



PATIENT PRESENTING CLINICAL SIGNS

Baxter George Recheck prev u/s 5/23 non specific homogeneous potentially cystic caudal splenic nodule , no concerns at home.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

Terrier X

SEX

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 5.18 cm. The left kidney measured 5.18 cm.

Neutered Male

AGE

8

Adrenal Glands

WEIGHT

17

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 1.44 cm x 0.31 cm at the caudal pole and 0.41 cm at the cranial pole. The right adrenal gland measured 2.35 cm x 0.62 cm at the caudal pole and 0.78 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

The **spleen** revealed a persistent hypoechoic cystic nodule at the caudal pole, measuring 1.3 cm, increased in size. Capsular expansion also noted. The remainder of the spleen was unremarkable.

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rockaway AH

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

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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.

DATE

8/4/23



PATIENT *Pancreas*

Baxter George

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

Other

BREED

Terrier X

Rapid view of the heart revealed no evident pathology.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Progressive splenic nodule

AGE

8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs followed by splenectomy recommended. This lesion may be benign. However, it is precarious. Differentials include emerging hemangiosarcoma, round cell neoplasia, less likely benign cyst or abscess. Even if benign, the nodule is precarious for potential rupture, hence the necessity for splenectomy.

WEIGHT

17

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Eric Lindquist, DMV

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IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

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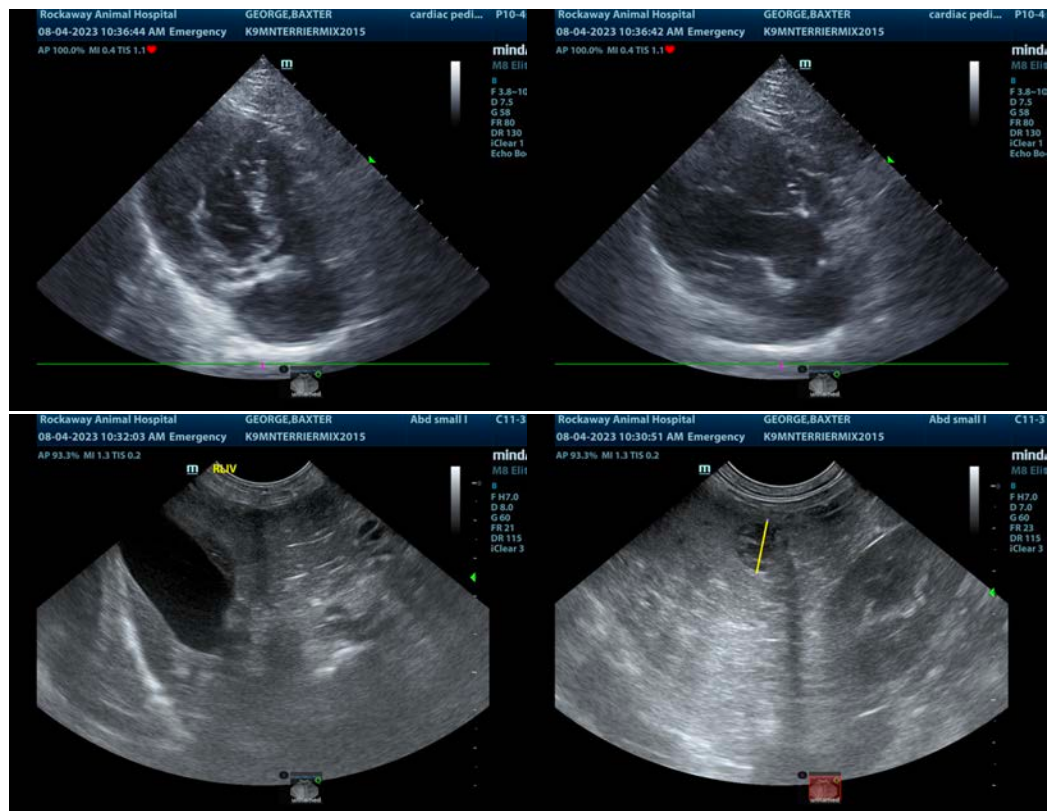
Dr. Maniar

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DATE

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PATIENT

Baxter George

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

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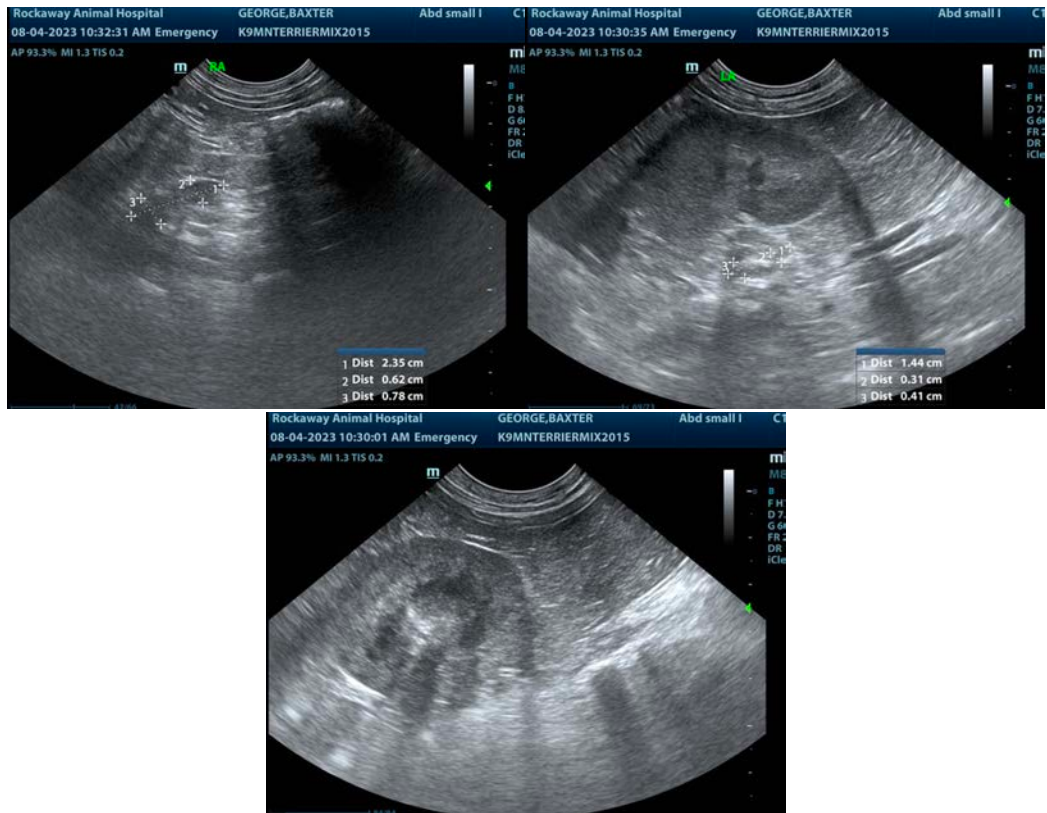
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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