



**PATIENT**

Wesley James

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered Male

**AGE**

6 Years 10 Months

**WEIGHT**

90.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Black River Animal  
Hospital

**REFERRING VET**

Dr. Gano

**INVOICE**

15669

**DATE**

05/01/26

**PRESENTING CLINICAL SIGNS**

Routine abdominal scan. Physical exam wnl.

Abnormal PE/Chem/CBC/UA Results: WNL

**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 **iliac trifurcation** was unremarkable.

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 6.93 cm in length. The right kidney measured 7.04 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 3.08 cm x 0.52 cm width at the cranial pole and 0.59 cm width at the caudal pole. The right adrenal gland measured 2.56 cm x 1.93 cm width at the cranial pole and 0.62 cm width at the caudal pole.

**Spleen**

The **spleen** presented largely normal with a focal hypoechoic nodule measuring 0.84 cm that appears nondisruptive.

**Liver**

The **liver** revealed slight coarse architecture and mild subnormal size with a minor amount of remodeling. No evidence of gross pathology. The gallbladder and common bile duct were unremarkable.

**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**



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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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**Free Abdomen**

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

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**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen with focal splenic nodule and mild hepatic remodeling.

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Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenic nodule differentials include likely hyperplasia, emerging round cell neoplasia, hemangiosarcoma. Recheck sonogram in 3-4 weeks. If progression, ultrasound guided 25-gauge FNA of the nodule or direct splenectomy would be appropriate. Chest radiographs are warranted.

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Subjectively, the nodule appears benign, however given the breed predisposition to splenic neoplasia, recommend monitoring nodule attentively.

