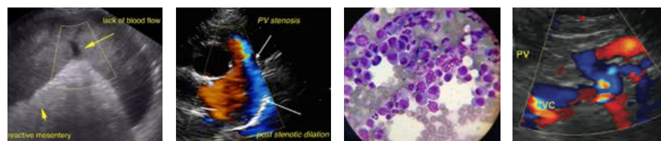
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Fletch Lanava

SPECIES

Canine

BREED

Tibetan Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

34 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Englewood Cliffs VH

REFERRING VET

Dr. Park

INVOICE

92326

DATE

10/12/21

PRESENTING CLINICAL SIGNS

History: History of ADR. Few days of Carprofen helped. History of elevated ALP. In-house AFAST scan showed area of concern near pancreas; + Murphy sign at area. Current meds: Carprofen 25 mgs PO BID.
Alk. Phos. ALKP - 1,160.

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. A trace amount of bladder sand was noted and was non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate measured 1.0 cm.

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 6.15 cm. The left kidney measured 5.01 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 1.71 x 0.67 cm at the caudal pole and 0.86 cm at the cranial pole. The left adrenal gland measured 1.39 x 0.47 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

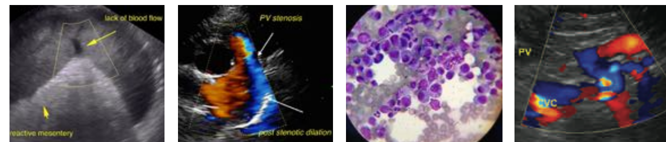
The **spleen** presented a microcystic splenic nodule at the splenic hilus and measured 0.9 cm. There was mild disruption of architecture. This should be monitored for any growth over the next 1-3 months.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. A cystic hepatic lymph node was noted and measured 3.0 cm in length, another measured 2.0 x 1.0 cm. The gallbladder and common bile duct were unremarkable.

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.

Pancreas

The **pancreas** revealed mild, heterogenous changes.

ULTRASONOGRAPHIC FINDINGS

Trace bladder sand, non-obstructive.

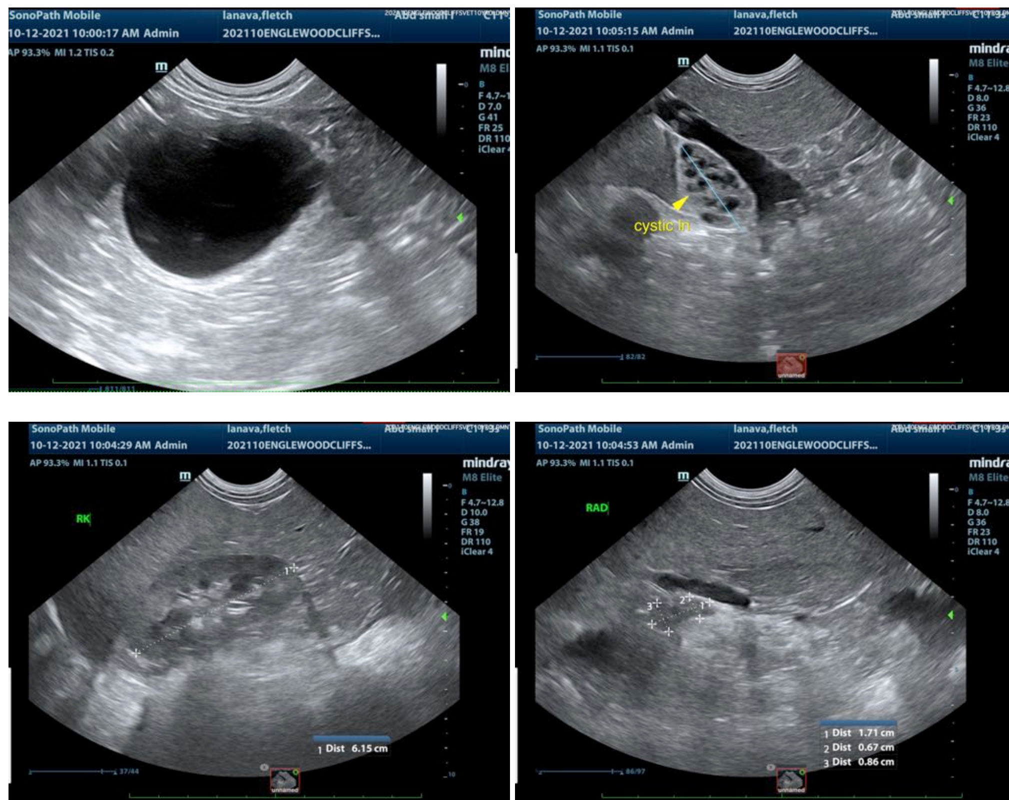
Benign hepatopathy with cystic hepatic lymph nodes. This is likely secondary to chronic lymphadenitis, not neoplastic.

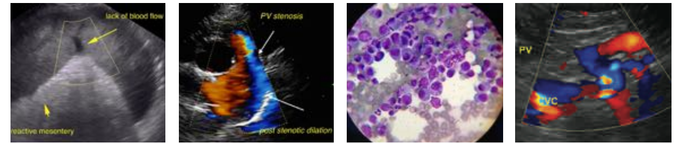
Cystic splenic nodule, likely benign, but should be monitored.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of clinical signs does not appear to be overtly evident in the abdomen. Low-grade pancreatitis is possible. However, referred back pain should be considered. There was no evidence of neoplasia. The hepatic lymph nodes superimposed the right limb of the pancreas.





