



PATIENT

Archer McGowan

SPECIES

Canine

BREED

Mini Australian Shepherd

SEX

Neutered Male

AGE

9 Years

WEIGHT

25 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Montclair AH

REFERRING VET

Dr. Brazer

INVOICE

37332

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Recheck on abdominal scan for concern of splenic mass.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate was uniform, measuring 1.8 cm.

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 right kidney measured 4.81 cm. The left kidney measured 4.76 cm.

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 2.14 cm x 0.39 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 2.1 cm x 1.12 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

The **spleen** revealed a slight hypoechoic nodule in the mid body, measuring 0.7 cm, nondisruptive. No overt cavitations or masses were noted. This type of nodular change is most consistent with hyperplasia. A subtle area of sinusoidal heterogenous parenchymal changes was noted in the spleen, nondisruptive. These types of sinusoidal nodular changes can occur, disappear and recur depending upon vascular status or various benign changes that occur in the spleen, yet there are no masses in this patient. The spleen does fold upon itself in one position, yet this is a positional variant.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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. Occasional hyperechoic lipid plaques were noted in the liver.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

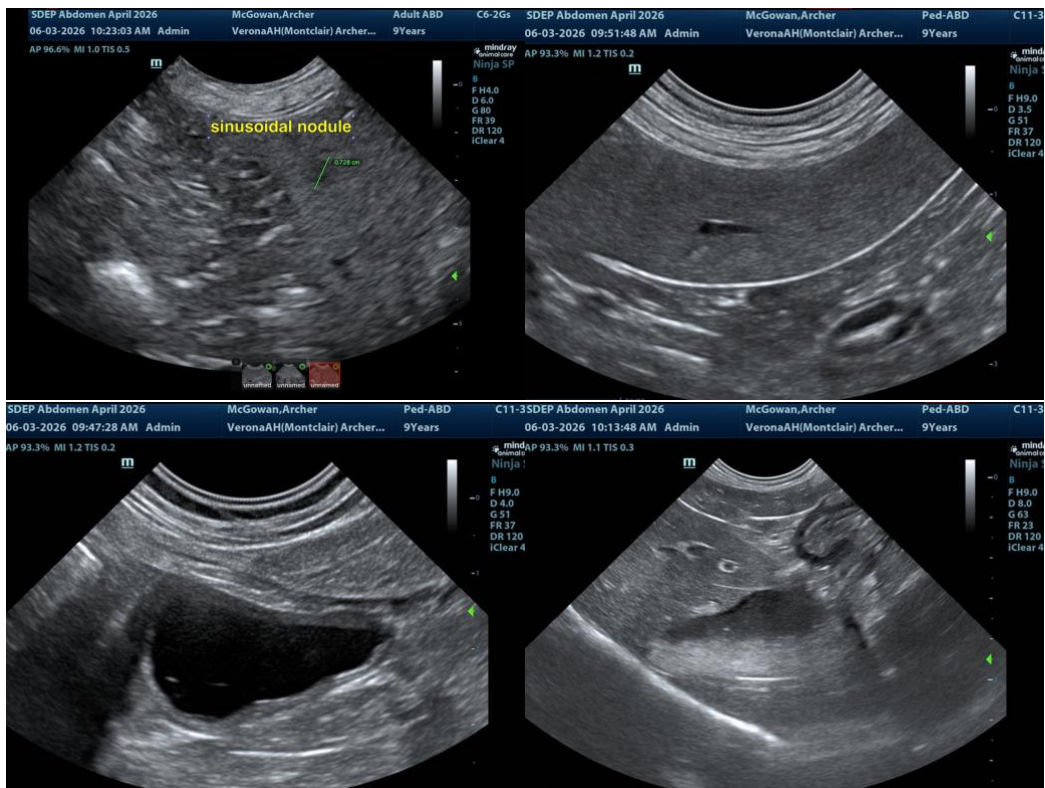
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign abdomen
- Minor sinusoidal hyperplasia pattern to the spleen- no evidence of masses. A 0.7 cm splenic nodule was also noted, which may be a temporary issue and may recur or grow.
- Minor age-related hepatic changes with occasional hyperechoic lipid plaques

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If clinical concern is present, then recheck sonogram is warranted in 1-2 months.





