

**PATIENT PRESENTING CLINICAL SIGNS**

Snowball Hagerman

Intermittent vomiting (bile) and decreased appetite. Tender abdomen. Sedated with Butorphanol IV, then Propofol. FNA of Liver and splenic nodule.  
 Abnormal PE/Chem/CBC/UA Results: PE: sensitive on palpation of cranial abdomen. Hct 61%, ALT 185, GGT 22 cPL: Normal Lepto SNAP: Negative

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**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 was noted. Ureteral papillae were normal.

**AGE**

10 years

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 5.42 cm.

**WEIGHT**

40 lbs

**Adrenal Glands**

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 0.69 cm at the caudal pole and 0.52 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**Spleen**

The **spleen** revealed a focal, hypoechoic expansive nodule that measured 1.18 cm with capsular expansion. The remainder of the spleen was largely unremarkable with subtle heterogenous changes.

**HOSPITAL NAME**

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**Liver**

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. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**REFERRING VET**

Dr. Walsh

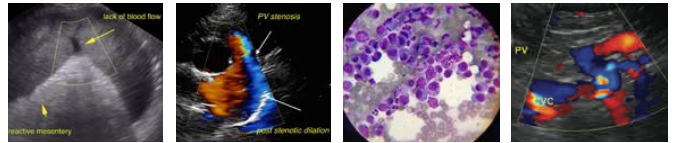
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**Gastrointestinal**



**PATIENT**  
Snowball Hagerman

The **gastric** fundus revealed a focal thickening without loss of detail and measured approximately 1.2 cm. This may appear thick owing to oblique angle.

**SPECIES** *Pancreas*

Canine  
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.

**BREED**

Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Splenic nodule.

Spayed Female

Possible gastric thickening.

Non-specific hepatic presentation. Likely reactive hepatopathy as cause of ALT elevation.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

40 lbs

The splenic nodule is concerning for round cell neoplasia, emerging hemangiosarcoma, pronounced nodular hyperplasia is possible, yet less likely. The capsular expansion is concerning. This nodule regardless of the cytology should be monitored carefully for any growth. If any growth does occur then splenectomy and liver biopsy would be appropriate. Otherwise, the abdomen appears unremarkable. Three view chest radiographs are recommended to assess for metastatic disease.

