



**PATIENT**

Olivia Kuykendall

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

30 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jolee Stegemoller,  
DVM

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Jolee Stegemoller,  
DVM

**INVOICE**

13393

**DATE**

10/1/21

**PRESENTING CLINICAL SIGNS**

History: Presented for senior work up; owner reports has been eating less but also looking like she's gaining weight.

Abnormal PE/Chem/CBC/UA Results: Pot-bellied appearance, thin skin and coat. WBC 38.97, Neu 5.44 with bands, Lym 28.56, Mono 4.39, Baso 0.41, Plt 440 Cre 1.1, Glob 3.4, GGT 115, TT4 2.3 USG 1.037, pH 6, proteinuria 500mg/dL, quiet sediment

**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 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 right kidney measured 6.4 cm. The left kidney measured 6.6 cm. Slight pinpoint mineralizations noted.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was enlarged with micronodular changes and "honeycomb" type appearance, strongly suggestive for infiltrative disease. A cystic structure was noted, and a regional lymph node was enlarged, measuring 2.4 cm x 1.7 cm, suspect lymphadenopathy.

**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.

**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 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.

**Free Abdomen**

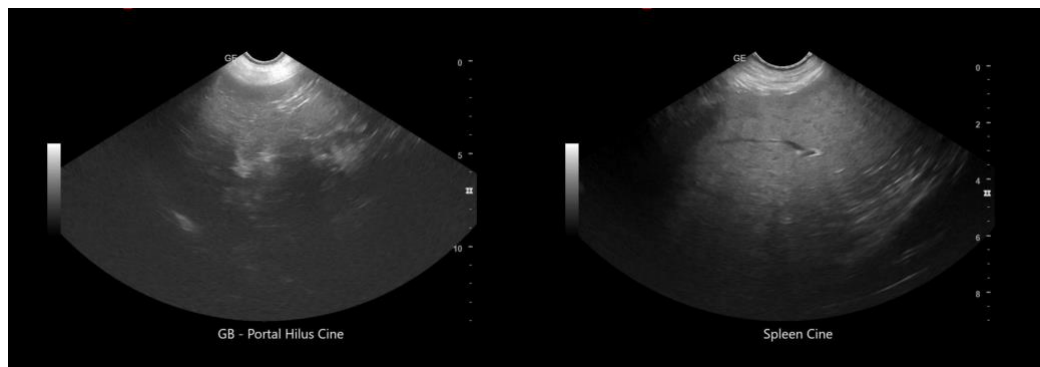
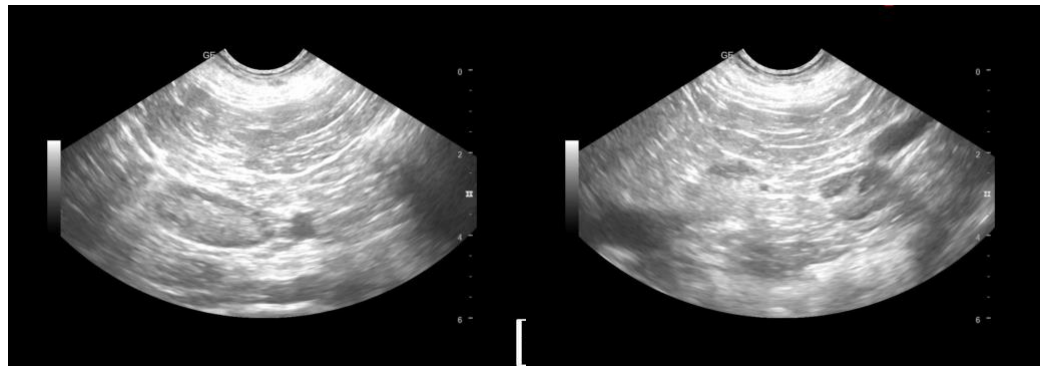
Iliac **lymph nodes** were also enlarged, cystic and nodular, measuring up to 2.0 cm x 1.0 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Infiltrated spleen
- Regional lymphadenopathy
- Vacuolar hepatopathy
- Kidneys, slight pinpoint mineralizations
- Unremarkable abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect round cell neoplasia involving lymph nodes and spleen. Assessment of the splenic pathology. Potential for lymphoma versus splenitis. Chest radiographs and imaging of the cranial mediastinum recommended.





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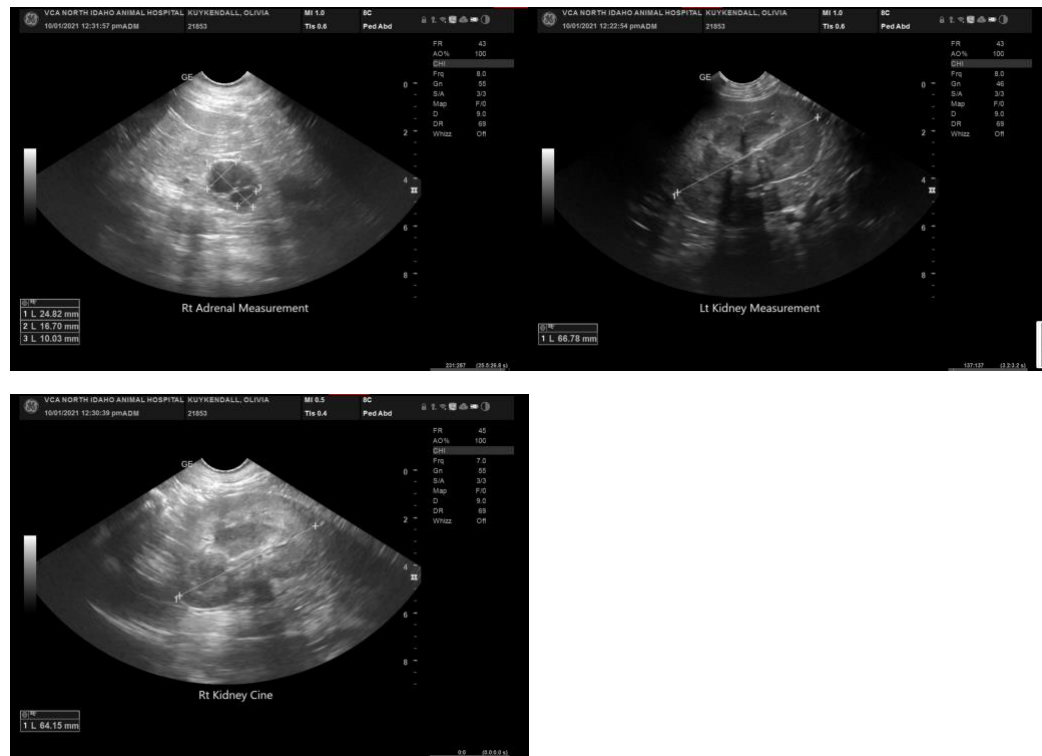
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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