



**PATIENT**

Achilles Mault-Weir

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

31 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Pomerantz

**INVOICE**

22404

**DATE**

5/9/23

**PRESENTING CLINICAL SIGNS**

Diarrhea, not eating

CBC/chem findings: Mild ALT elevation

**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 **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 5.33 cm. The right kidney measured 5.33 cm.

**Adrenal Glands**

The **left adrenal gland** was mildly enlarged, measuring 2.78 cm x 0.71 cm at the cranial pole and 0.88 cm at the caudal pole.

The **right 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 right adrenal gland measured 2.26 cm x 0.79 cm.

**Spleen**

The **spleen** revealed multifocal hyperechoic inclusions with an overt 4.7 cm mass at the caudal pole, strongly consistent with stromal tumor. No evidence of rupture noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. Multifocal hypoechoic nodular changes were noted, nondisruptive, likely unrelated to the splenic pathology.

**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.



**PATIENT**

**Pancreas**

Achilles Mault-Weir

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Goldendoodle

- Mixed echogenic splenic mass, suspect stromal tumor or lipogranulomatous changes.
- Nodular hyperplasia liver pattern, likely unrelated to the spleen, however, biopsies should be performed at surgery.

**SEX**

Neutered Male

- Mildly enlarged left adrenal gland
- Age-related renal changes

**AGE**

16 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenectomy is recommended. Otherwise, ultrasound guided FNA for screening of the spleen and liver could be considered. However, this type of spleen tends to not exfoliate readily on FNA.

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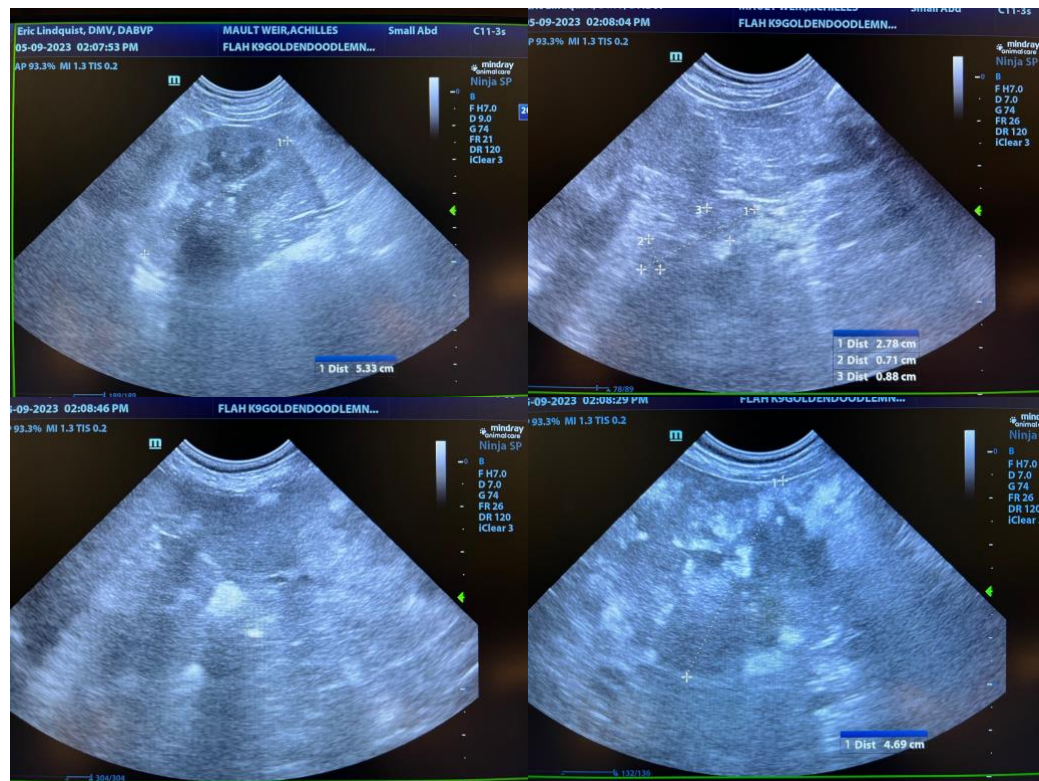
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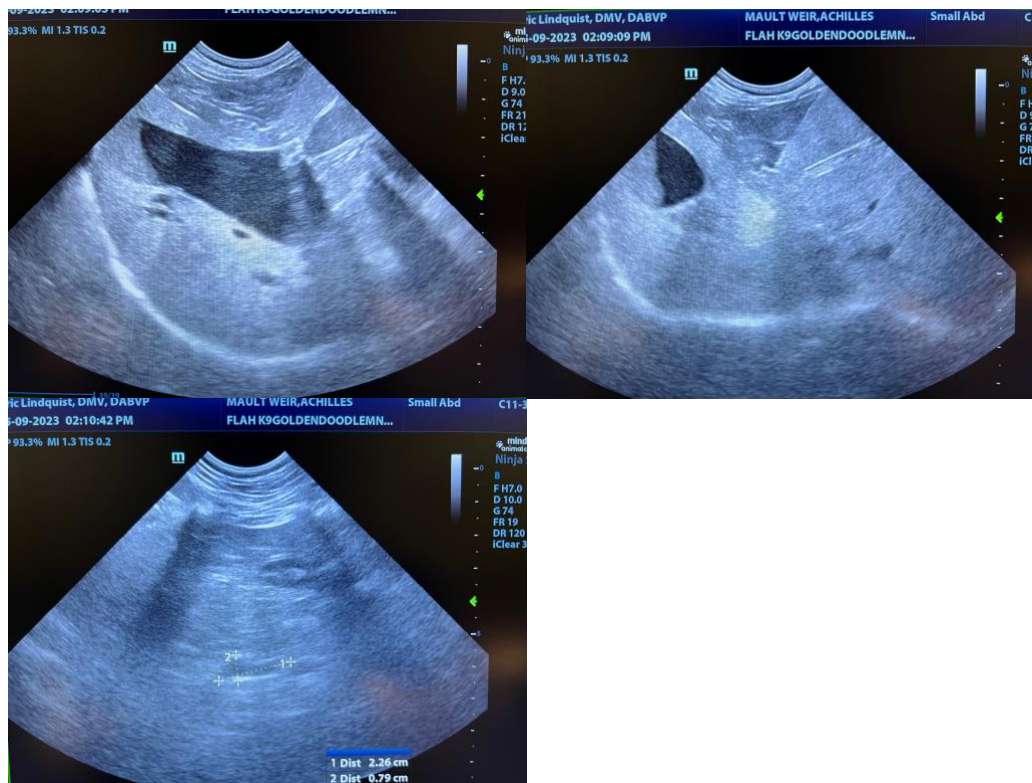
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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