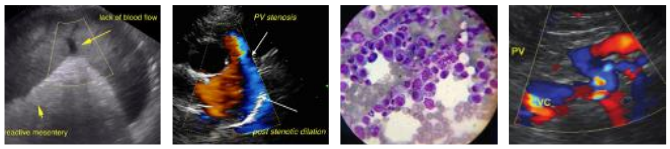
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Winter Sunitsch

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

68 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Polk Vet/Carter

INVOICE

13318

DATE

1/7/22

PRESENTING CLINICAL SIGNS

History: Presented to rDVM; In the evening pt seem nauseous, wanting to eat grass, licking at lips. Gagging noise and licking the air. Happens on and off for about 1 to 2 months, increasing in frequency. With elevated bilirubin and GGT in BW recently, rDVM recc. u/s. Otherwise pt e/d/u/d wnl, no c/s/v/d. Hind end randomly drops, does not seem to have trouble getting up. Pt has been sleeping harder as well, longer to stir from sleep._ DK CURRENT MEDICATIONS/SUPPLEMENTS: _Glucosamine/condroiten/cosequin supplement, 75mg carprofen in pm. Reported to have lost 6# in a year Exam today; no overt physical exam abnormalities

Abnormal PE/Chem/CBC/UA Results: neutrophils 3400 platelets 91k; (ran in house at rDVM, not sure if clot in tube, etc) GGT 20 T bili 1.5

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization noted. The left kidney measured 5.37 cm. The right kidney measured 5.71 cm.

Adrenal Glands

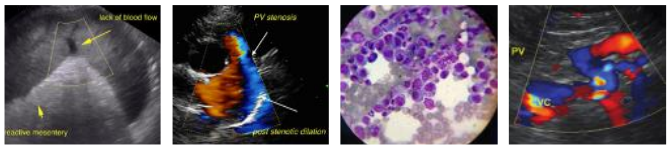
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.8 cm x 0.46 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 0.6 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed hypoechoic nodules, some of which presented target appearance, the largest of which measured up to 1.5 cm. The nodular changes were noted throughout the spleen. Nodules at the cranial pole appeared to be more prominent, sampling strongly recommended.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE



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elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. Some minor shadowing material was noted in the stomach. Transit of chyme in the small intestine appeared normal.

Pancreas

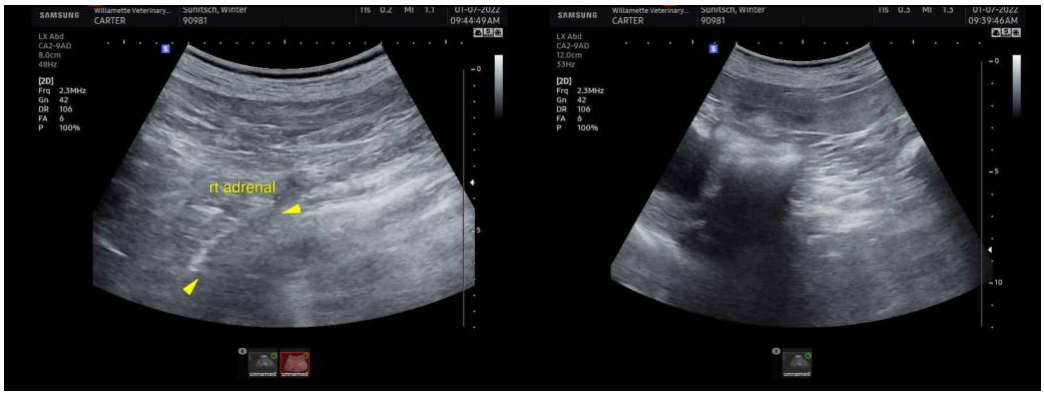
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules
- Mild to moderate hepatic remodeling
- Possible retention of ingesta in the stomach or delayed outflow given the patient clinical signs
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of elevated bilirubin is unclear and nonspecific hepatic remodeling noted. FNA of the splenic nodules and liver recommended for further definition. Splenic nodule differentials include round cell neoplasia, hemangiosarcoma, nodular hyperplasia, most likely. Minor shadowing material noted in the stomach, if the patient was NPO at the time of the sonogram, then soft foreign matter is a potential and may be causing partial delayed outflow, however, the majority of the material in the stomach would resemble ingesta/undigested kibble. Surgical approach with evacuation of the stomach, splenectomy and liver inspection and biopsy could also be considered.



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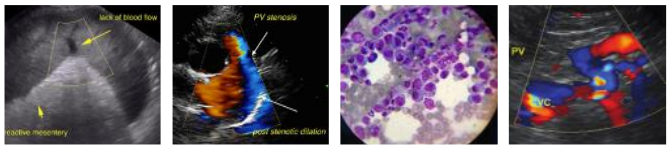

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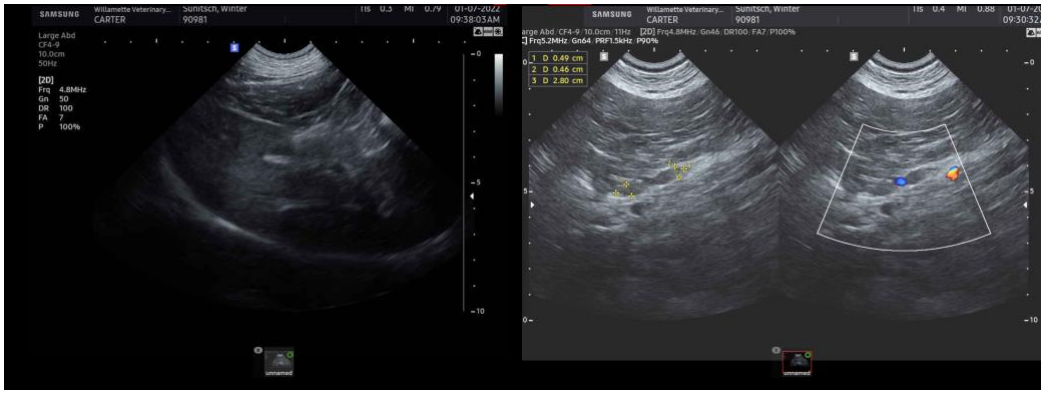

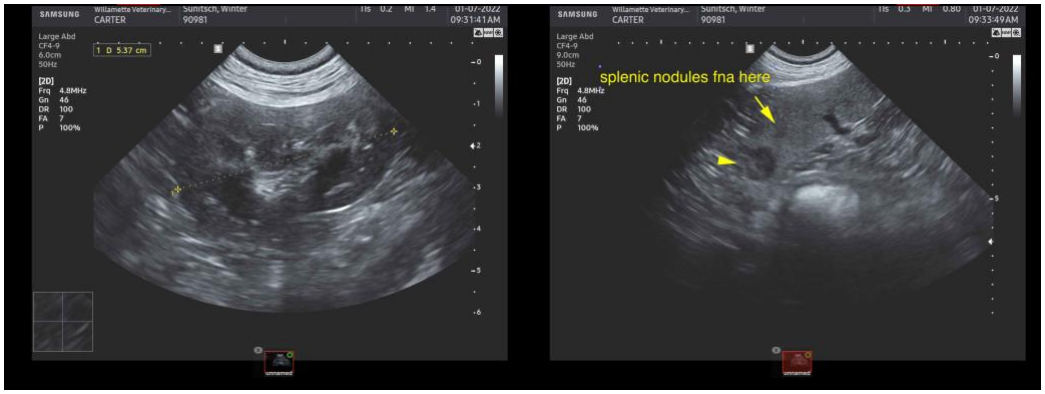

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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