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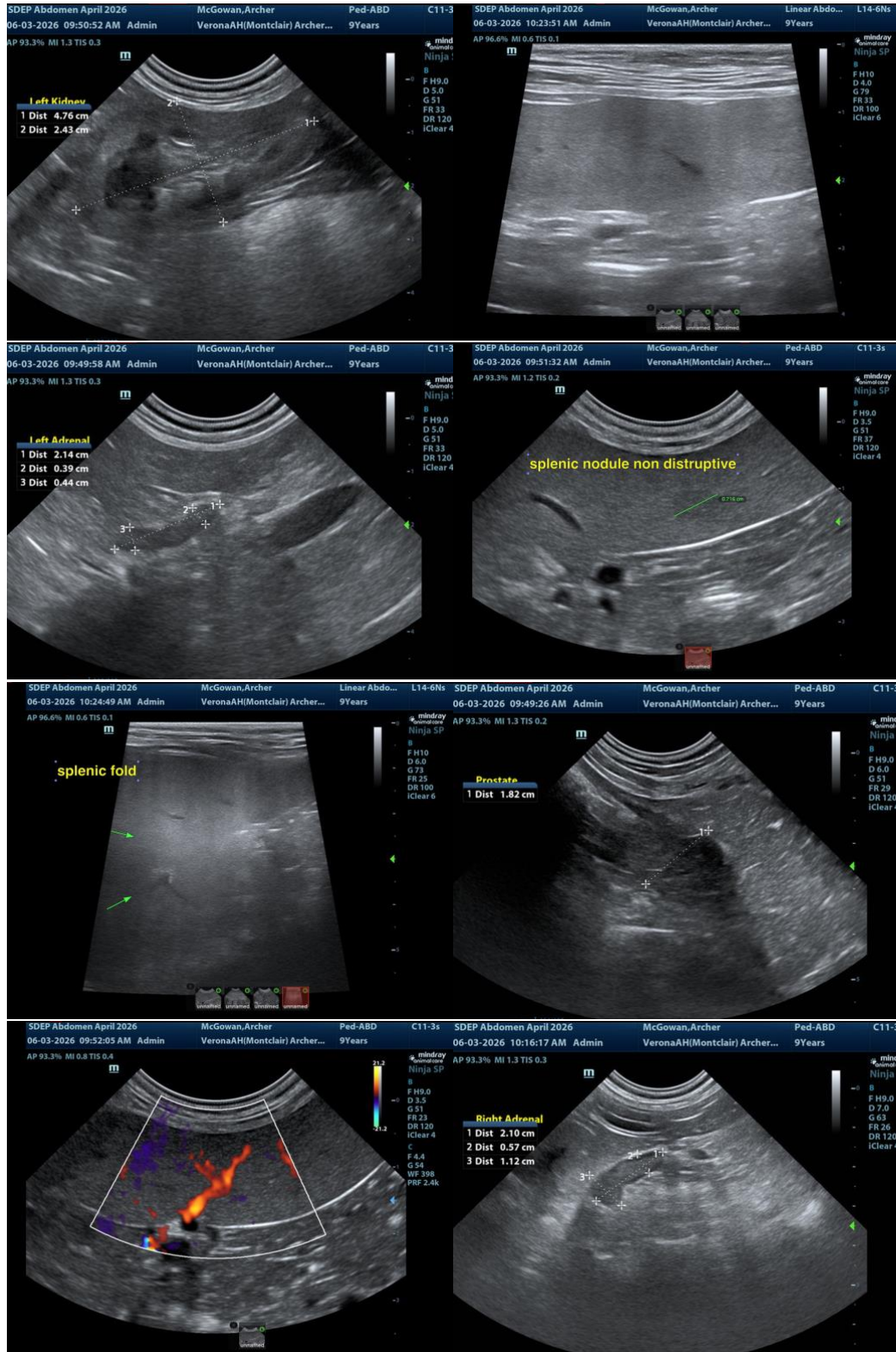
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com