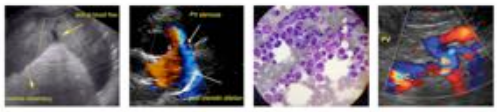

PATIENT

Chance Landroche

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 years

WEIGHT

105 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Dr. Serra

INVOICE

92298

DATE

10/11/21

PRESENTING CLINICAL SIGNS

History: Prior history of a splenic mass. Splenectomy done 10/03/2019. Histopath showed only extramedullary hematopoiesis. Has done well until recently when he has had exercise intolerance. Workup showed severe regenerative anemia (HCT 10%), Path review did not show a definitive cause but there were very few spherocytes so this is probably not IMHA. Chest and abdominal radiographs did not demonstrate any changes to help define his CBC findings. Prior AUS 10/02/2019 (Eric Lindquist, DMV, Sonopath). Medications: Zonisamide for epilepsy.
Abnormal PE/Chem/CBC/UA Results: ALT 132; ALP 296; Amylase 1529.

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 residual prostate was uniform and measured 1.09 cm. The iliac lymph nodes were unremarkable.

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 8.15 cm. The left kidney measured 7.91 cm.

Adrenal Glands

The right adrenal gland measured 0.68 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland is expansive with heterogenous, nodular change at the cranial pole measuring 1.11 cm and 0.57 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen and slightly heterogenous. The gallbladder was unremarkable.

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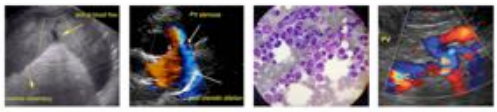

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Gastrointestinal

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.

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

Geriatric abdomen with subjectively benign hepatopathy.

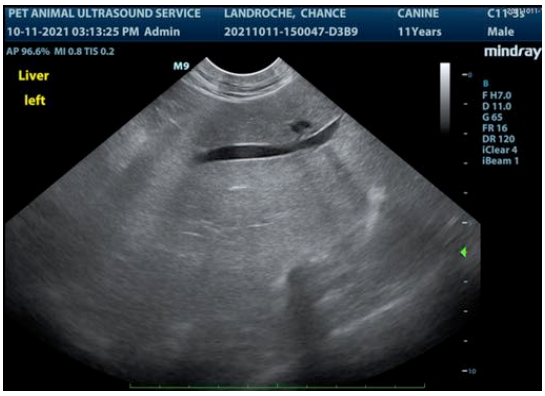
Left adrenal nodule, likely hyperplasia or adenoma with a minor potential for carcinoma or pheochromocytoma.

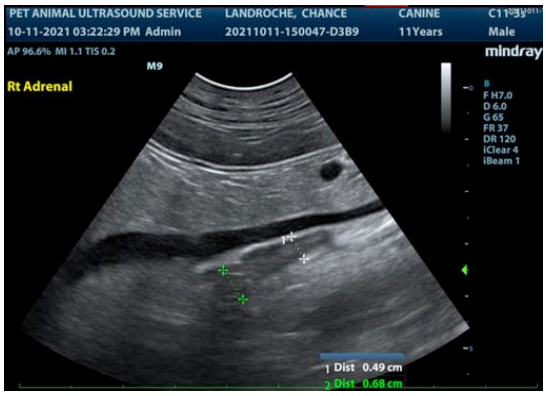
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of hemorrhage. Serial blood pressure measurements are recommended given the left adrenal gland nodule. There is no evidence of source of hemorrhage in this patient. Bone marrow aspirate is likely the best option in this patient to match with the CBC. Three view chest radiographs are warranted if not already performed to assess for metastatic disease. An echocardiogram can be considered to assess for pericardial effusion. However, with this low of hematocrit even dramatic pericardial effusion would not explain the anemia to this degree.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services





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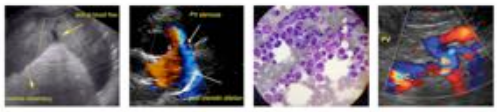