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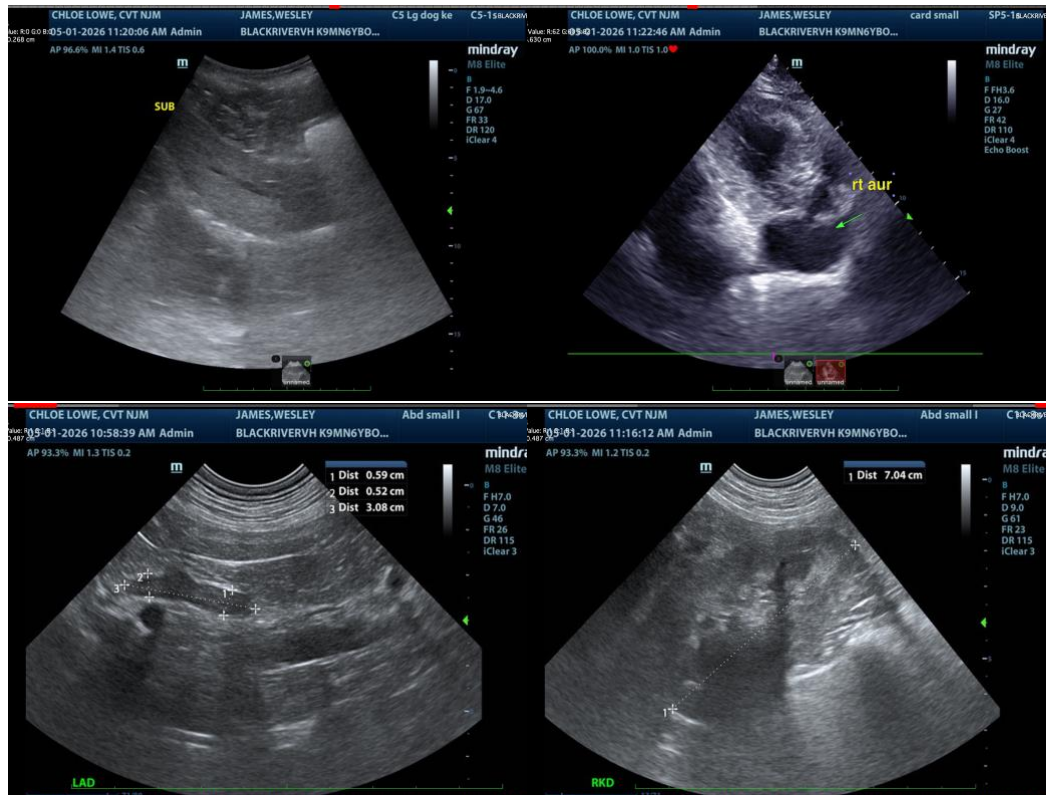
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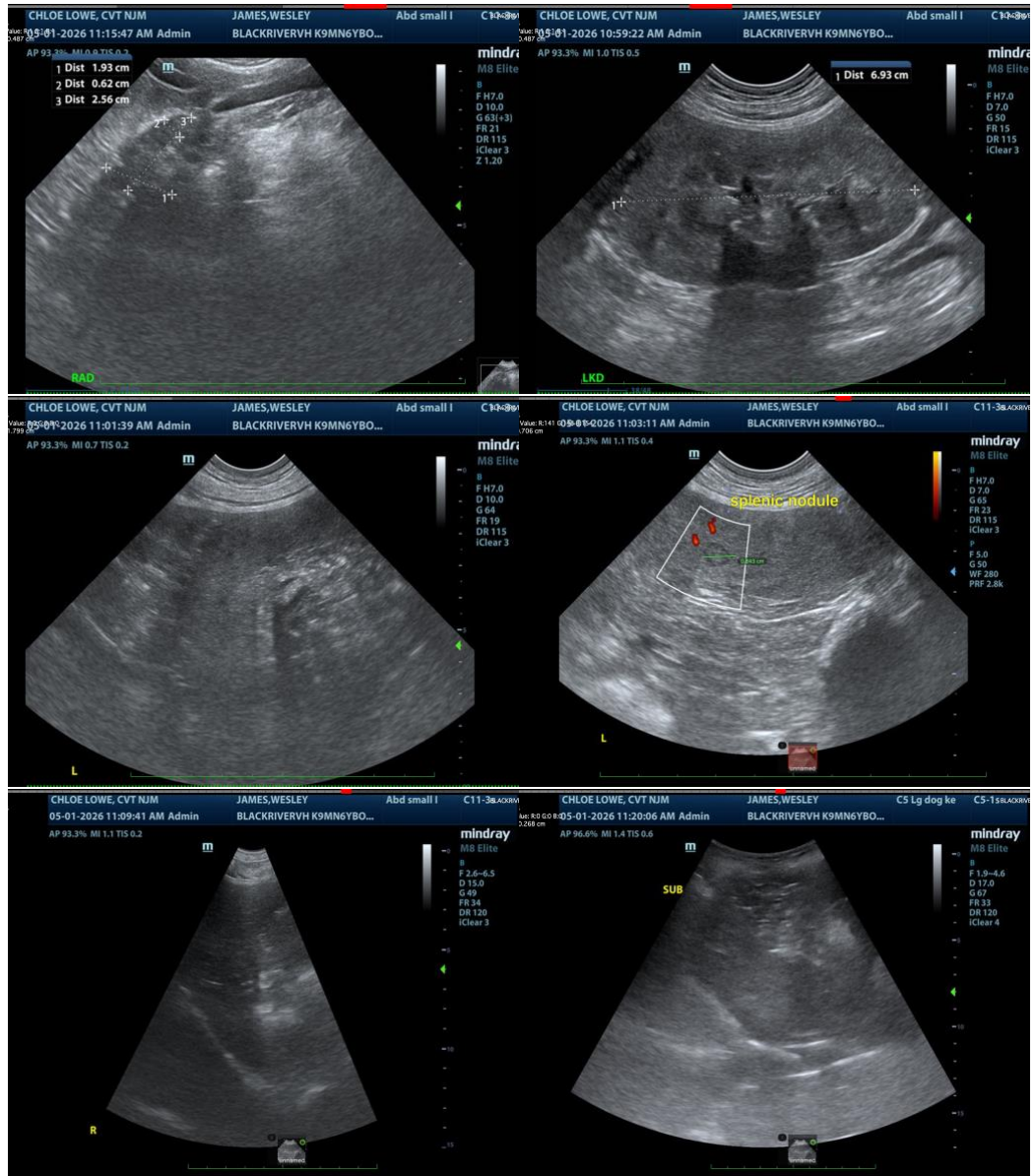
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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