



PATIENT

Kenai Belusko

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

8 years

WEIGHT

85 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Hoffman

INVOICE

40069

DATE

10/12/22

PRESENTING CLINICAL SIGNS

History: presented 10/6/22 for several days of decreased appetite and soft stools with possible dyschezia; patient also has history of allergies and a firm, dermal mass was identified on left cranioventral abdomen during exam (FNA revealed only blood contamination no obvious neoplastic cells noted), PE relatively unremarkable otherwise- patient DID NOT appear jaundiced at the time of examination, although older intact male, prostate only felt minimally enlarged (but symmetrical) on rectal exam...

Abnormal PE/Chem/CBC/UA Results: BW: negative 4DX, mild inflammatory leukogram WBC 18.2, Neuts 14.2, MONOS 2257; relatively mild azotemia (BUN 43, CREAT 1.8) and moderate to severe elevations in all liver values: (ALT 176, AST 114, ALP 774, Total Bili 4.8 {1.2 unconjugated, 3.6 conjugated}). UA: bilirubinuria (3+ with bilirubin crystals) and proteinuria (2+), fecal + giardia by ELISA only (no cysts).... RADS: very questionable mass effect in the mid caudal abdomen but was only observed on the right lateral projection otherwise unremarkable.

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 **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. The prostate measured 5.16 cm.

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. The right kidney measured 9.3 cm. The left kidney measured 8.7 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 1.94 x 0.51 cm. The right adrenal gland measured 1.94 x 0.71 cm.

Spleen

The **spleen** in this patient was folded upon itself cranially and caudally with subtle, micronodular changes. This is consistent with hyperplasia. However, given the patient's history emerging round cell neoplasia is a potential. Screening FNA is recommended.



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Liver

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Structurally normal liver.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Slight splenic enlargement and micronodular changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bilirubin elevation acute insult such as Leptospirosis should be considered. Leptospirosis titers, screening FNA of the spleen and liver is recommended, 72 hour IV fluid protocol, IV Ampicillin and reassessment of the clinical profile.

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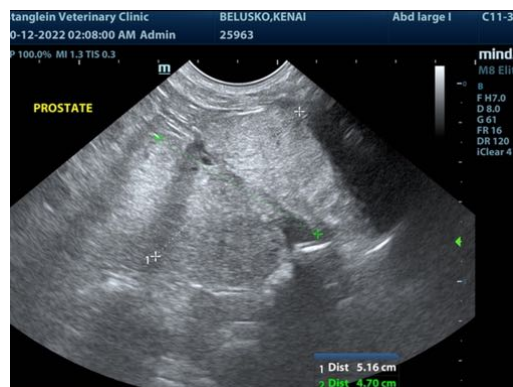
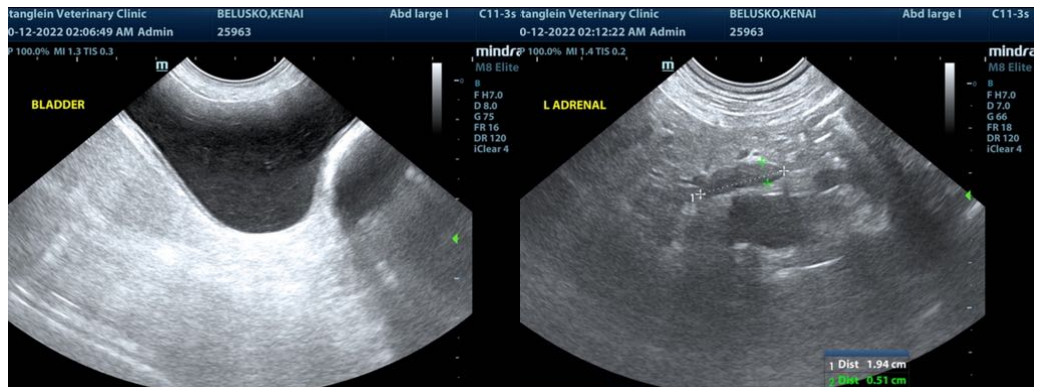
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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