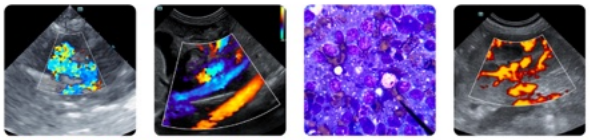

PATIENT

Lindsey Goodwin

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed female

AGE

13 years

WEIGHT

48.5 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Ark Animal Homecare

INVOICE

71090

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Chronic weight loss and decreased appetite. On beef ,rice butternut squash + broccoli. Sweet potato treats
- Supp. VS mega probiotic - Ligaplex 2 BID , Eyeplex 2 SP M-S support
- On Diclofenac .1% BID OD
- Chronic Pancreatitis
- +3 plaque on teeth and tartar, abdominal palpation ok, spinal restrictions thoracic. Cannot extend
- Physical exam not performed today. Previous examination findings: PE: haze to cornea OD Lipase 401 12/9/25 Lipase >1800 1/27/26 Amylase 2724 1/27/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 6.73 cm and the right kidney was 6.2 cm in length.

Adrenal Glands

The **adrenal glands** were not specifically identified in the image set provided.

Spleen

The majority of the **spleen** maintained a homogenous echogenicity. However, within the tail of the spleen there was a single, mixed, echogenicity nodule present with a small amount of mineralization. This nodule measured 1.67 x 1.78 cm in size.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a single, mixed echogenic nodule in the tail of the spleen with a small amount of mineralization. This nodule could represent benign disease such as extramedullary hematopoiesis or lymphoid hyperplasia. Emerging neoplasia is also a possibility and should be evaluated by performing a FNA for cytology.

Despite the presence of the splenic nodule, there were no specific changes that would be felt to be an obvious cause of weight loss or anorexia. It is recommended to consider further screening such as thoracic radiographs.

There was no evidence of current active inflammation within the pancreas that would be supportive of current pancreatitis in this patient. If the patient continues to have clinical signs that are consistent with possible pancreatitis then feeding a low-fat diet, giving daily probiotics and providing generalized supportive care should be provided.

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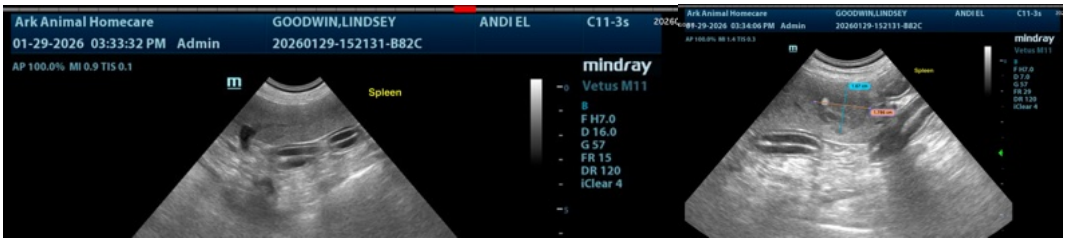

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com