



**PATIENT**

Bentley Connolly

**SPECIES**

Canine

**BREED**

Doberman Mix

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

65.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

John A. Boley, DVM

**HOSPITAL NAME**

AH of Colorado  
Springs

**REFERRING VET**

John A. Boley, DVM

**INVOICE**

16546

**DATE**

7/25/22

**PRESENTING CLINICAL SIGNS**

History: Owner feels that Bentley is acting normal except for has lost weight recently.

Abnormal PE/Chem/CBC/UA Results: 7-5-22 chem/CBC/T4- WNL except ALP-577; 7-6-22 urinalysis WNL; USG-1.049; Bilirubin 1+

**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 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 5.6 cm. The left kidney measured 5.3 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 2.0 cm x 0.5 cm.

**Spleen**

The **spleen** revealed a hypoechoic target type nodule, measuring 1.77 cm at the caudal pole. Other nodular changes were noted in the spleen. Splenic fold was noted otherwise, uniform.

**Liver**

The visible **liver** was 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.

**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**

- Concerning splenic nodule
- Unremarkable abdomen otherwise



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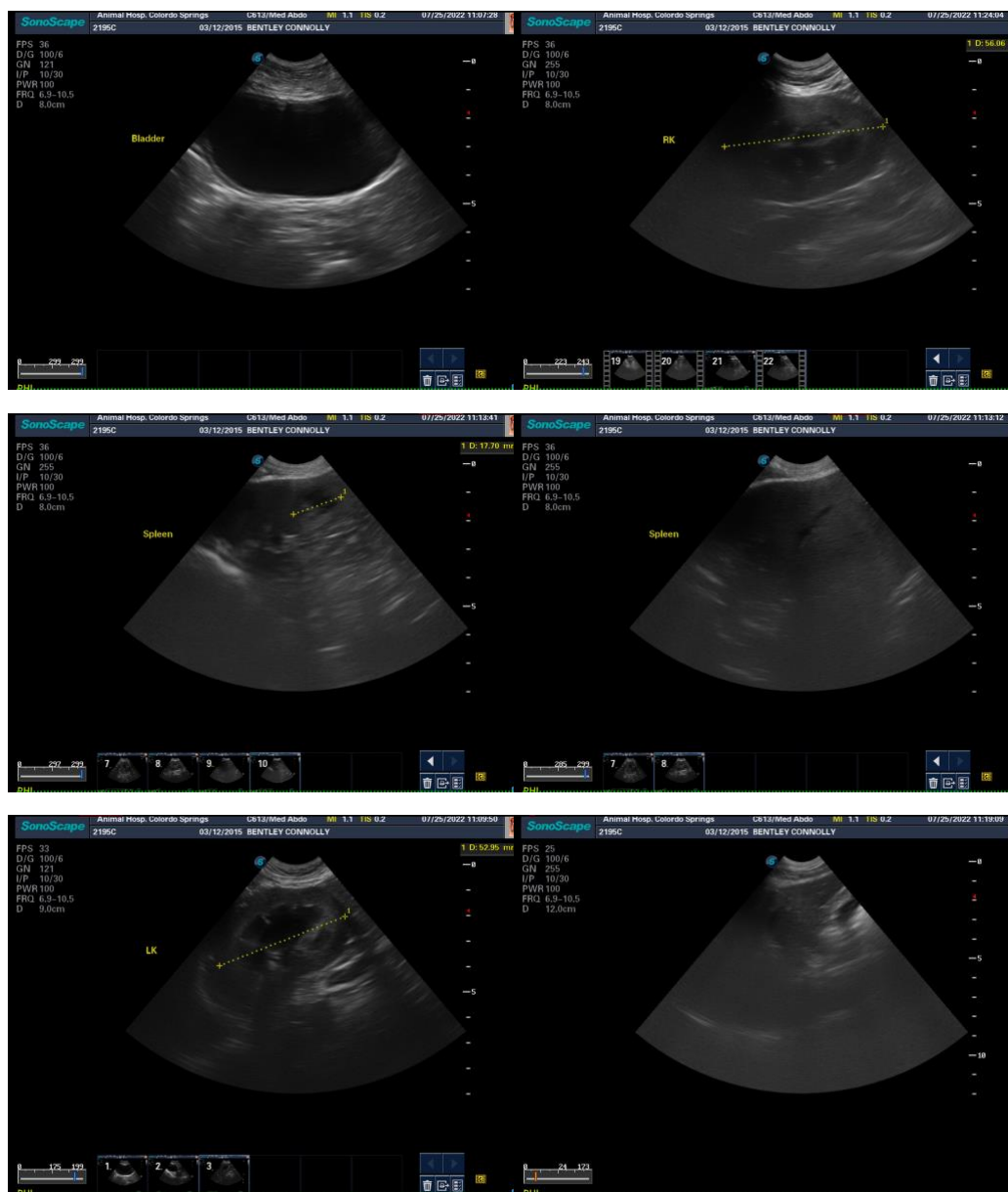
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the splenic nodule or direct splenectomy is warranted if chest radiographs and echocardiogram are free of evident pathology. However, the splenic lesion may not be the overt cause of the clinical signs. Thoracic, CNS or orthopedic disease should all be considered as potentials. Splenic lesions differentials include emerging hemangiosarcoma, round cell neoplasia, necrosis or abscessation.



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



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can be of any further assistance please contact me.

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