



## PATIENT

Pumpkin Khatamee-Levy

## SPECIES

Canine

## BREED

Shih Tzu x Mini Poodle

## SEX

Spayed Female

## AGE

12 Years 9 Months

## WEIGHT

9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brianna Gaines

## HOSPITAL NAME

Healthy Pets  
Veterinary Care  
(Boca North)

## REFERRING VET

Dr. Brianna Gaines

## INVOICE

75532

## DATE

5/29/26

## PRESENTING CLINICAL SIGNS

P presented for a splenic nodule seen on radiographs and enlarged liver.

## 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 iliac trifurcation was unremarkable.

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. Mineralization noted in both kidneys. The left kidney measured 3.5 cm. Occasional cortical cysts noted on the right kidney. The right kidney measured 3.7 cm.

### Adrenal Glands

The **left adrenal gland** revealed a hyperechoic nodule at the cranial pole measuring 0.67 cm. The left adrenal gland measured 0.60 cm at the cranial pole and 0.50 cm at the caudal pole.

The **right adrenal gland** was slightly heterogeneous and nodular at 0.68 cm. The right adrenal gland measured 0.63 cm at the cranial pole and 0.54 cm at the caudal pole.

### Spleen

The **spleen** was folded upon itself cranially, which is a positional variant. Slight hyperechoic lipid plaque noted at 0.86 cm at the cranial pole. The remainder of the spleen was unremarkable.

### 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.

### 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.



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## Pancreas

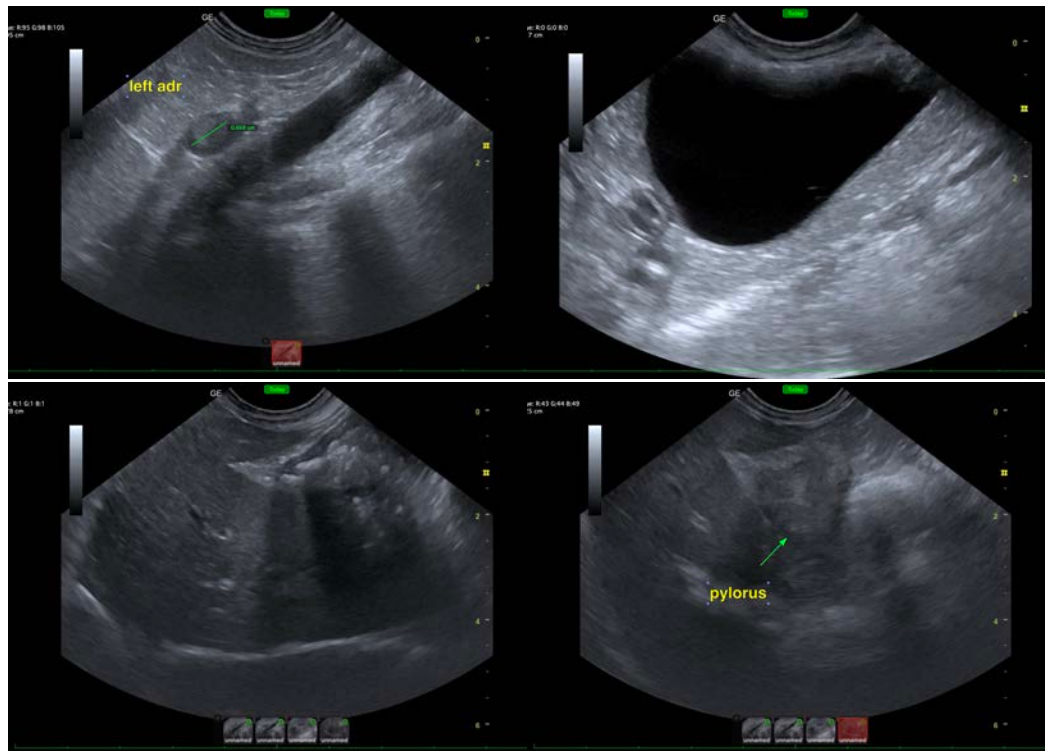
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Nodular adrenal glands.
- Age related renal changes.
- Folded spleen with lipid plaque.
- Age related hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of masses or significant pathology.





