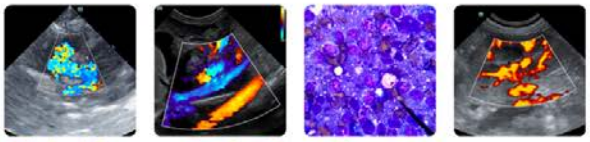

PATIENT

Dylan Jarman

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

12 Years 11 Months

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Ashley Whitesell

INVOICE

75200

DATE

5/16/26

PRESENTING CLINICAL SIGNS

Elevated liver values in the past, spleen looks a little roughened, history of pneumonia. Want to make sure pet is okay for anesthesia to remove some growths sand there is nothing underlying going on.

Abnormal PE/Chem/CBC/UA Results: ALT 169 GGT 17

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Left kidney measured 7.1 cm. Right kidney presented a slight cortical infarct at the dorsocaudal cortex, stable, no evidence of active inflammation.

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. Left adrenal gland measured 0.66 cm at the caudal pole and 0.47 cm at the cranial pole. Right adrenal gland measured 2.9 cm x 1.46 cm at the cranial pole and 0.88 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was slightly coarse in architecture. Slight hypoechoic non-specific nodule noted in the mid left cranial liver measuring 1.8 cm. The gallbladder was unremarkable.

Gastrointestinal

Slight shadowing luminal material noted in the **stomach**, potential medications, measuring up to 1.4 cm. Minor amount of ingesta in the stomach otherwise. 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.

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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.

Free Abdomen

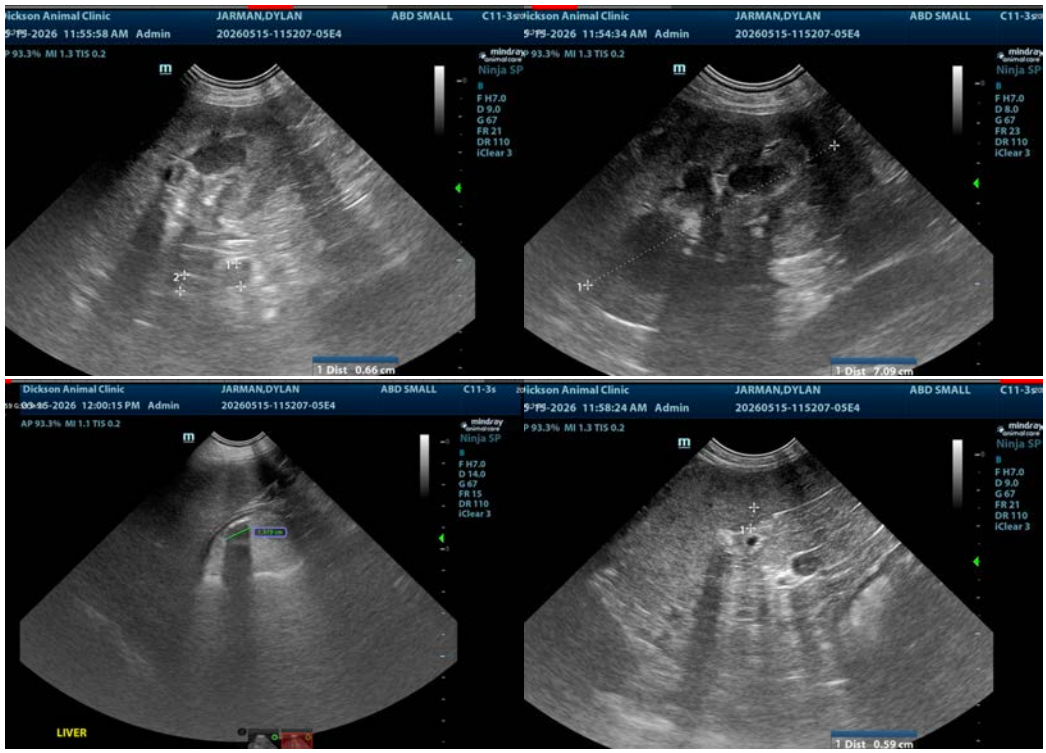
A mesenteric lymph node was enlarged and peripherally mildly inflamed, measuring 4.3 cm x 1.0 cm. Hyperechoic fat noted.

ULTRASONOGRAPHIC FINDINGS

- Subjectively benign liver nodule.
- Age related renal and splenic changes.
- Partially full stomach.
- Enlarged mesenteric lymph node with surrounding inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the subtle splenic changes, the mesenteric lymph node enlargement and ALT elevations, recommend screening FNA of the lymph node, spleen and liver to ensure emerging disease is not present such as round cell neoplasia. Most likely reactive. However, given the mild inflammatory pattern around the mesenteric lymph node and the parenchymal changes, 25-gauge FNA of the lymph node and spleen and 22-gauge FNA of the liver nodule would be ideal.



