



PATIENT	PRESENTING CLINICAL SIGNS
Dipper Garry	Lethargic, diarrhea elevated liver values. Abnormal PE/Chem/CBC/UA Results: AST 143, ALT 153, ALK PHOS 196.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder is moderately 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.
Golden Doodle	The area of the prostate is examined without evident pathology.
SEX	The right kidney is normal in size (6.89 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.
Neutered Male	The left kidney is normal in size (6.4 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.
AGE	Adrenal Glands
8 Years	The right adrenal gland is normal in size (0.76 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (3.11 cm long x 0.74 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
83 Pounds	Spleen
INTERPRETED BY	Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Additionally, two discrete, capsule disrupting, cavitated masses are noted. One measures 3.0 cm in the mid body and the other measures 6.0 cm at the head of the spleen. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	The liver is subjectively enlarged in size with irregular, swollen contour. Parenchyma is heterogeneous, characterized by multiple poorly defined, small, hypoechoic nodules within an otherwise hyperechoic liver parenchyma, creating an almost lace-like appearance to the liver. There is decreased visualization of the vascular and biliary tree.
JK	The 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.
HOSPITAL NAME	Gastrointestinal
Hamburg Vet Clinic	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
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PATIENT

Dipper Garry

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Golden Doodle

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Neutered Male

Free Abdomen

There is a small amount of anechoic free fluid in the cranial abdomen between liver lobes.

AGE

8 Years

Medial iliac lymph nodes are enlarged (3.4 cm x 2.0 cm) with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

83 Pounds

- **Honeycomb Spleen** – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- **Liver changes** – concerning for infiltrative round cell or metastatic neoplasia. Benign extramedullary hematopoiesis, nodular hyperplasia, chronic inflammatory disease, etc. are possible, but considered less likely.
- **Aggressive medial iliac lymph nodes** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- **Free fluid in the cranial abdomen**

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

JK

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Hamburg Vet Clinic

Recommendations include:

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- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Fine needle aspirate of the liver, spleen +/- medial iliac lymph node recommended if patient's coagulation status is appropriate in order to diagnose suspected infiltrative round cell neoplasia.

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SPECIES

Canine

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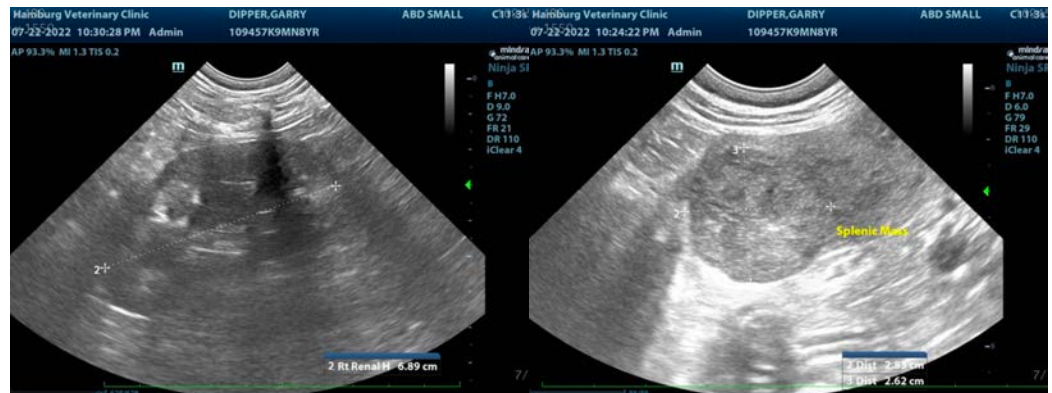
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com