



**PATIENT**

Lucky Park

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

17 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. ElShafie

**INVOICE**

74305

**DATE**

4/8/26

**PRESENTING CLINICAL SIGNS**

History: Recheck on splenic nodule March 2026 sonogram- the spleen revealed a focal hypoechoic nodule in the mid body that measured 0.67 cm

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.33 cm. The right kidney measured 4.27 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 2.21 x 0.56 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 1.36 x 0.68 cm at the cranial pole and 0.59 cm at the caudal pole.

**Spleen**

The **spleen** revealed persistent hypoechoic nodule that was similar to the prior sonogram and measured 0.57 cm. The remainder of the spleen was unremarkable and uniform.

**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. 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**

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.

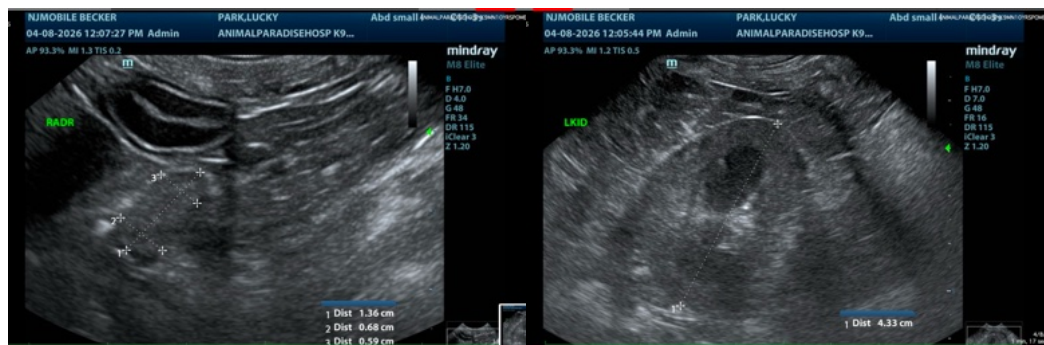
**ULTRASONOGRAPHIC FINDINGS**

Persistent, stable splenic nodule. Likely hyperplasia with a minor potential for necrosis or preneoplastic state.

Geriatric abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of progressive pathology. I recommend a recheck sonogram is recommended in 3-6 months or earlier if any clinical signs develop. The splenic nodule is likely benign given the lack of growth from the prior sonogram.





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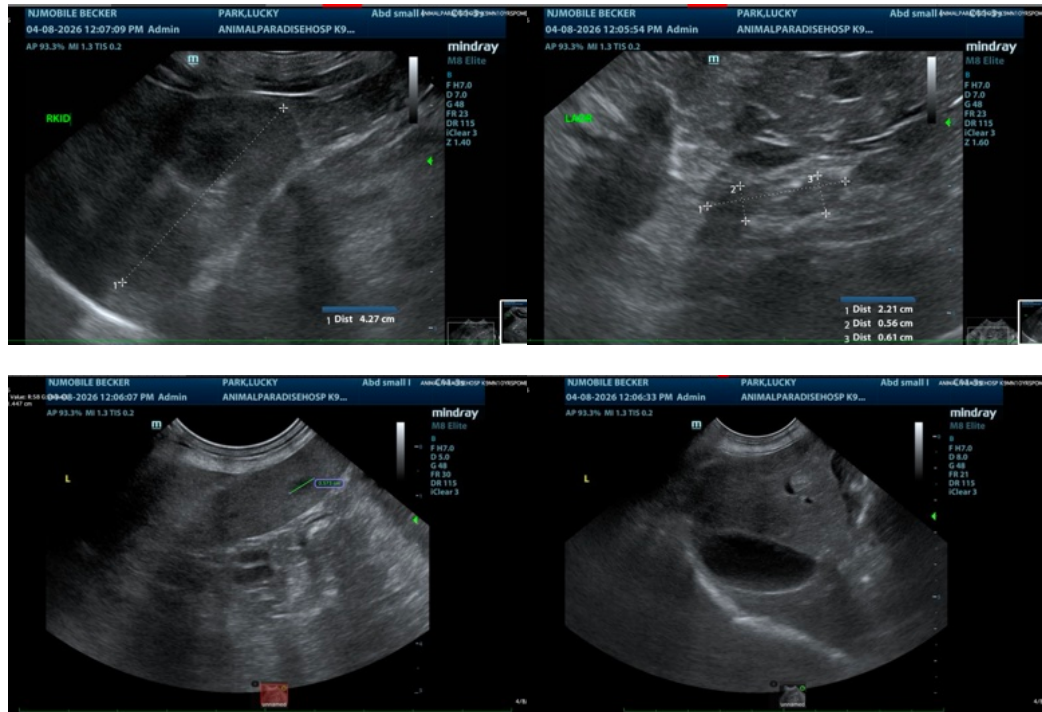
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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