



**PATIENT**

Chico Laplante

**SPECIES**

Canine

**BREED**

Great Dane Mix

**SEX**

Neutered male

**AGE**

11 months

**WEIGHT**

71 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Brian Klug

**HOSPITAL NAME**

Sondel Family VC

**REFERRING VET**

Dr. Sondel

**INVOICE**

42329

**DATE**

1/25/23

**PRESENTING CLINICAL SIGNS**

History: Waxing and waning fever of unknown origin. 2 days ago, treated at ER for presumed panosteitis or tick disease (Doxy and Carprofen). Fever responds to NSAIDs but overall no improvement w symptoms- came to our clinic Jan 23 and was hospitalized on fluids, NSAID, ampicillin, Baytril IV. Still has decreased appetite and had fever of 103.4 last night, per O. Came today for AUS. Abnormal PE/Chem/CBC/UA Results: CBC: WBC 31k Chem: ALP 1248 Rads: normal thorax and abdomen, no pathology noted PE today: no fever

**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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.46 cm and the right kidney measured 8.5 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 0.72 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 0.76 cm at the cranial pole and 0.42 cm at the caudal pole.

**Spleen**

The **spleen** in this patient revealed multi-focal, hypoechoic nodular changes without capsular expansion. This is strongly consistent with splenitis. There is a potential for underlying neoplasia. Ultrasound-guided FNA, cytology and culture is indicated. Direct splenectomy can be considered as the pathology appears to be isolated to the spleen.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor stasis was noted in the small intestine. 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**

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.

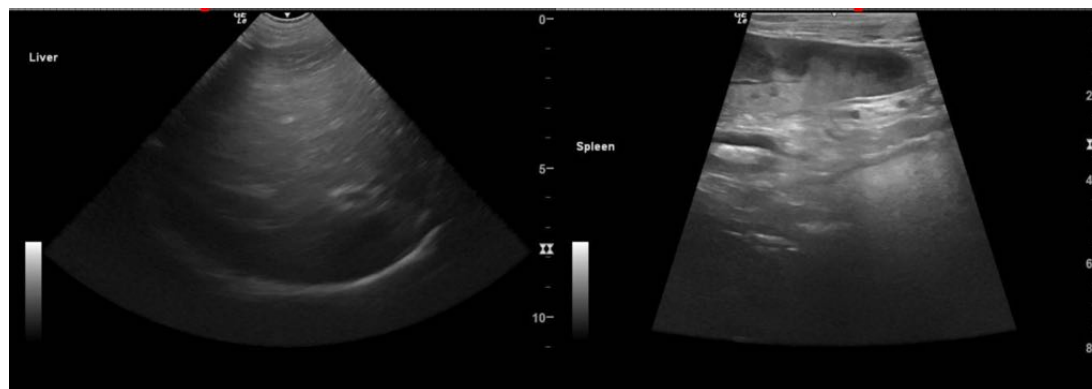
**ULTRASONOGRAPHIC FINDINGS**

Diffuse splenic nodules. Suspect suppurative splenitis.

Minor stasis in the small intestine.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If fungal disease is present in your region, I cannot rule out a fungal splenitis in this patient. FNA, cytology and culture and/or direct splenectomy would be appropriate. There is a mild potential for splenic neoplasia.





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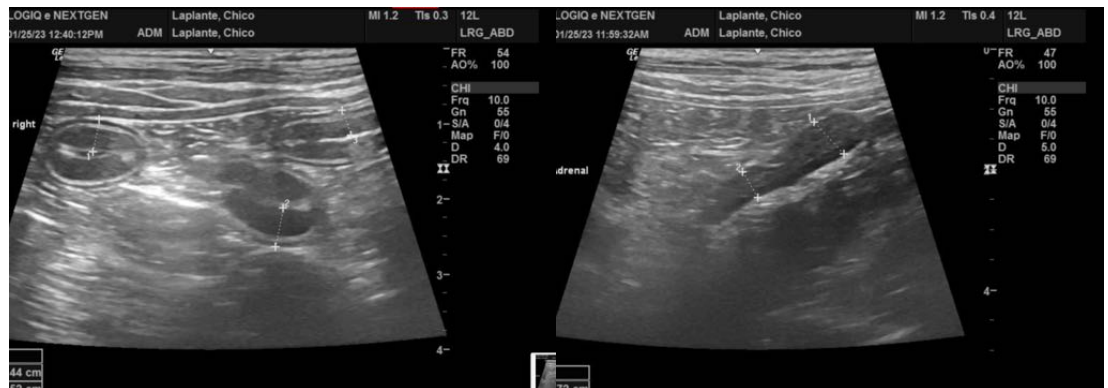
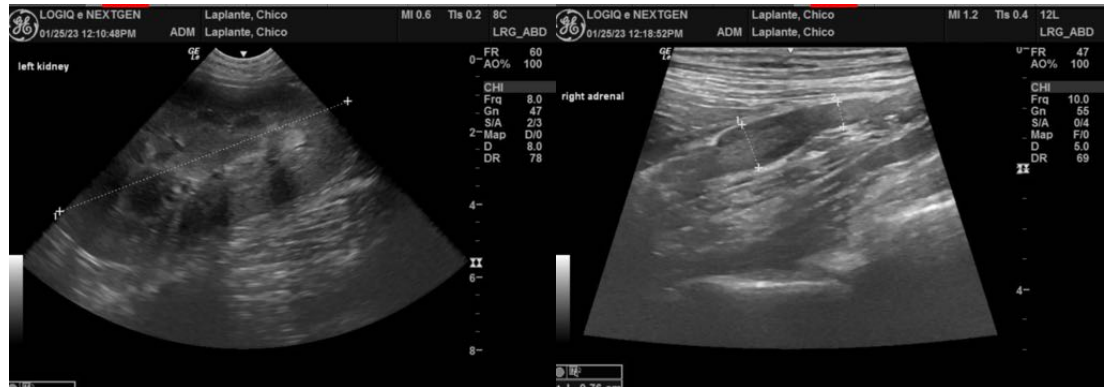
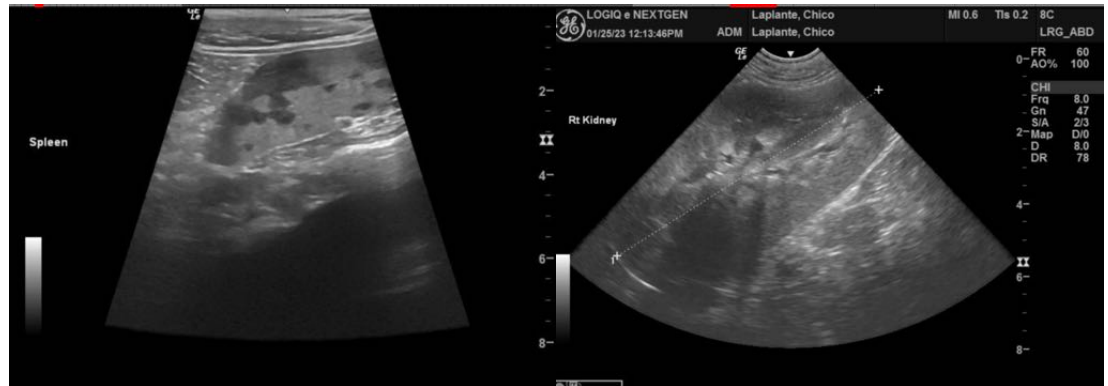
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com