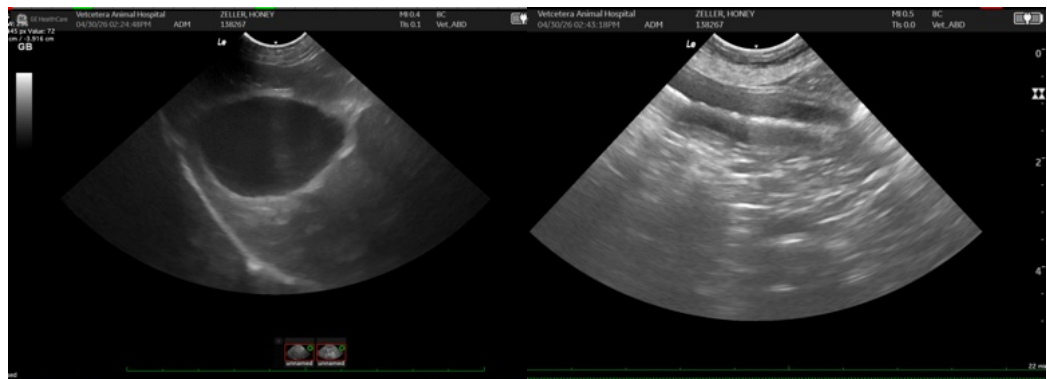
Midabdominal mass of unknown origin, suspect splenic.

Separate splenic nodule and liver nodule.

Reactive mesenteric lymph node.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of all structures are recommended. CT evaluation is recommended for surgical planning.





## PATIENT

Honey Zeller

## SPECIES

Canine

## BREED

Shepherd Cross

## SEX

Spayed female

## AGE

12 years

## WEIGHT

26.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Trudeau

## HOSPITAL NAME

Vetcetera AH

## REFERRING VET

Dr. Trudeau

## INVOICE

75057

## DATE

4/30/26



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 of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)