



PATIENT

Hagen Keeney

SPECIES

Canine

BREED

Shepherd X

SEX

Neutered Male

AGE

10 Years

WEIGHT

47 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggiulli

INVOICE

34156

DATE

1/12/22

PRESENTING CLINICAL SIGNS

P started having seizures again on christmas day. Grand-mal and very intense and took P a long time to recover. A few days later P had a much smaller seizure where P collapsed and became very disoriented and ran around the house running into walls. P most recent seizure activity was yesterday very early. P became very confused and was running around the house and outside, screaming and confused for a few minutes lost control of bladder then ran to O for comfort then recovered very quickly. seems normal now. No c/s/v/d. There seems to be no pattern or triggers. Concerned about cause for hypoglycemia and seizures Had abdominal US and liver cytology 5-29-21

Abnormal PE/Chem/CBC/UA Results: CBC- unremarkable GLU 46, BUN 4, PHOS 2.1, ALP 254 Labs in May 2021: hCT 52% retics 141 (10-110) nucleated RBC 7 (0-2) Chemistry phosphorus 1.6; low, suspect artifact ALP 334 (5-160) T4 2.4 4dx all neg

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 1.0 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.2 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.5 cm.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially, a positional variant. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented diffuse multifocal coalescing hypoechoic nodular changes with increased portal markings. The gallbladder was unremarkable.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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Heterogeneous parenchymal changes noted throughout the **pancreas**. Enlarged pancreatic lymph node noted, rounded and hypoechoic, measuring 2.5 cm in the left cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

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- Diffuse hepatic remodeling and chronic inflammatory hepatopathy liver pattern – likely cirrhosis and nodular hyperplasia.
- Left cranial lymphadenopathy, appears to pancreatic lymph node

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Bile acid profile, core liver biopsy warranted. If bile acids are elevated, this may be playing a role in the clinical status of the patient. FNA of the liver for cursory evaluation as well as FNA of the cranial abdominal lymph node would be warranted. Prognosis long-term is guarded. The diffuse liver disease is significant. Minor potential for neoplasia unless the lymph node FNA reveals emerging round cell neoplasia. However, it is likely reactive.

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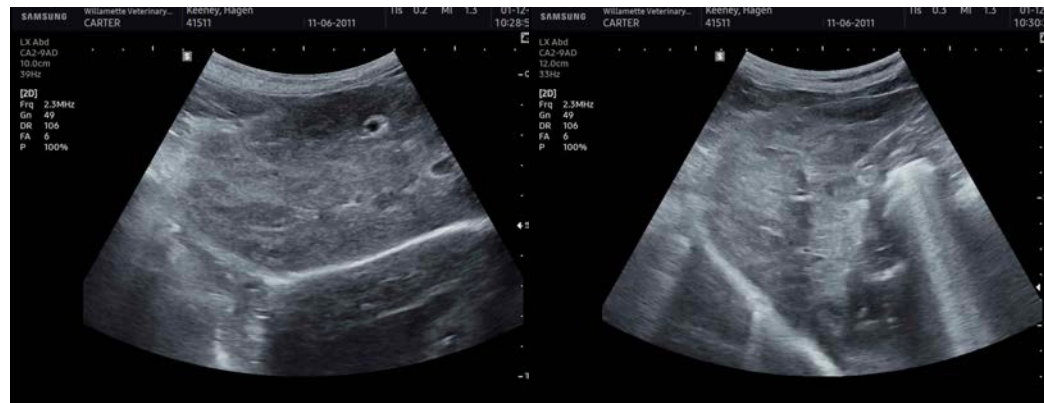
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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