



**PATIENT**

Duke Lynn

**SPECIES**

Canine

**BREED**

English Springer  
Spaniel Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

40.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING  
PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Stanglein

**INVOICE**

32010

**DATE**

7/27/22

**PRESENTING CLINICAL SIGNS**

History: inappetence, weight loss, hx lyme dz..  
Abnormal PE/Chem/CBC/UA Results: ALT 147, AST 192, SDMA 17, Creat 1.6... no obvious organomegaly on rads

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 5.31 cm. The left kidney measured 4.78 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 1.88 x 0.53 cm. The right adrenal gland measured 2.39 x 0.54 cm.

**Spleen**

The **spleen** revealed subtle, hypoechoic nodule at the caudal pole measuring 0.97 x 0.58 cm. The splenic nodule had a target type appearance. A second hypoechoic nodule was noted and measured 0.4 cm.

**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. Hyperechoic nodules were noted in the left cranial and right cranial liver measuring up to 1.4 cm. This is likely lipogranulomas or hyperplasia. 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.



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**Gastrointestinal**

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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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Moderate degenerative renal changes.

**AGE**

13 years

Splenic nodules.

Hepatic nodules.

**WEIGHT**

40.1 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the splenic nodule is recommended or direct splenectomy. The expansion of the splenic capsule is concerning, hence splenectomy would be ideal even though the lesion appears to be small in size. FNA of the liver is also recommended. If splenectomy is performed then direct liver inspection and biopsy would be indicated. Round cell neoplasia versus emerging hemangiosarcoma or pronounced nodular hyperplasia are all possible.

**INTERPRETED BY**

Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

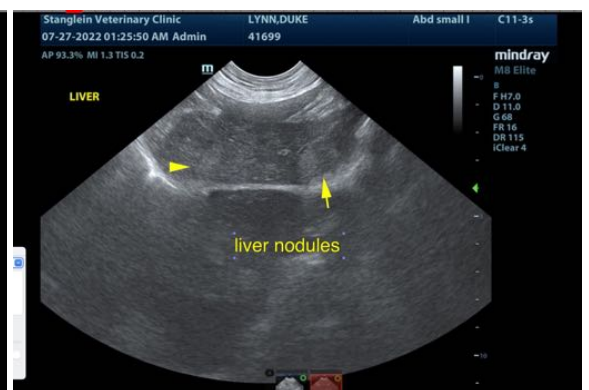
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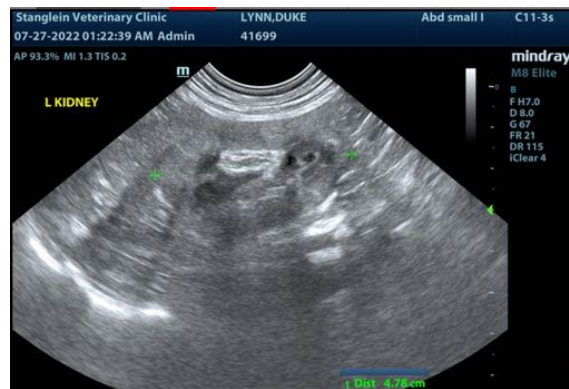
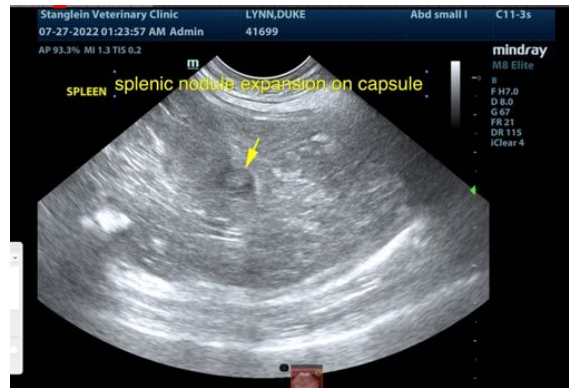
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Spaniel Mix

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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