



PATIENT

Tank Rodriguez

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

10 years

WEIGHT

77.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Levy

HOSPITAL NAME

Court Street VH

REFERRING VET

Dr. Velez

INVOICE

77727

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Tank was seen today for a acute lame LF. Been being monitored since the fall for incidental findings of leukopenia characterized by neutropenia and has since developed a non regenerative anemia that is presumed due to chronic disease. 4dx negative multiple times. (Tick PCR was done in the fall and was negative.) Patient was also used as a patient to learn sonopath protocol on and it was mentioned at that time that his spleen looked large. E/D normal. No v/d/c/s. No weight loss. Previously concern for horners based on miosis OS and sunken appearance not evaluated for until today
Sensitive on palpation on Left shoulder Mild non regenerative anemia Leukopenia characterized by neutropenia 4dx neg T4 normal Urine normal Concern for horners - miosis OS

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. The left kidney measured 7.1 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was uniform and folded upon itself caudally with mild enlargement.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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

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

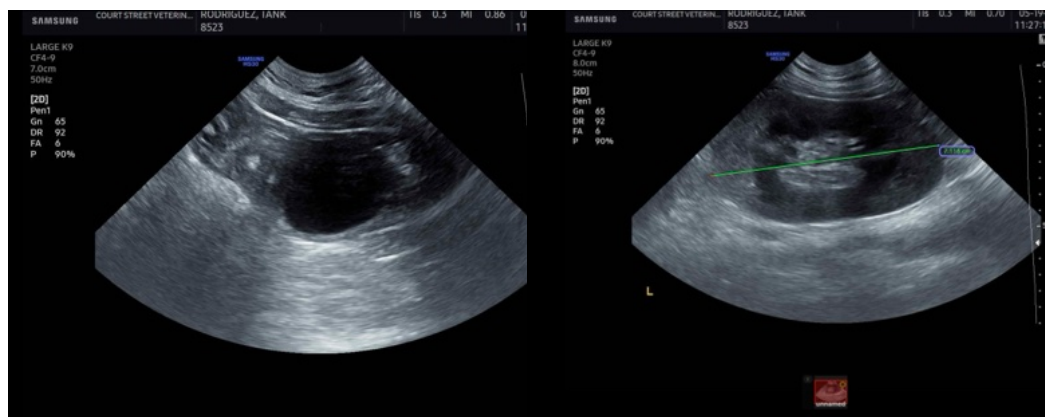
Splenomegaly. Most consistent with hyperplasia with a mild potential for emerging round cell neoplasia.

Age related hepatic changes.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen is indicated. There was no evidence of gross disease. Repeat tick borne disease panel is warranted or investigation of other causes of immune stimulation.





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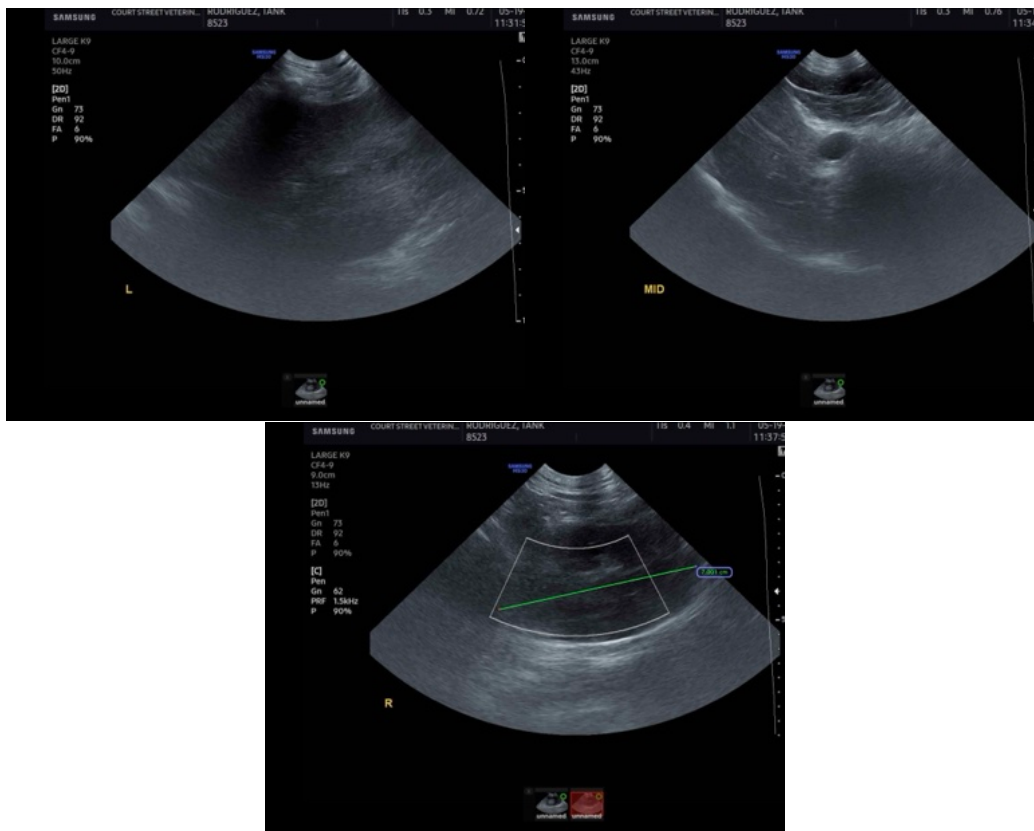
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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