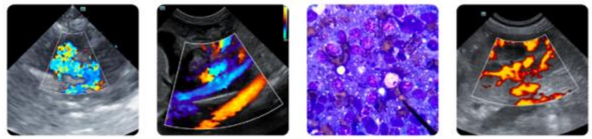


PATIENT

Chockey Hadley

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered Male

AGE

3 Years 5 Months

WEIGHT

61 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

35521

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History: Acute lethargy, slightly reduced app

Abnormal PE/Chem/CBC/UA Results: jaundice, quiet Chem increased ALT 1900, T bili 2.1, CBC- PCV 23%, some hemolysis, polychromasia and nucleated RBC 4-10 platletes high at 500K tick panel pending, coombs negative, chest rads 3 view clear.

** All images were doubled, please assess with tech support.

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 1.0 cm beyond the cystourethral junction.

The **left kidney** 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** was not well visualized.

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 0.65 cm.

The **right adrenal gland** was not visualized owing to lack of acoustic penetration.

Spleen

The **spleen** was enlarged with scalloping contour and some micronodular changes.

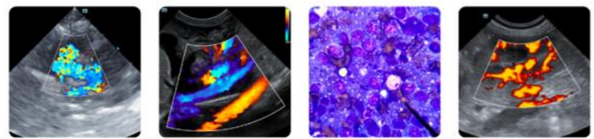
Liver

The **liver** revealed mild uniform enlargement and hyperechoic parenchyma to falciform fat. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas



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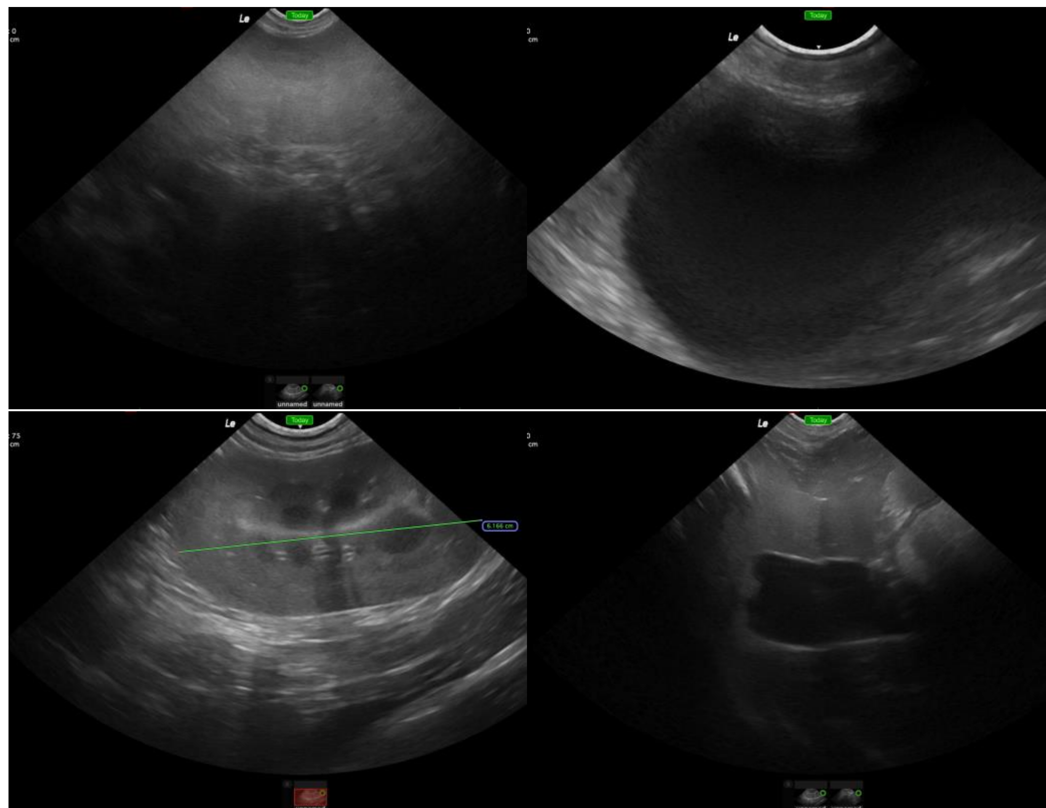
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement with micronodular changes- reactive spleen, splenitis versus emerging round cell neoplasia.
- Hepatic enlargement
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spleen and liver are likely benign, however, given the patient history, 25-gauge FNA of the spleen and 22-gauge FNA of the liver is indicated to ensure an underlying round cell neoplastic event is not present. Both hemolytic disease and hepatitis can be playing a role in this patient, however, underlying round cell neoplasia with paraneoplastic hemolysis is a potential as well. Sampling is strongly recommended after coagulation panel.