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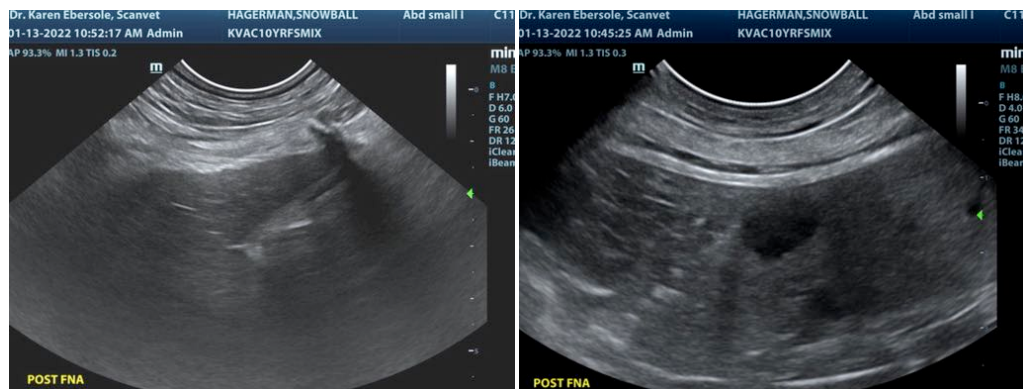
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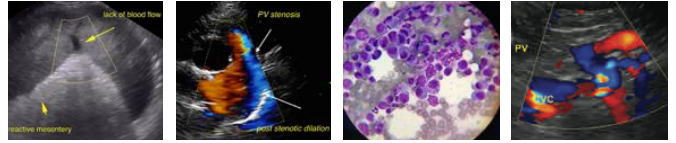
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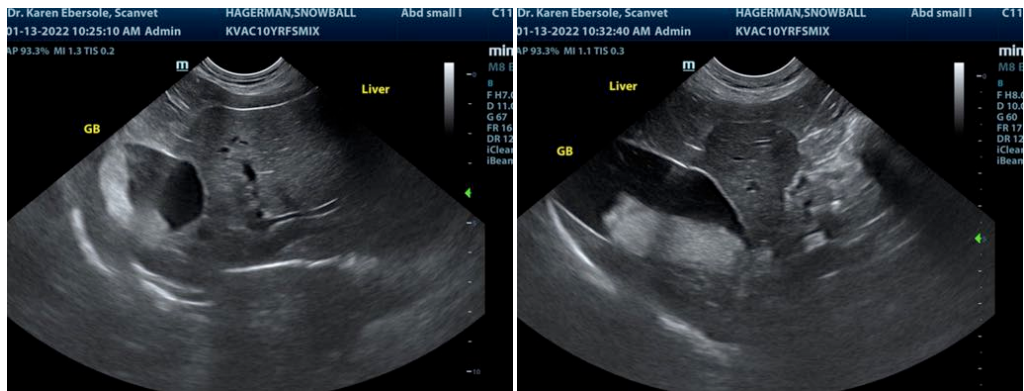
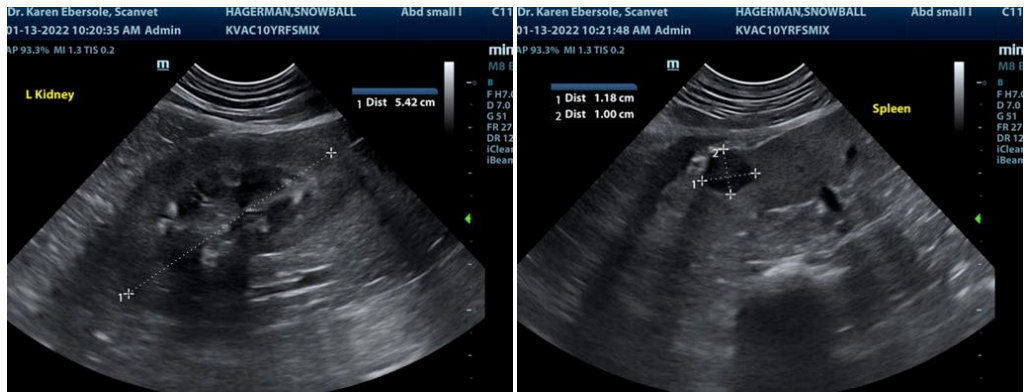
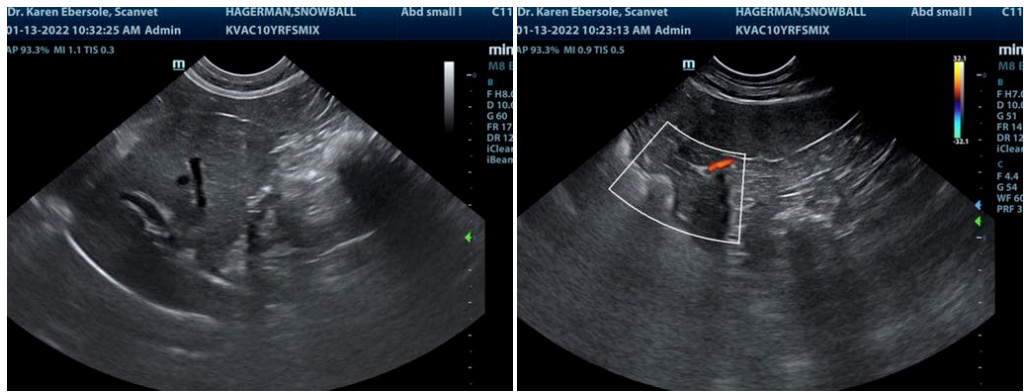
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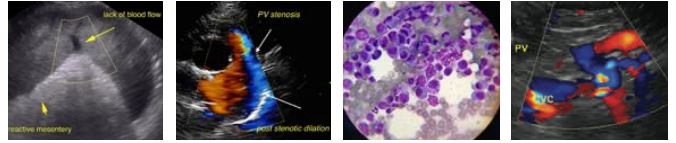
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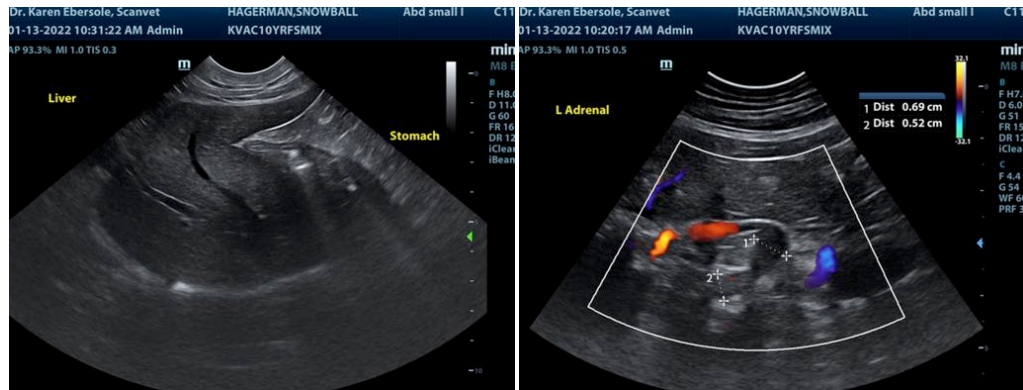
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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