



## PATIENT

Linkin Kott

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered Male

## AGE

9 Years 9 Months

## WEIGHT

85 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Alex Alvarado

## HOSPITAL NAME

Country Veterinary  
Clinic

## REFERRING VET

Dr. Alex Alvarado

## INVOICE

15697

## DATE

05/01/26

## PRESENTING CLINICAL SIGNS

4 day history of inappetence and lethargy, mucous in stool also present. SubQ fluids and cerenia done overnight with marked improvement prior to presentation for ultrasound.

Abnormal PE/Chem/CBC/UA Results: Right anal gland mass (r/o: neoplastic v scar tissue from previous abscess) ALT - 1374 U/L ALKP - 1398 U/L

## 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 prostate was not visualized.

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 and no evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.2 cm in length.

### Adrenal Glands

The **left adrenal gland** was 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 0.80 cm width.

The **right adrenal gland** was not visualized.

### Spleen

The **spleen** revealed multifocal micro- and macronodular changes with macronodular swelling measuring 3.4 cm. Irregular contour and mild generalized splenomegaly was noted.

### Liver

The **liver** revealed coarse architecture and attenuating sound beams. Portions of the dorsal cranial liver were not visualized from the imaged provided. The gallbladder was unremarkable. Nonspecific increased portal markings were noted along with remodeling consistent with chronic inflammatory hepatopathy.

### 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 intestine demonstrated normal luminal chyme respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. The descending colon was unremarkable.



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**Pancreas**

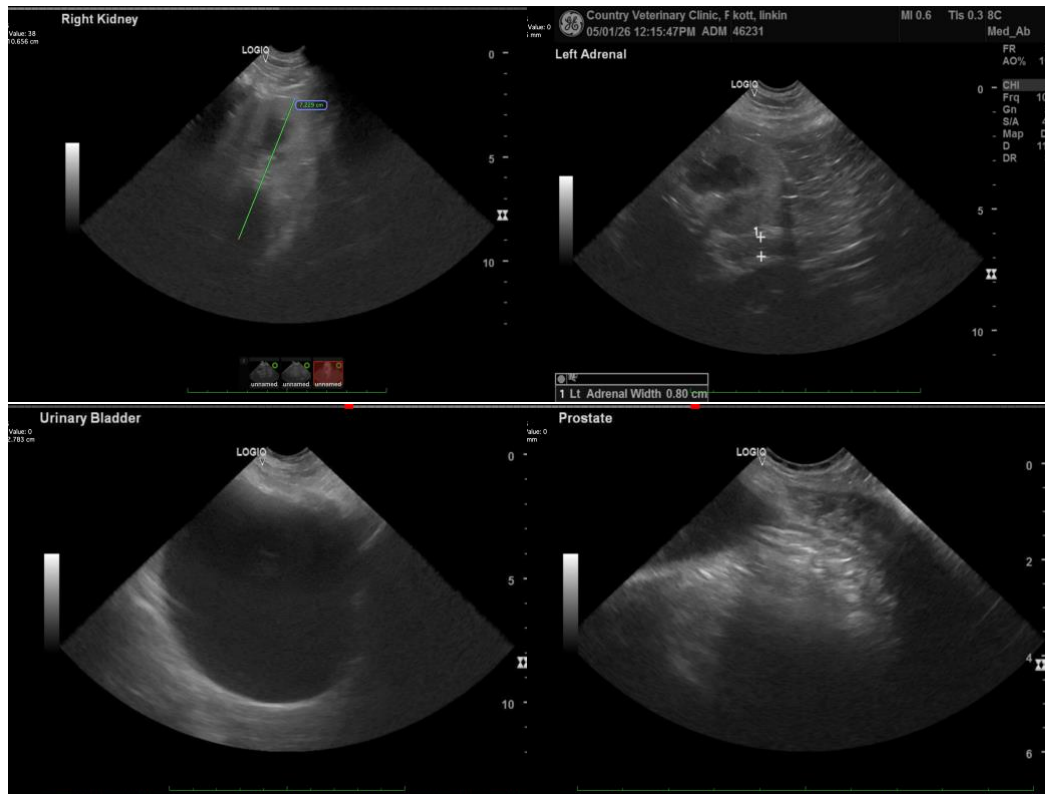
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic inflammatory hepatopathy.
- Nodular hyperplasia splenic pattern- potential underlying neoplasia.
- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the splenic micro- and macronodular changes is warranted. 22-gauge FNA of the liver is indicated or core biopsy or surgical/laparoscopy guided biopsy. Leptospirosis titers is indicated.





