



PATIENT

Tosca Brenner

SPECIES

Canine

BREED

Havanese

SEX

Spayed female

AGE

14 years

WEIGHT

-

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Glennon

INVOICE

69801

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Vaginal blood (profuse). OHE'd years ago. R/o neoplasia (TCC etc.) Current meds: Yunnan Baiyo

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 left kidney measured 4.4 cm. The right kidney measured 4.65 cm.

The **uterine** stump was slightly thickened and measured 0.8 cm and extended cranially approximately 2.0 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 right adrenal gland measured 1.4 x 0.54 cm at the caudal pole and 0.81 cm at the cranial pole. The left adrenal gland measured 1.7 x 0.67 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic mass at the cranial pole measuring 2.0 cm. There was no evidence of cavitation. This may be benign.

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder calculi were noted and non-obstructive measuring up to 0.2 cm. No luminal dilation nor inflammation was noted. Gallbladder polyps were also noted. Some striating bile was also noted, yet not to the level of mucocele formation.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

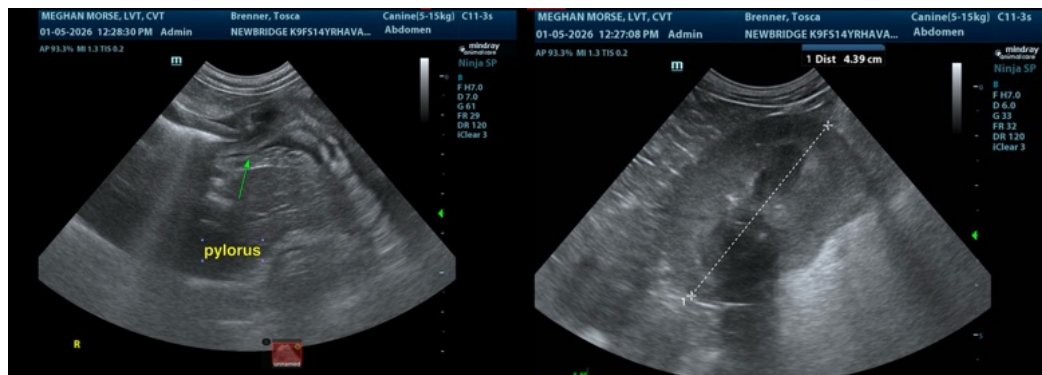
ULTRASONOGRAPHIC FINDINGS

Cranial splenic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Proactive splenectomy is indicated. There was no evidence of ovarian remnant noted.

Examination of the vaginal vestibule is recommended to assess for underlying pathology within the vaginal lumen. Even though no residual ovarian tissue was noted of the uterine fossa I recommend exploring these regions at the time of the splenectomy. If needed further reduction of the uterine stump, although this does not appear pathological.





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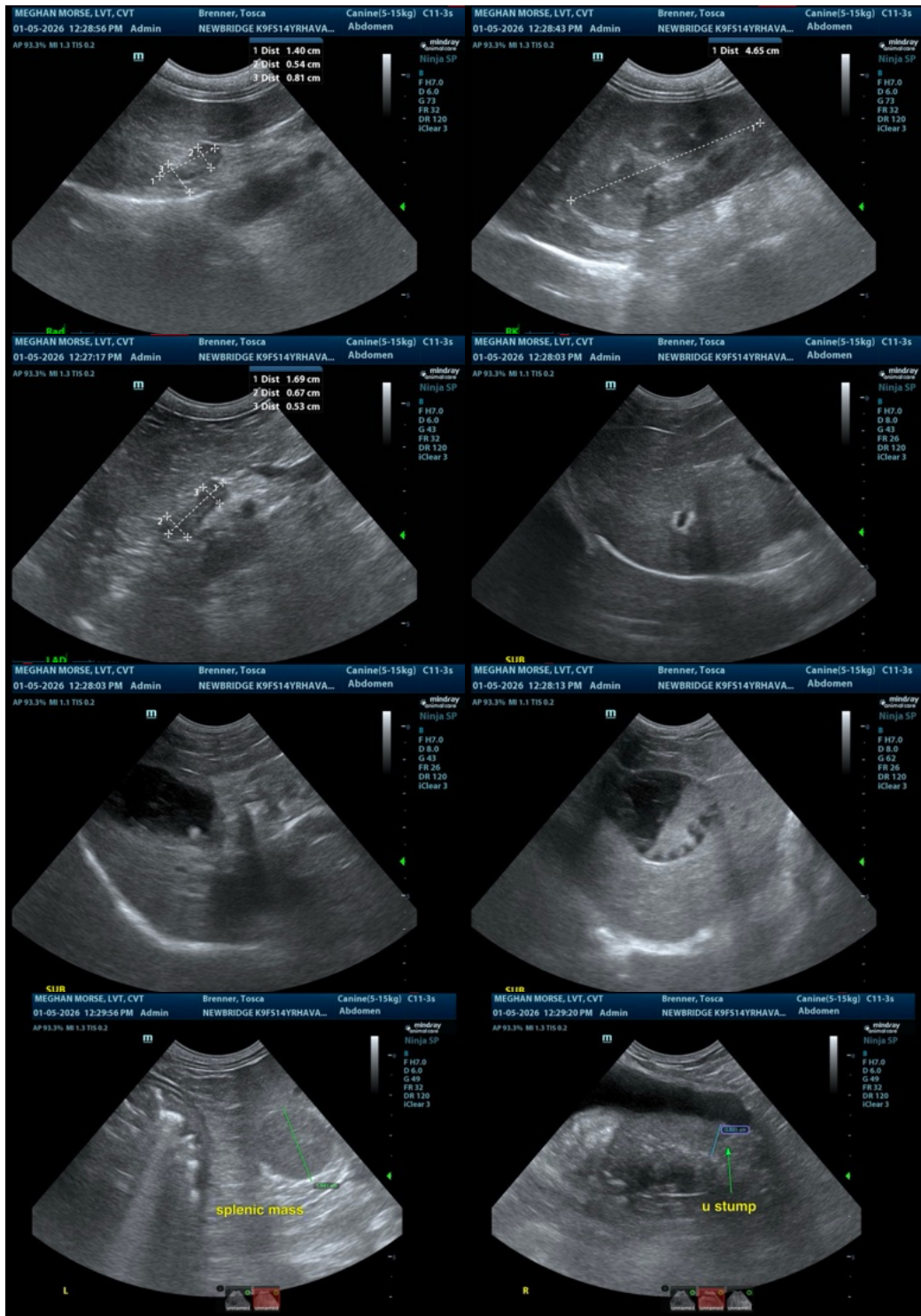
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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