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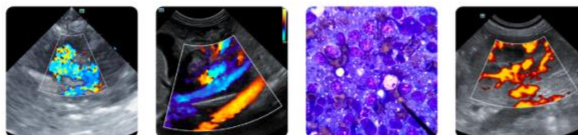

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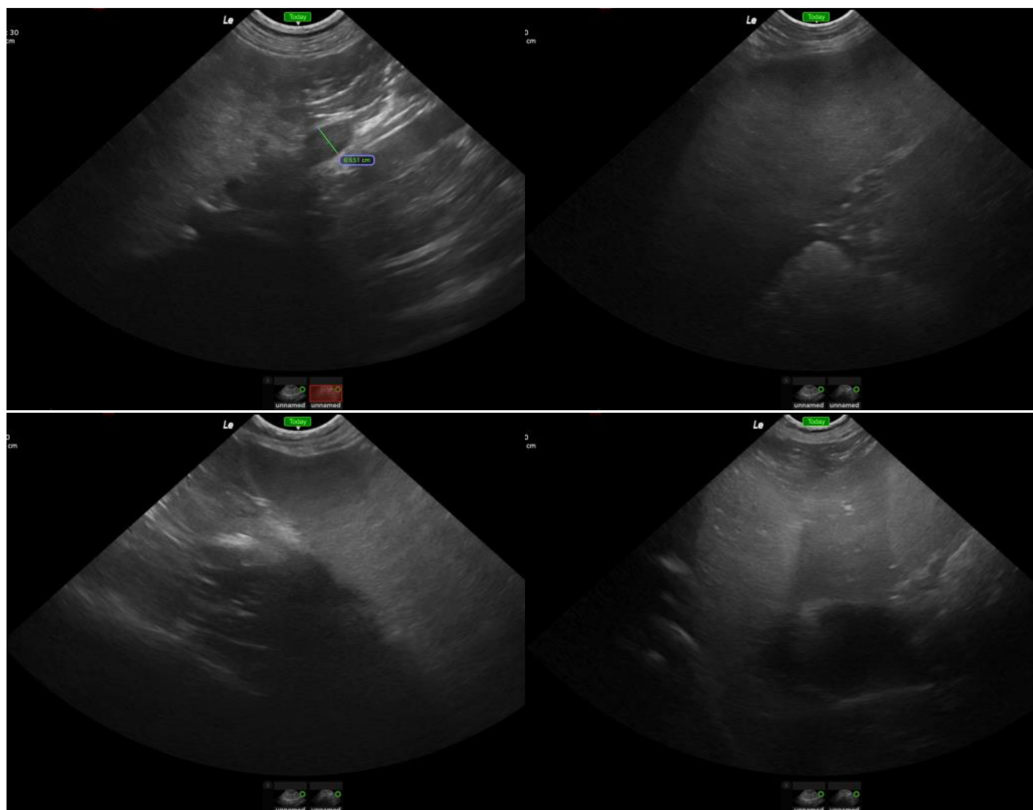

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com