



**PATIENT**

Gus Schrenkenhofer-Dace

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

119 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Dr. Greg Hartman

**INVOICE**

33962

**DATE**

1/5/22

**PRESENTING CLINICAL SIGNS**

RDVM saw the patient for 2 days of diarrhea with a tense abdomen, possibly a mass on the spleen? Abnormal PE/Chem/CBC/UA Results: Survey radiographs reveal a loss of visceral detail in the cranial abdomen in this overweight dog. CBC - low MCV and MCH, reticulocyte count low. Chemistry - appears normal.

**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 **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 7.0 cm. The right kidney measured 7.0 cm.

**Adrenal Glands**

The **right 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 right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

The region of the **left adrenal gland** was imaged, no evident pathology.

**Spleen**

The **spleen** presented subtle micronodular changes and minor uniform enlargement.

**Liver**

The **liver** presented generalized hepatic enlargement, coarse architecture and minor increased portal markings. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

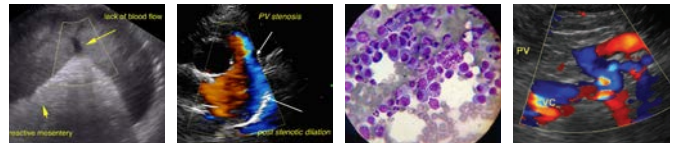
The **stomach** revealed a trace amount of chyme with slight shadowing structure measuring approximately 5.0 mm.

**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**

- Splenohepatomegaly with micronodular splenic changes



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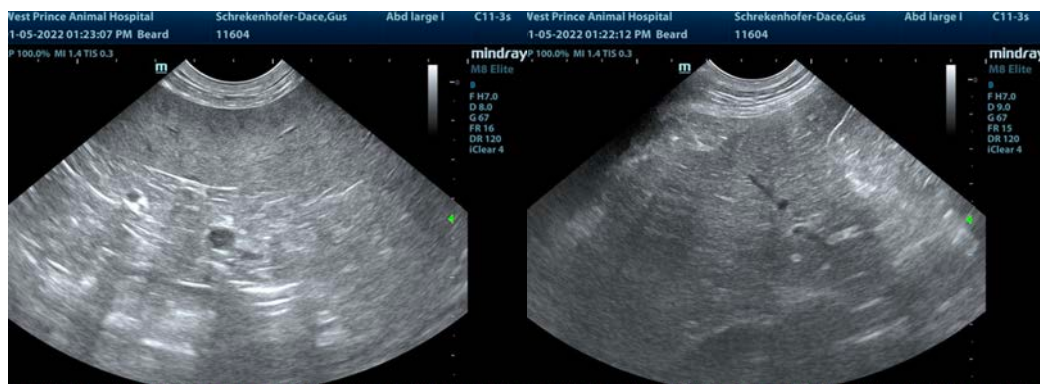
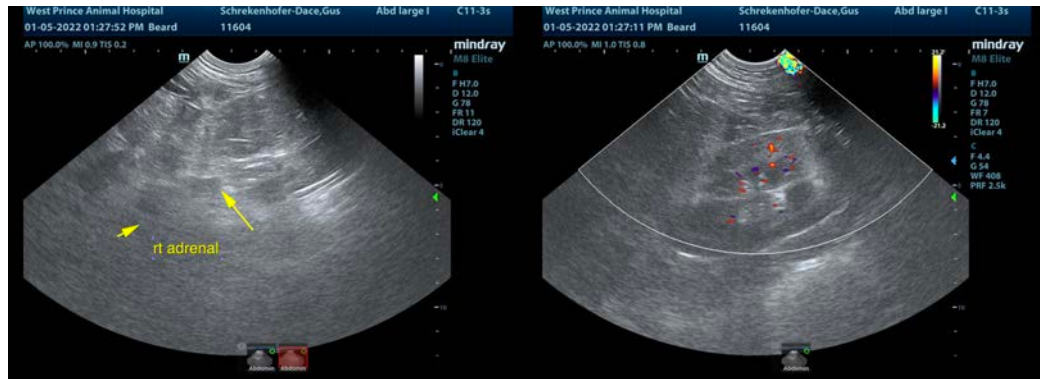
West Prince AH

**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening FNA of the spleen and liver recommended. The combination of splenic fold and hepatic enlargement is likely creating a mass effect on radiographs in this patient. However, no overt masses noted. That being said, an early infiltrative event such as Splenohepatic lymphoma should be ruled out with FNA.



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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](mailto:info@SonoPath.com)