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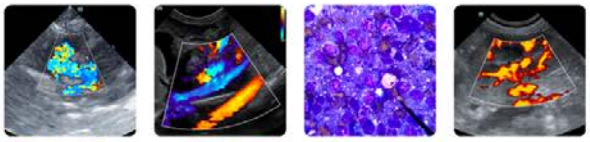

Clinical Sonography & Telecytology
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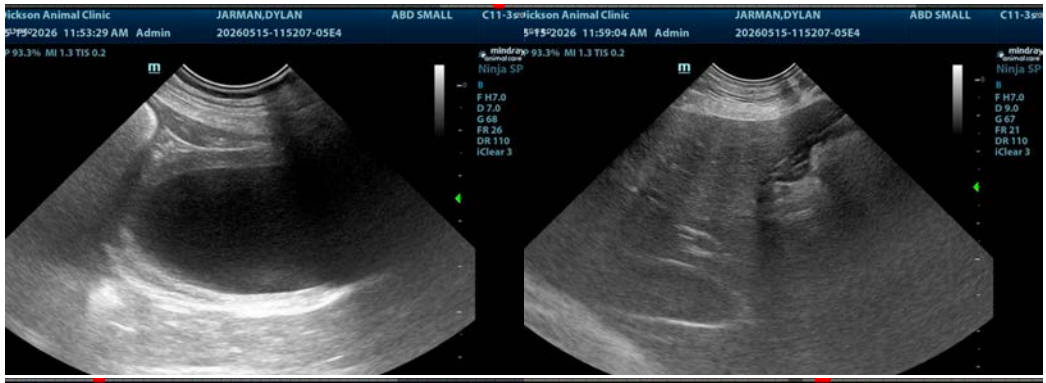

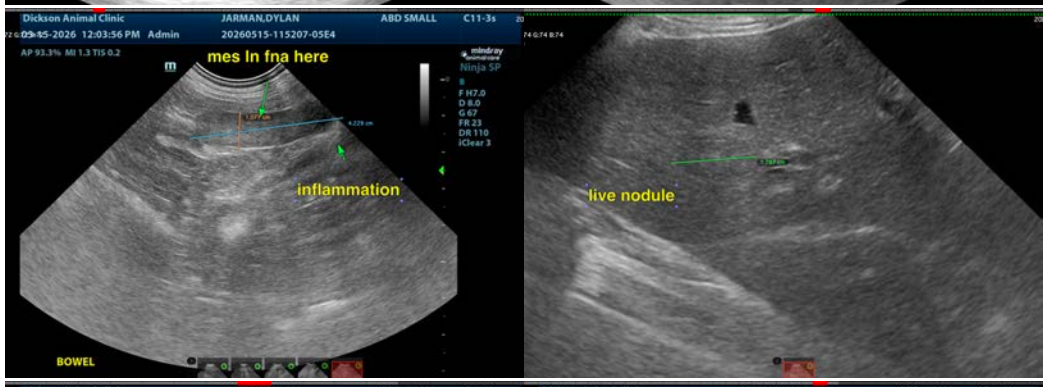

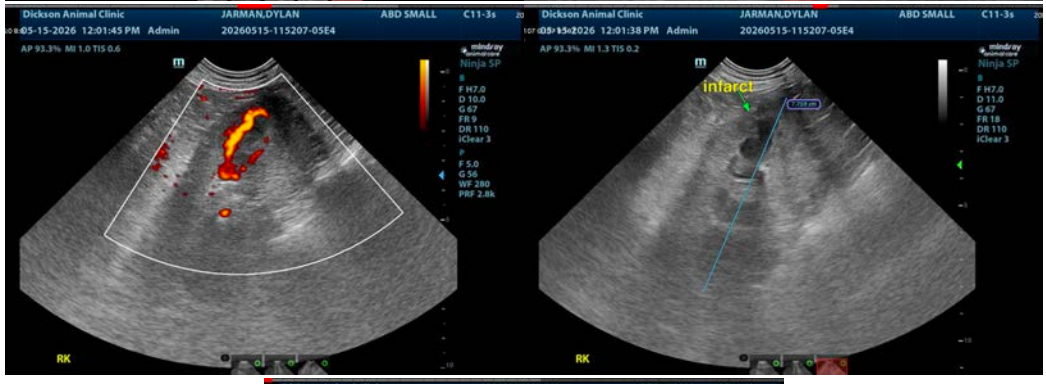

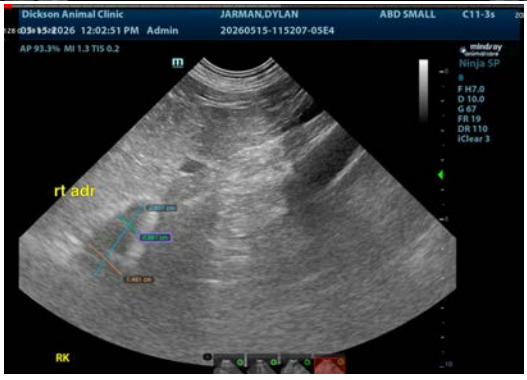

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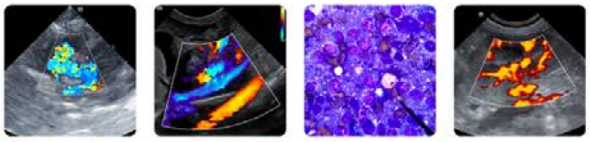

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com