



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Blaze Bergin
9/24/22 O noted possible abdominal enlargement/ X-rays on 10/4/22 yielded concerns for splenomegaly/abnormalities.

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Noted some abdominal distension cranially, slightly tense on palp. 10/12/22 Chem - NSF CBC - NSF PT/PTT - slightly increased (cited possible handling error). 10/4/22 X-ray report: **THORACIC FINDINGS:** The collimated cervical region is normal. The trachea has a normal and uniform diameter without narrowing or collapse. Tracheal membrane redundancy is not present. The pulmonary parenchyma is of normal opacity for a patient of this age. Pulmonary nodules and masses are not present. The lower airways are normal for a patient of this age. The cardiac silhouette is normal in shape and size. The lobar vasculature is normal in size, shape and tapering. The cranial mediastinum is normal. Enlargement of the intra-thoracic lymph nodes is not present. Pleural effusion, pneumothorax and abnormalities of the pleural space are not present. Abnormalities of the esophagus are not present. Clinically significant abnormalities of the thoracic wall are not present. Clinically significant abnormalities of the collimated musculoskeletal structures of the front legs are not present. Clinically significant abnormalities of the spine and vertebrae are not present. Spondylosis deformans is present which is probably an incidental finding and not clinically significant. **ABDOMINAL FINDINGS:** Mild rounding of the margins of the splenic tail is present which has a mildly irregular an undulating margination on both lateral images. The remainder of the visualized splenic silhouette is normal. The stomach is moderately filled by heterogenous soft tissue/gas opacity material that has the characteristic appearance of normal ingesta from a recent meal with a small amount of gas and a very small amount of granular nonobstructive mineral opacity material. Gas is present, as expected, within the pylorus on the left lateral image without a pyloric outflow obstruction. The small intestines are of normal diameter without dilation consistent with mechanical ileus/obstruction and contain gas with homogenous soft tissue opacity fluid. Small intestinal foreign material is not present. The colon is normal in diameter without obstructive patterns or constipation/obstipation and contains normal formed feces. A very mild amount of nonobstructive granular mineral opacity is present within the colon. Peritoneal serosal margin visualization is normal. Retroperitoneal serosal margin visualization is normal. The visualized hepatic silhouette is normal. The visualized renal silhouettes are of normal size, and shape. Renal mineralization or nephroliths are not present. The visualized urinary bladder has smooth well defined margins, is normal in size and contains normal soft tissue opacity urine without over distension. Mineralization of the urinary bladder and mineral opacity urocystoliths are not present. Clinically significant abnormalities of the collimated musculoskeletal structures of the hind legs are not present. Clinically significant abnormalities of the spine and vertebrae are not present. Spondylosis deformans is present which is probably an incidental finding and not clinically significant. A well defined, discoid mineral opacity is present within the intervertebral disc space of L3-L4 without alteration of the intervertebral disc space width. This is "in situ mineralization" of the intervertebral disc, which can be an incidental finding however, is an indication of disc degeneration. In the absence of any clinical signs of intervertebral disc disease this is an incidental finding. **CONCLUSIONS:** -The thorax is normal. -Mild enlargement of the spleen is present which is likely result of nodular hyperplasia or extramedullary hematopoiesis and is highly unlikely to result in the possible intermittent abdominal enlargement. -The remainder the study is normal and consideration is made for intermittent gastric bloating as cause for the intermittent abdominal enlargement. **RECOMMENDATIONS:** -Consideration could be made for abdominal ultrasound particularly for further assessment of the spleen if this is considered clinically indicated. -It is recommended to perform abdominal radiographs at the time of abdominal enlargement for further characterization.

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

77 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Amanda Bergin, DVM

INVOICE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

42052 **Urinary System**

DATE

10/13/22

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



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was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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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 7.42 cm. The left kidney measured 7.35 cm.

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Adrenal Glands

The **left adrenal gland** was upper limits of normal at 2.8 cm x 0.82 cm at the cranial pole and 0.78 cm at the caudal pole. Minor heterogeneous changes noted, yet uniform.

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The **right adrenal gland** was not visualized.

Spleen

The **spleen** was largely uniform with hyperechoic nodules noted, yet no masses. The nodules were non-disruptive. The spleen was folded upon itself cranially, not pathological.

