



**PATIENT**

Hydrox Paolucci

**PRESENTING CLINICAL SIGNS**

History: Patient presents for routine monitoring of splenic nodule.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Terrier Mix

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.

**SEX**

Spayed female

**AGE**

11 years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The right kidney measured 4.33 cm. The left kidney measured 5.34 cm.

**WEIGHT**

51.4 lbs

**Adrenal Glands**

**INTERPRETED BY**

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

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 1.64 x 0.53 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 1.45 x 1.14 cm at the cranial pole and 0.86 cm at the caudal pole.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**Spleen**

**HOSPITAL NAME**

Animal General  
Hudson

The **splenic** nodules are similar to the prior sonogram and measured 1.4 x 1.09 cm, yet a second nodule was now present and measured 0.64 cm.

**REFERRING VET**

Dr. Ng

**Liver**

**INVOICE**

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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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**DATE**

6/14/23



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**Gastrointestinal**

Hydrox Paolucci

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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Canine

**BREED**

Terrier Mix

**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**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Stable splenic nodule, yet second nodule has emerged. Disruption of architecture was minor.

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA or direct splenectomy can be justified in this patient. Rapid view of the heart revealed no evidence of pathology in the pericardium or right auricle. Differentials include latent neoplasia such as emerging hemangiosarcoma or round cell neoplasia. Nodular hyperplasia is most likely. If no intervention is to occur then a recheck sonogram is recommended in 4-6 weeks given the new nodule presentation and assess for emerging disease that would overtly merit splenectomy. Chest radiographs are warranted to assess for metastatic disease.

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**HOSPITAL NAME**

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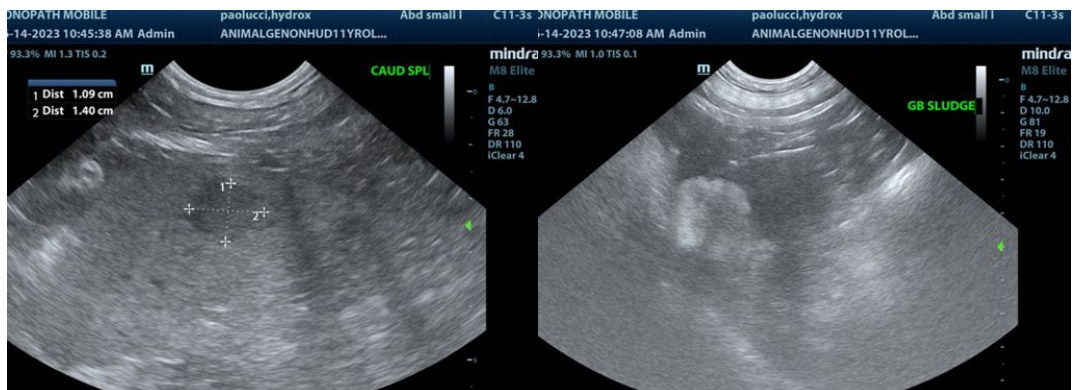
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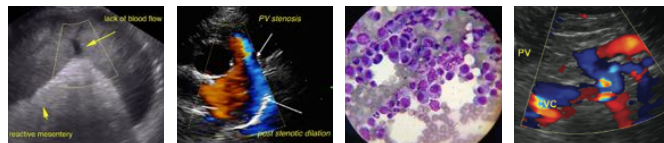


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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