



PATIENT

Paddy Kobilinski

SPECIES

Canine

BREED

Airedale Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

72 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

70374

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Chronic anemia, muscle loss, lethargy
- Murmur 2/6
- Albumin = 1.9 globulin = 4.2 HCT = 29%

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 **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 6.5 cm. The left kidney measured 6.66 cm.

Adrenal Glands

The right **adrenal gland** was flattened and isoechoic measuring 0.63 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland was flattened and measured 1.73 x 0.4 cm.

Spleen

The **spleen** revealed a mixed, hypoechoic, expansive, undifferentiated 2.6 cm mass without cavitation.

Liver

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.

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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Splenic mass. Hemangiosarcoma or round cell neoplasia are the primary differentials. Benign hyperplasia is possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of hemorrhage. I recommend screening for Addison's in this patient. Chest radiographs and echocardiogram are warranted to assess for metastatic disease. If no significant proteinuria is present and the patient is not Addisonian then GI biopsies are warranted at the time of the splenectomy to assess for protein losing enteropathy. However, structurally the GI tract appeared unremarkable. The prognosis is guarded.

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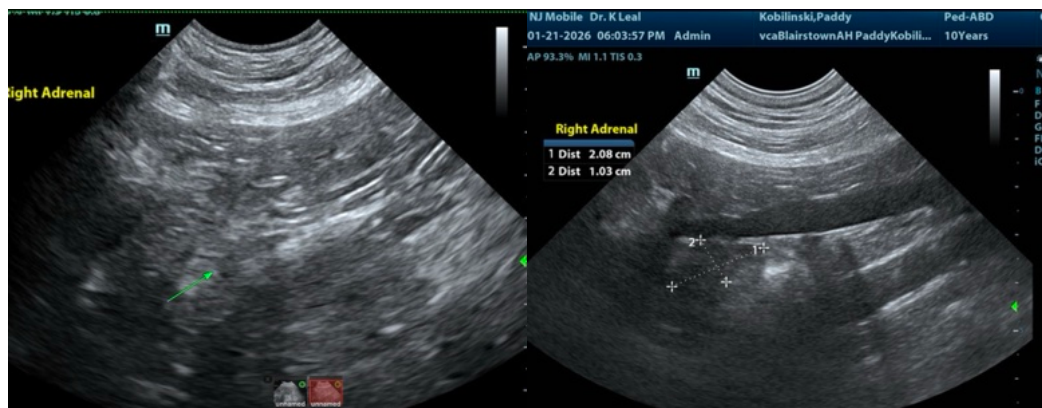
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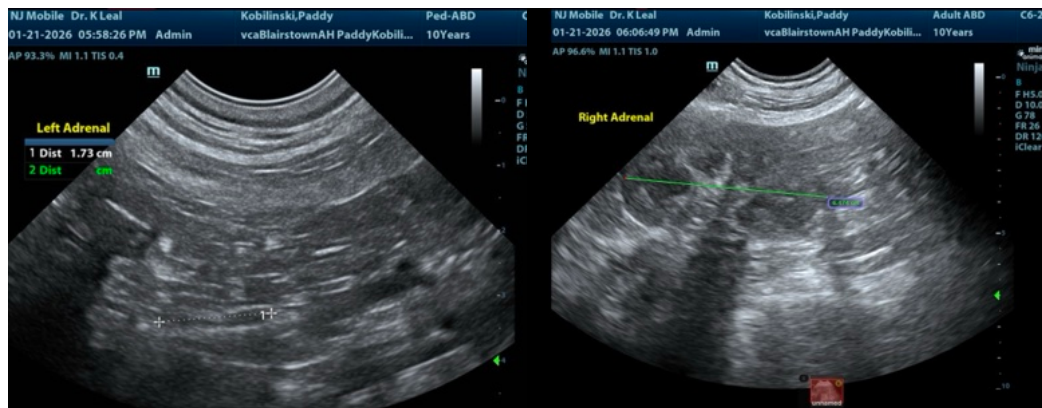
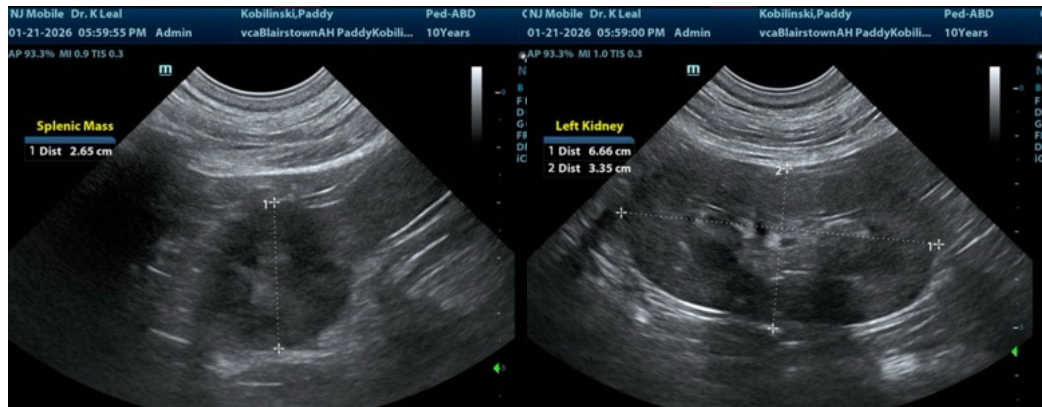
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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