



PATIENT

Louie Tomlinson

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

6 Years

WEIGHT

22.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

18854

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for repeat ultrasound to see if nodule on spleen got larger, and recheck the liver as ALT keeps rising. Was seen 8/9/22 for possible Carprofen ingestion. Had 20 day course of Denamarin. Previous Health Concerns: none- sock eater Current Medications: none Appetite/When did they eat last: good- ate last pm

Abnormal PE/Chem/CBC/UA Results: AUS 8/19/22: Nodule on spleen Bloodwork: 8/9/22 ALT 387; 8/19/22 ALT 435; 11/10/22 ALT 454

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (6.59 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.71 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (2.67 cm long x 0.45 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without evident pathology.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). An approximately 1.0 cm x 1.7 cm, primarily hypoechoic partially cavitated nodule is noted in the mid body near where the spleen folds. A very similar appearing, similar sized second nodule is noted near the cranial aspect of the spleen (hypoechoic, partially cavitated, 1.0 cm x 1.6 cm in size). Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Hypo to anechoic splenic nodules – likely represent benign lesions such as a cyst, hematomas, nodular hyperplasia, extramedullary hematopoiesis, etc., especially given the lack of significant progression, however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodules are mildly increased in size compared to the previous study, but primarily trend toward benign in appearance. Recommendations include either a splenectomy for histopathology or continued monitoring for evidence of further progression.

Given the progressive increase in ALT without an obvious underlying cause, further diagnostic recommendations include testing for Leptospirosis (if not recently evaluated), as well as bile acids. Pending results, liver sampling may be warranted, beginning with a fine needle aspirate for further investigation of inflammatory cell type to rule in/out round cell neoplasia, etc., if patients coagulation status is appropriate or ultimately, a liver biopsy, including copper level assessment, may be required to definitively diagnose the underlying hepatopathy.



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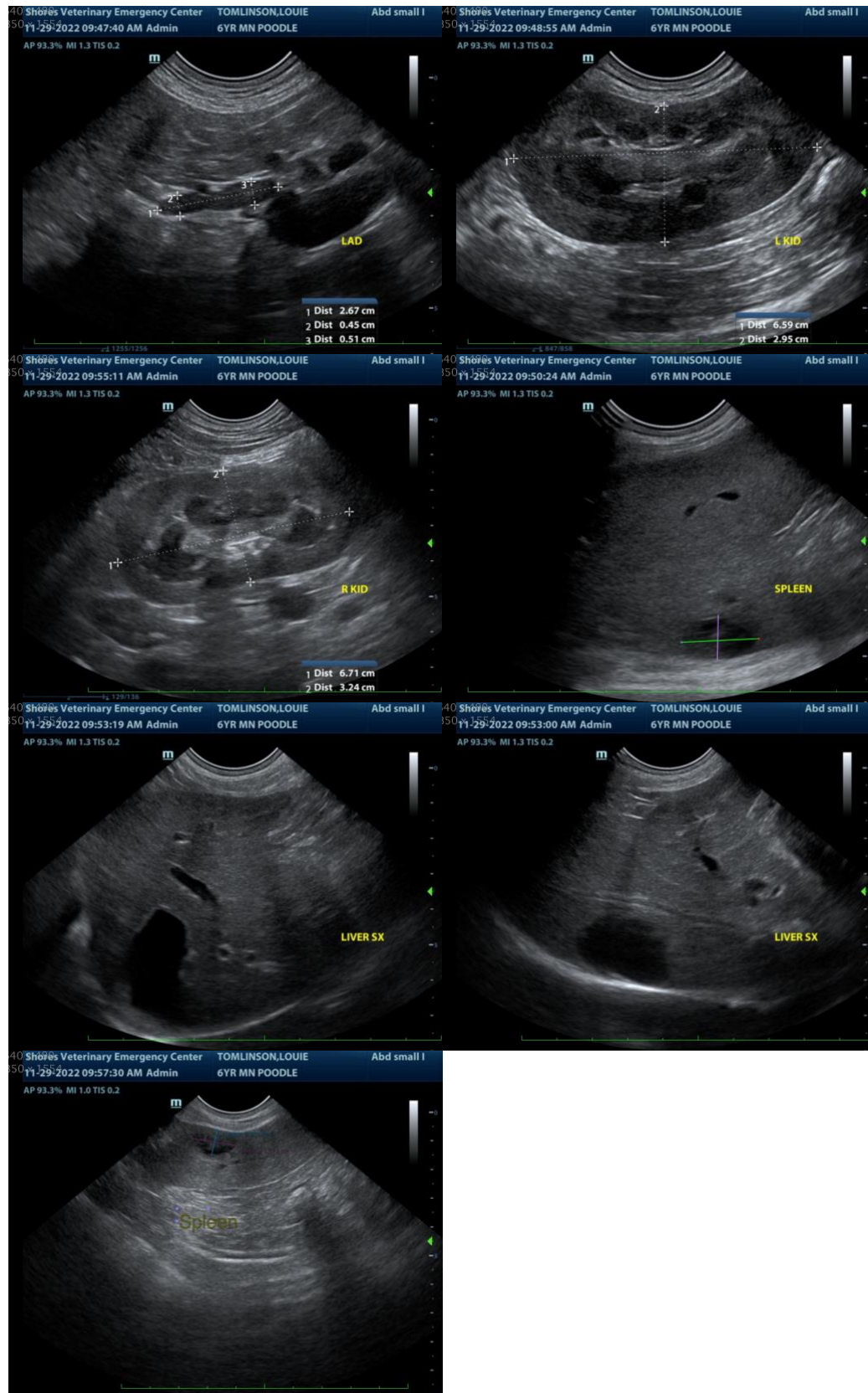
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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