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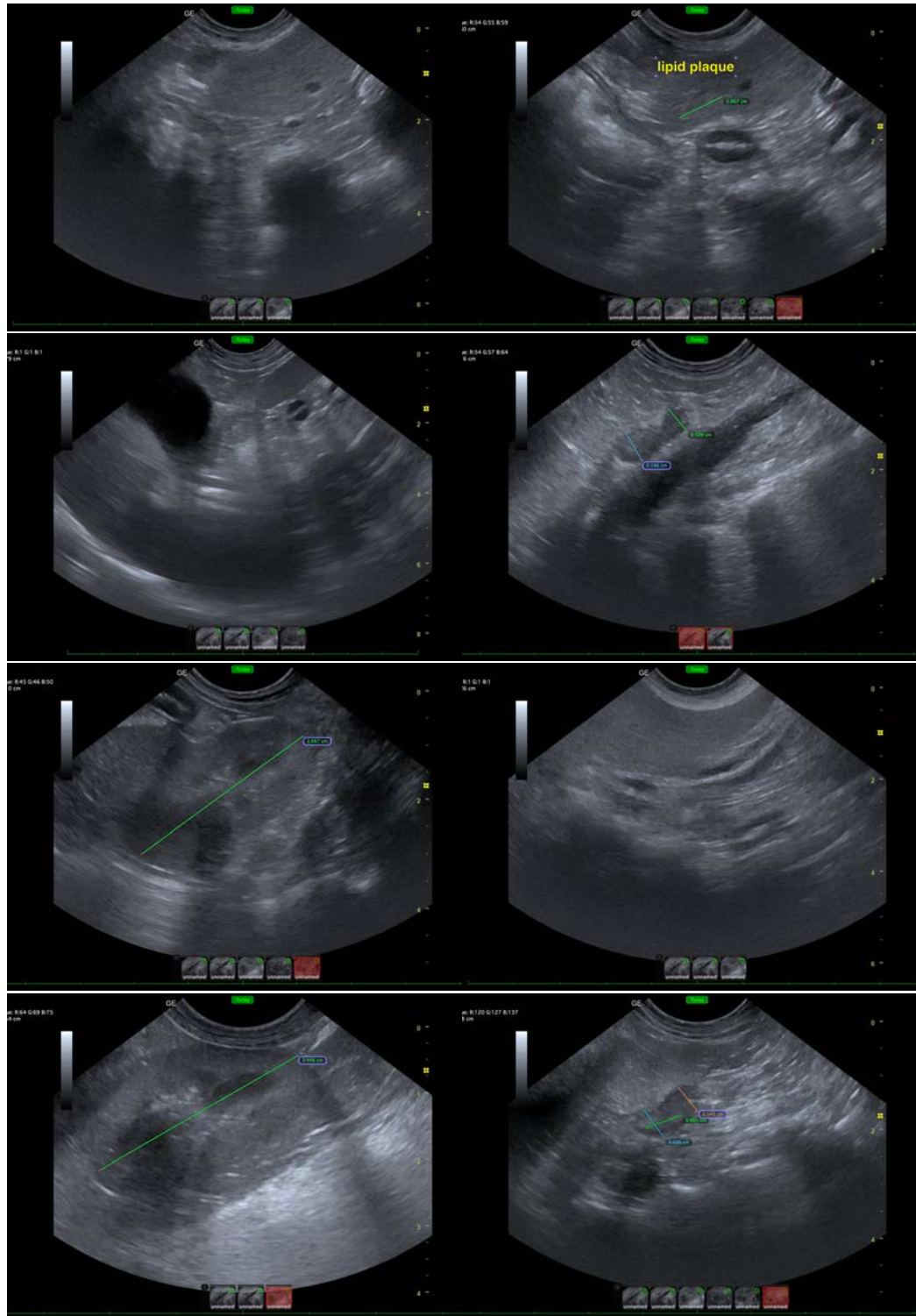
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)