



PATIENT

RJ Moore

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10

WEIGHT

72

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Arch Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Dr. Arch Gordon

INVOICE

44612

DATE

1/30/23

PRESENTING CLINICAL SIGNS

Previous ultrasound performed 10/21/22 History of myocarditis and epistaxis as noted. Historical gi issues. HAs been moaning, lethargic and decreased appetite intermittently.

Abnormal PE/Chem/CBC/UA Results: Labwork pending

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 2.0 cm beyond the cystourethral junction.

The residual prostate measured 9.0 mm.

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 7.7 cm. The right kidney measured 8.1 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 right adrenal gland measured 2.4 cm x 0.42 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 2.3 cm x 0.59 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The **spleen** revealed a 2.0 cm x 3.0 cm hypoechoic, mildly complex mass at the caudal pole of the spleen. This may represent necrosis or infarct. Power doppler assessment of that region recommended to assess for blood flow. A thrombus was noted in the primary splenic vein. Regional inflammation noted around the splenic pathology.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. No evidence of passive congestion.

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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Splenic mass and infarct with secondary inflammation and splenic thrombus - This may be a non-neoplastic presentation. However, underlying round cell neoplasia or hemangiosarcoma are possible.
- Shadowing material in the stomach – This may be ingesta or soft foreign matter depending on when the patient was last fed prior to sonogram.
- Vacuolar hepatopathy pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Some images were somewhat dark. Chest radiographs, rapid echocardiogram and full coagulation panel followed by splenectomy, inspection of the stomach +/- evacuation and/or tacking (depending on if the patient is demonstrating clinical signs of bloat). Inspection and biopsy of the liver indicated, even though the liver appears structurally unremarkable. The clinical signs are likely owing to the current splenic pathology, as this is typically associated with significant discomfort.

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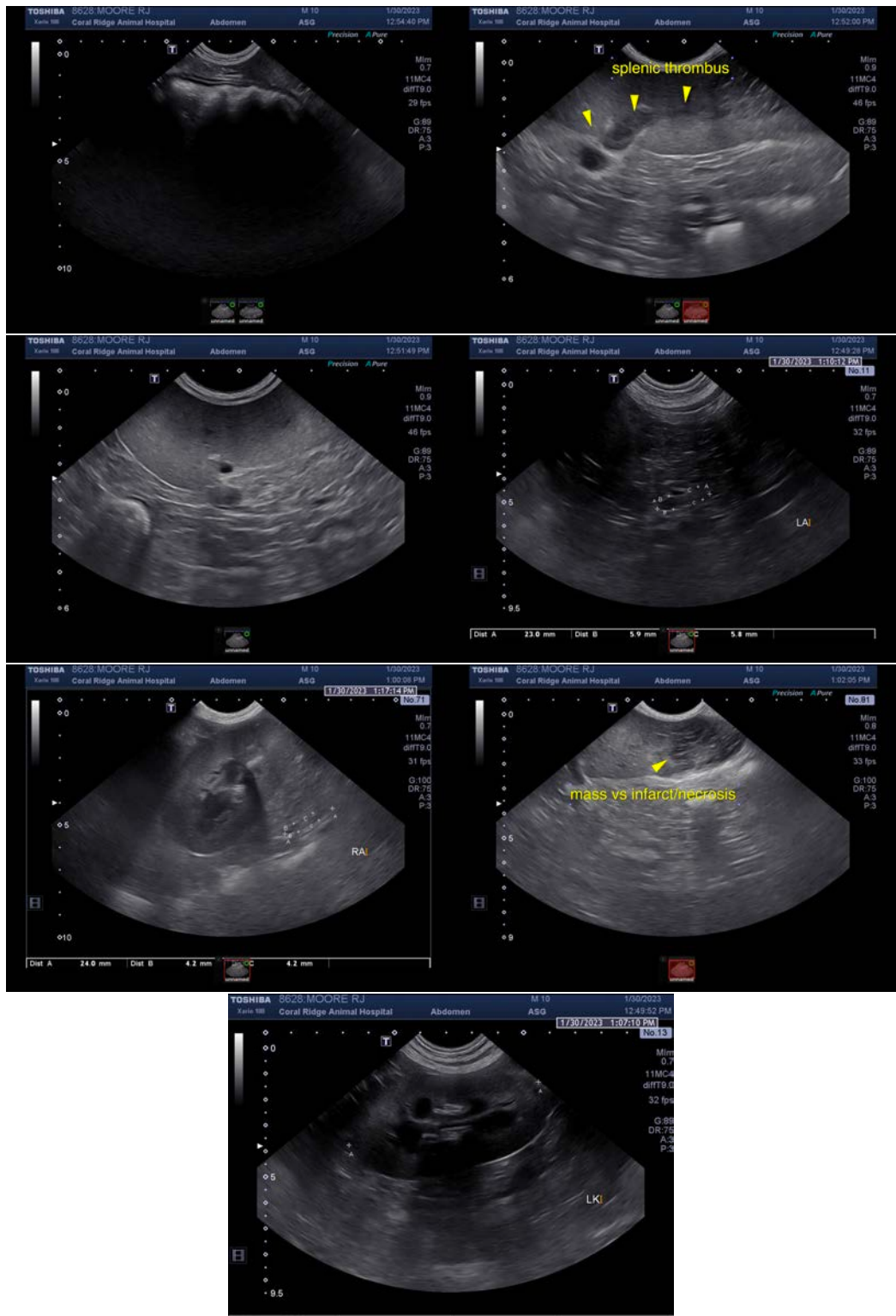
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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