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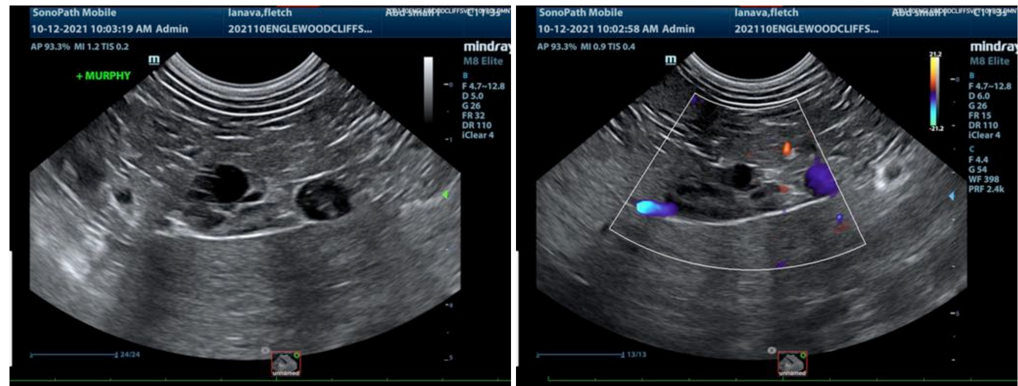

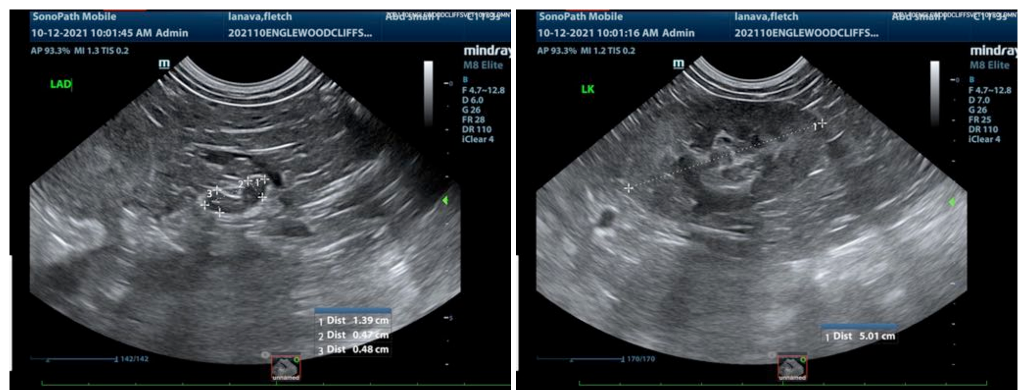

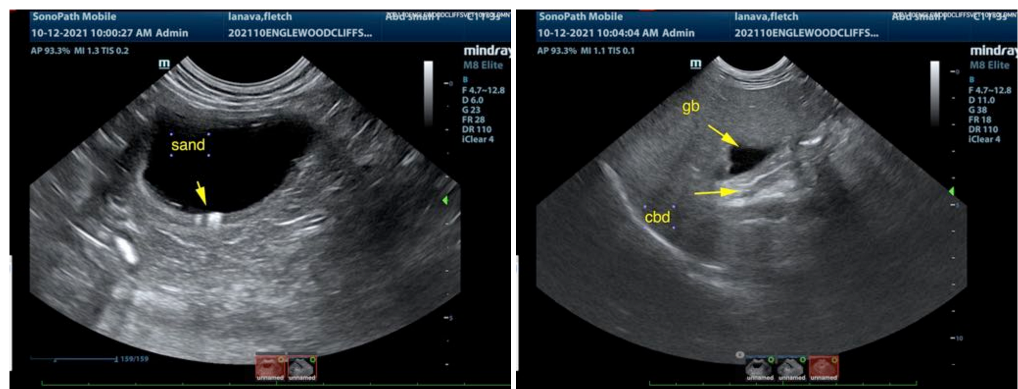

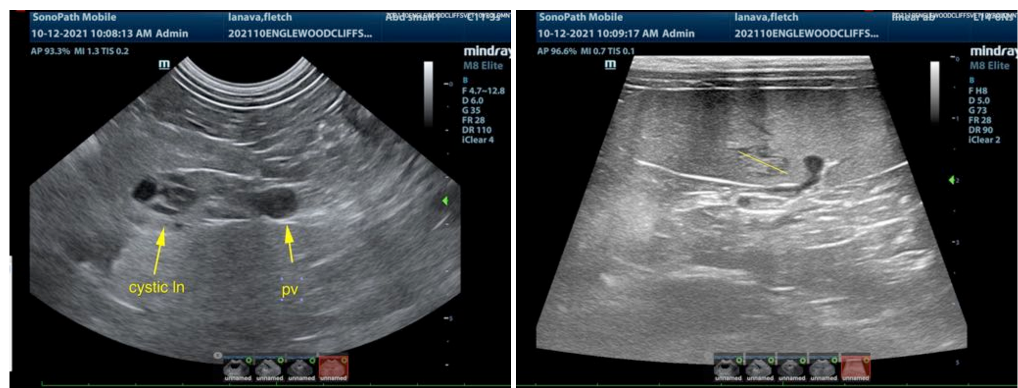

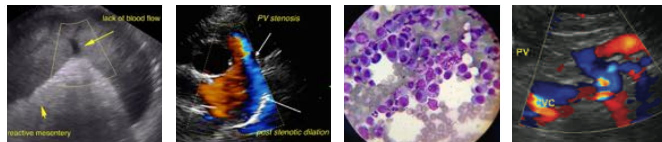

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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