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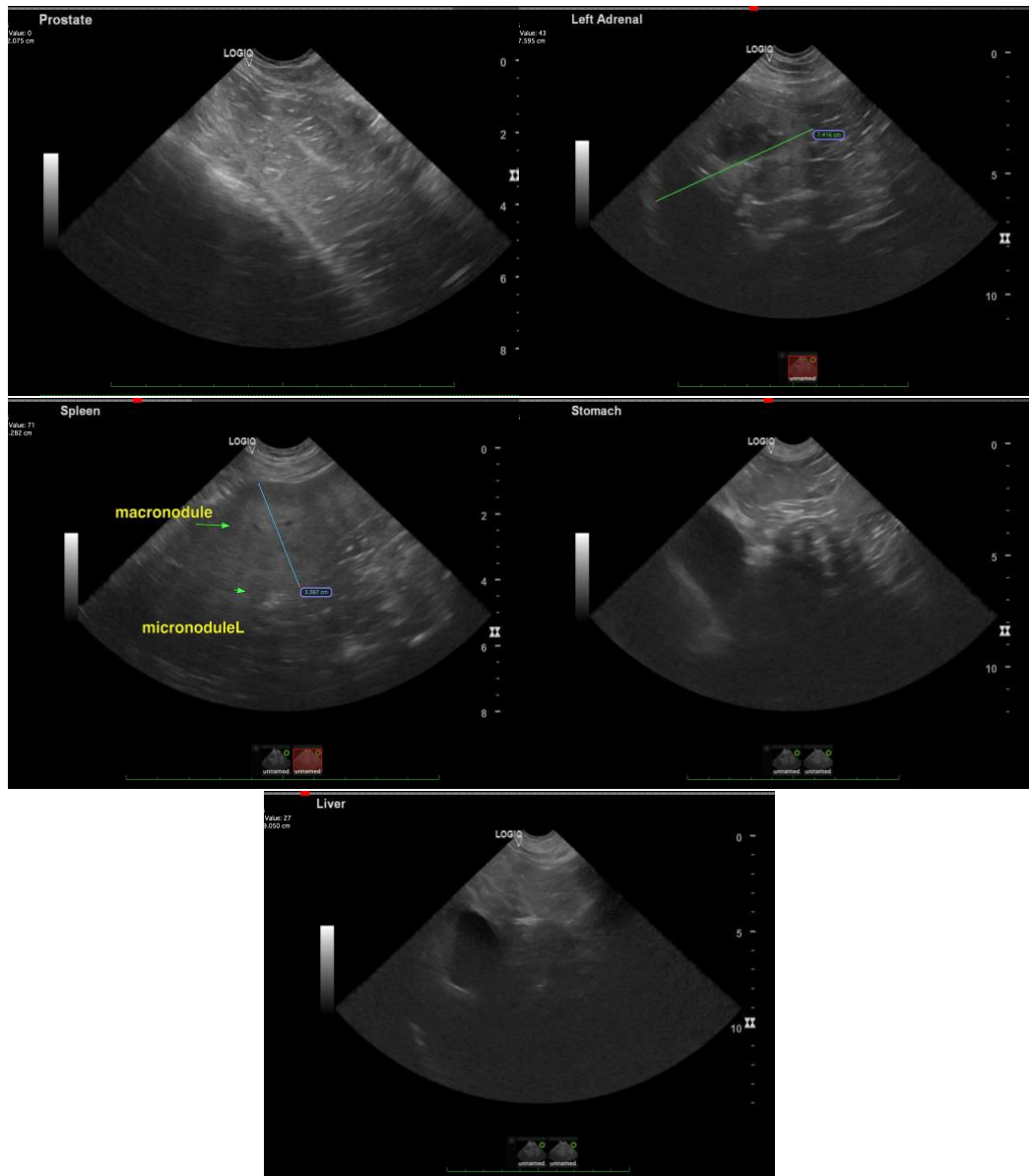
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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