AGE

11 Years

Liver

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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Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chrissy Krell, DVM

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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Other

REFERRING VET

Amanda Bergin, DVM

Rapid view of the heart revealed no evident pathology. Contractility, chamber sizes, pericardial space all normal. LA/AO June Boon 1.15, LA Max 4.0, EPSS 0.1.

ULTRASONOGRAPHIC FINDINGS

INVOICE

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- Folded spleen with hyperechoic nodules
- Left adrenal gland upper limits of normal for size with minor heterogeneous changes

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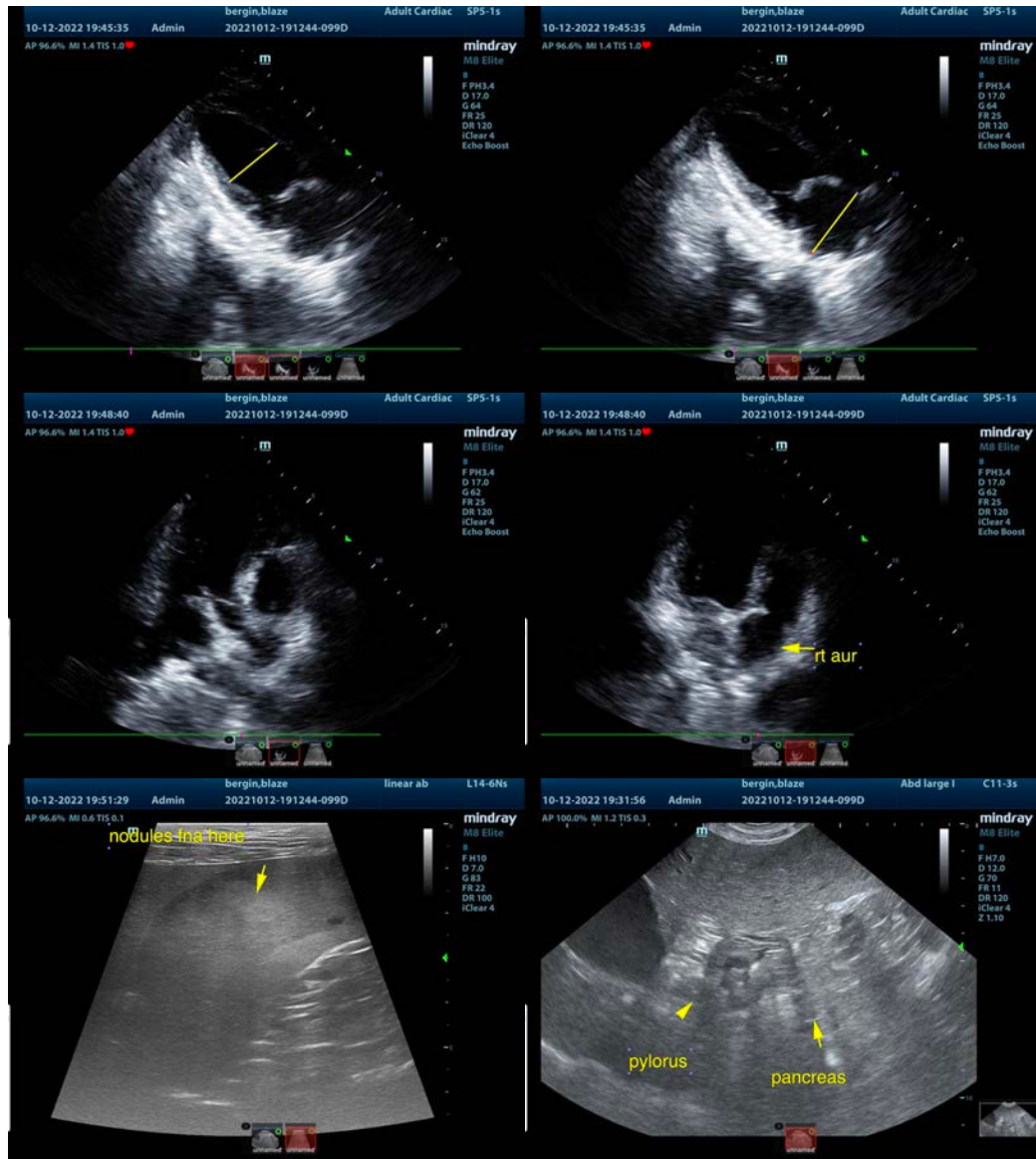
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REFERRING VET

Amanda Bergin, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The folding of the spleen may be creating a mass effect on radiographs. FNA of the spleen recommended. Recheck sonogram in one month. If any progression of the nodular changes, then splenectomy would be indicated at that time.



