



**PATIENT**

Drake Ackerman

**SPECIES**

Canine

**BREED**

Viszla

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

50 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Wavelength VS

**HOSPITAL NAME**

Brookwood AC

**REFERRING VET**

Dr. Loomis

**INVOICE**

95282

**DATE**

1/17/22

**PRESENTING CLINICAL SIGNS**

Hx of weight loss, decreased energy. Normal appetite.  
Abnormal PE/Chem/CBC/UA Results: Increasing ALT and high bile acids (single BA of 60) despite therapy with Denamarin

**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.

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. The capsules were acceptably uniform without significant irregularities. There was slight pyelectasia noted in the right kidney measuring 0.28 cm.

**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 0.5 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.5 cm at the caudal pole.

**Spleen**

The **spleen** revealed focal, mixed, microcystic mass that measured 2.3 cm with capsular expansion. A separate 1.2 cm mixed hypoechoic target nodule was noted.

**Liver**

The **liver** revealed a hypoechoic nodular changes noted measuring 0.8 cm. The portal markings were mildly increased. The portal vein to vena cava ratio was 1:1 with no evidence of portosystemic shunting. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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



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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**BREED**

Viszla

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

Concerning splenic nodule and mass. Hemangiosarcoma is a strong potential, round cell neoplasia is less likely. Pronounced hyperplasia is possible.

Minor right renal pyelectasia.

**AGE**

10 years

Hepatic nodule. Chronic inflammatory hepatopathy is likely with nodular hyperplasia of the liver, mild potential for metastatic disease.

**WEIGHT**

50 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the necessity to remove the spleen I recommend splenectomy, liver inspection and biopsy in this patient. Medical management based on biopsy results is recommended. Three view chest radiographs and SDEP 3 echocardiographic approach is recommended of the right auricle and pericardium to screen for metastatic disease.

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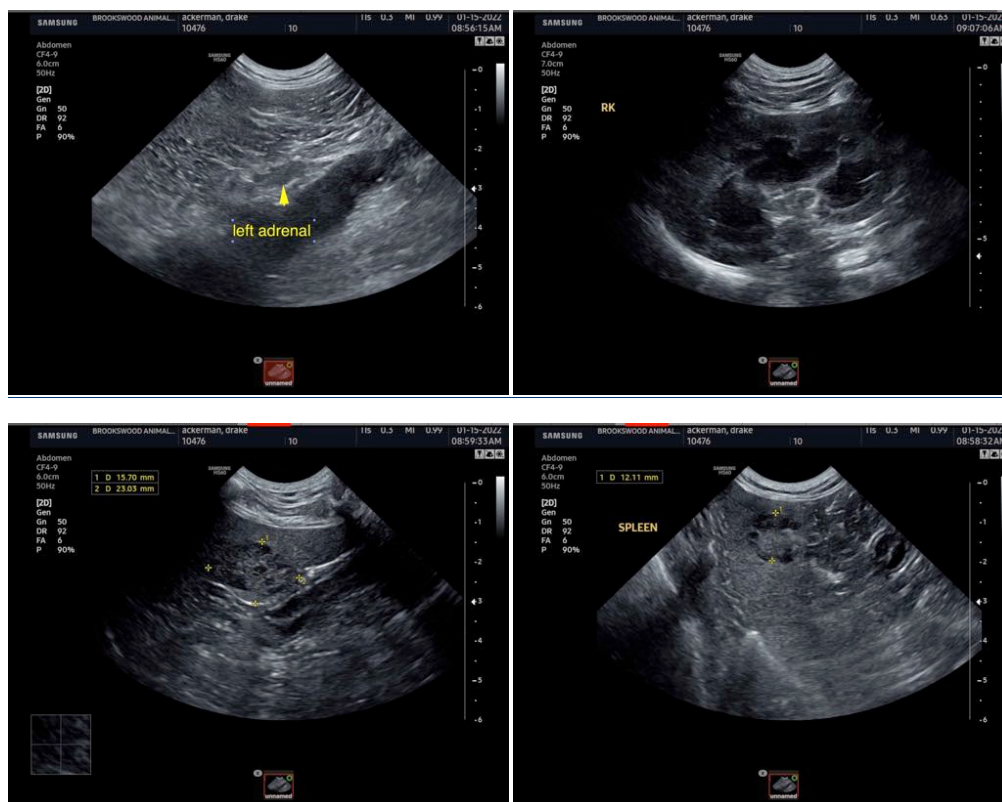
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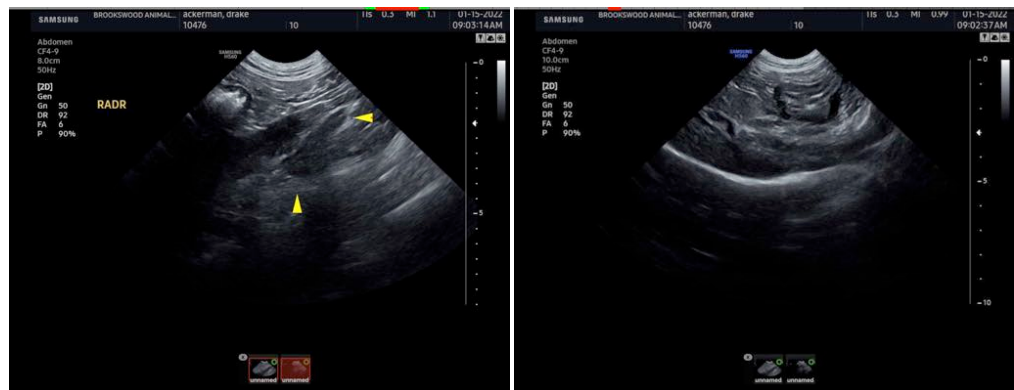
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com