



**PATIENT**

Max Geringsoniene

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

10.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. McElroy

**HOSPITAL NAME**

Pet Med Plus

**REFERRING VET**

Dr. McElroy

**INVOICE**

31612

**DATE**

7/12/22

**PRESENTING CLINICAL SIGNS**

Max presented for a soft mass on the left side. At first look, it looked like a fatty deposit. It about the size of an medium orange. It was not a fatty deposit but was something bulging from the abdomen. We did radiographs and ultrasound. I am also sending the radiographs . The spleen is very large. It appears normal but its very large. It starts of thin then gets thicker. It appears to the cause of bulge. When you look at the dog it looks like a round fatty deposit sitting on top of the skin. Abnormal PE/Chem/CBC/UA Results: cbc and chem profile were normal. The dog has not lost any weight and the owner indicated his activity and appetite are normal. The wife did say the bulge does get bigger after eating probably because the stomach is full.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was not visualized.

Portions of the left **kidney** were imaged with no evidence of pathology.

**Adrenal Glands**

The left adrenal gland measured 0.48 cm with a minor heterogenous cranial pole.

**Spleen**

The **spleen** was uniform with minor enlargement and was folded upon itself caudally. Slight, heterogenous, non-disruptive parenchymal changes were noted. The spleen was folded upon itself cranially and caudally.

**Liver**

The visible **liver** was unremarkable with uniform parenchyma.

**Gastrointestinal**

The visible **gastrointestinal tract** was unremarkable.

**Pancreas**

The visible **pancreas** was unremarkable.

**ULTRASONOGRAPHIC FINDINGS**

Benign hypersplenism/folded spleen.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**\*\*13 images were submitted in AVI BMP format, in the future please submit in DICOM format.**

Full abdominal sonogram is warranted to assess for comorbidities.

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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, Cert. IVUSS, CEO of SonoPath.com  
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