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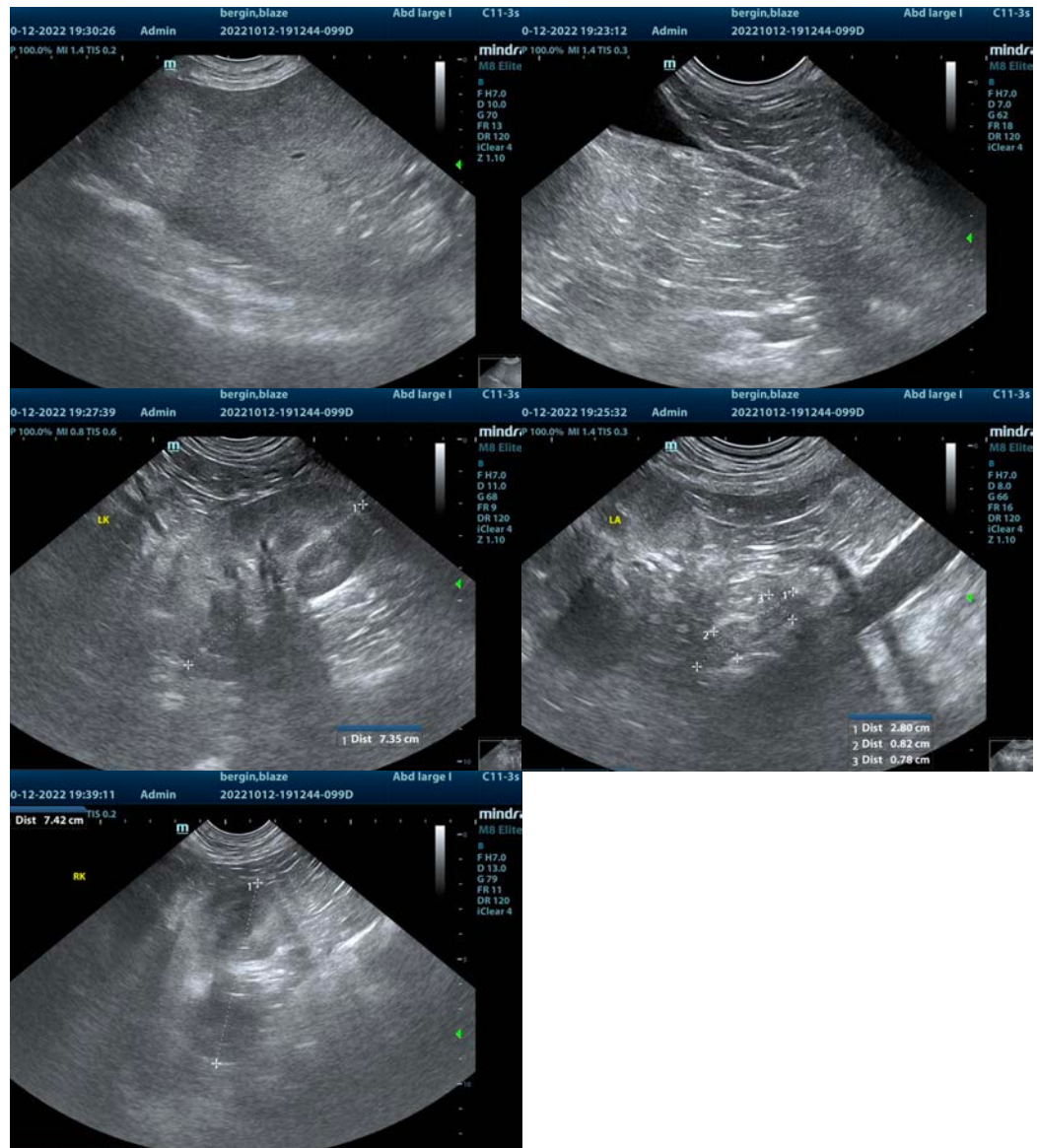
Amanda Bergin, DVM

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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.

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

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