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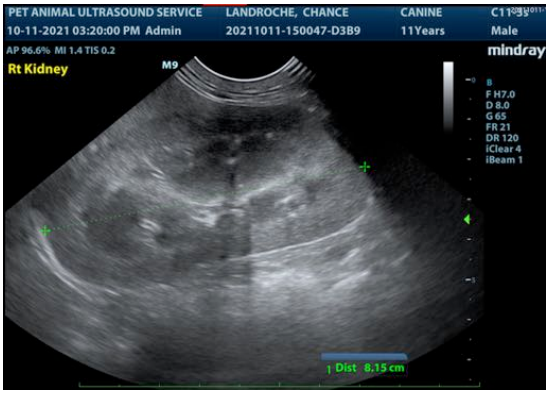

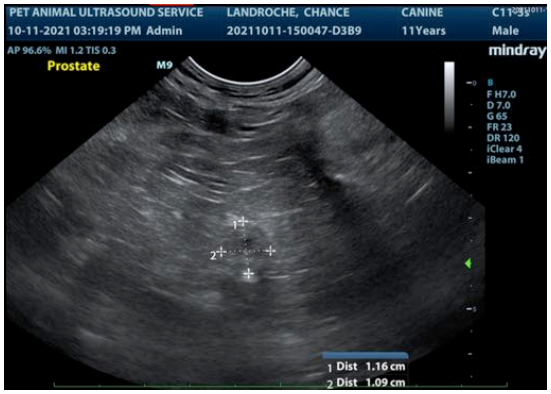

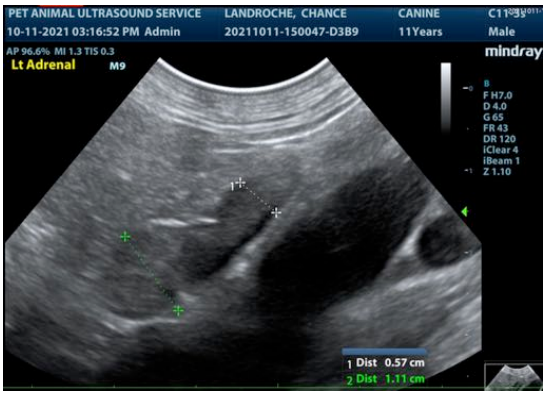

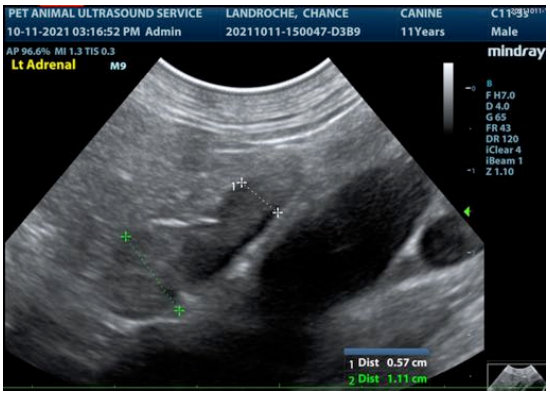

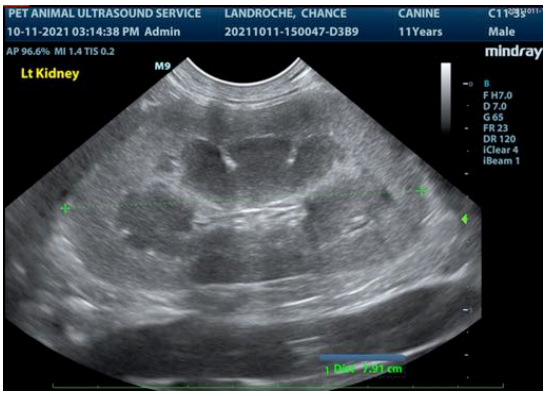

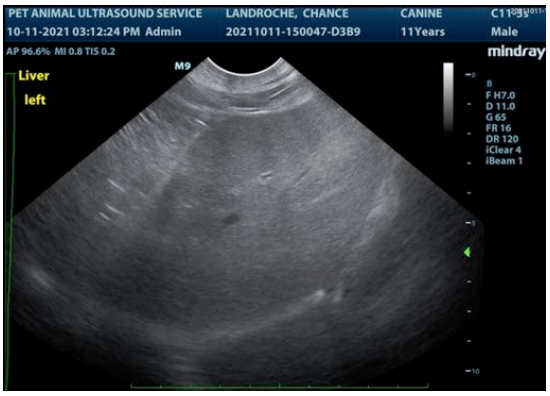

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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