



**PATIENT PRESENTING CLINICAL SIGNS**

Jenny Vetter

History: Prior hx suspected laryngeal paralysis and prior aspiration pneumonia. Presented for vomiting, diarrhea with hematochezia, lethargy. Fever 103. Diagnosed with recurrent aspiration pneumonia. Fever improved on fluids and antibiotics but continues to show nausea despite GI meds (cerenia, ondansetron). Diffuse hepatomegaly noted on radiographs  
Abnormal PE/Chem/CBC/UA Results: PE - nausea, regurgitation, labored breathing, fever now resolved CBC - neut 5k with left shift chem - alp 400 otherwise wnl

**SPECIES**

Canine

**BREED**

Retriever Mix

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

30 kg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 **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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 6.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The left **adrenal gland** was 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 0.6 cm. The right adrenal gland was not visualized.

**IMAGING PERFORMED BY**

Dr. Wepprich

**HOSPITAL NAME**

Wilvet Salem

**Spleen**

The **spleen** revealed an expansive, mixed echogenic parenchymal mass that measured 0.6 cm. The splenic mass appears to be deriving from the cranial body of the spleen. Other nodular changes were noted in the spleen.

**REFERRING VET**

Dr. Wepprich

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

92431

**DATE**

10/19/21



**PATIENT**

**Gastrointestinal**

Jenny Vetter

The **stomach** revealed mild pyloric hypertrophy noted without loss of mural detail. The small intestines and colon were unremarkable.

**SPECIES**

Canine

**Pancreas**

**BREED**

Retriever Mix

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Splenic mass and nodular changes.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

30 kg

There is no obvious evidence of metastatic disease. I recommend three view chest radiographs and rapid echocardiogram to assess the right auricle and pericardium. If chest radiographs are free of evident pathology then exploratory splenectomy is recommended with liver inspection and biopsy. There was no evidence of cavitation or active hemorrhage at this time. Hemangiosarcoma, round cell neoplasia, non-neoplastic hyperplasia are all possible in the liver.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wepprich

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

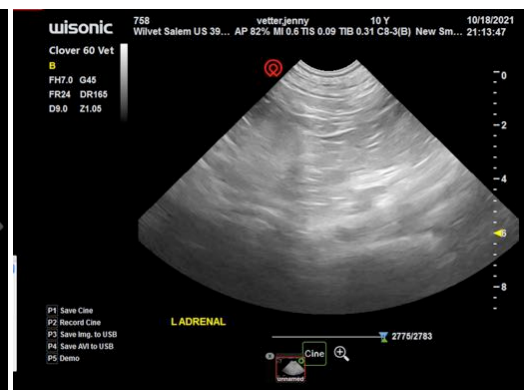
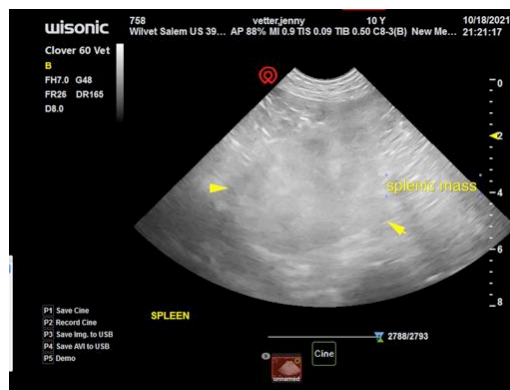
Dr. Wepprich

**INVOICE**

92431

**DATE**

10/19/21





**PATIENT**

Jenny Vetter

**SPECIES**

Canine

**BREED**

Retriever Mix

**SEX**

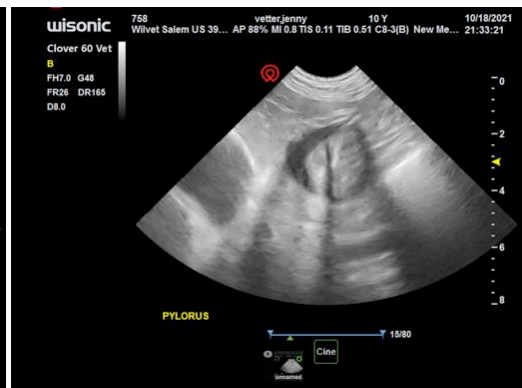
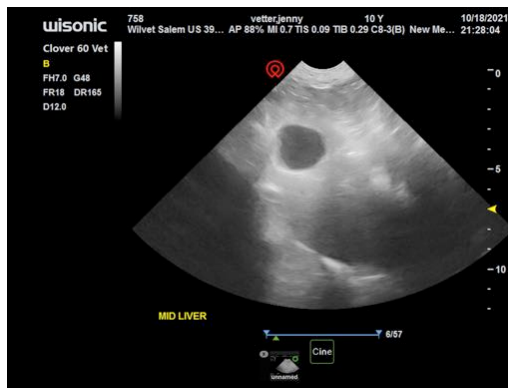
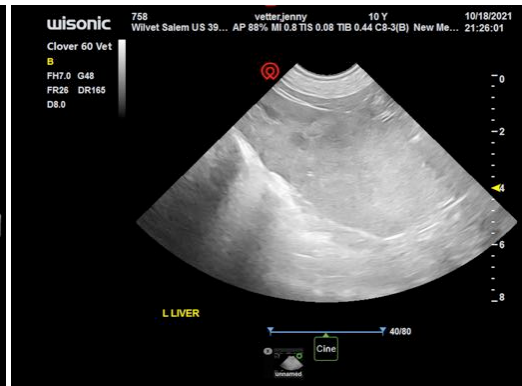
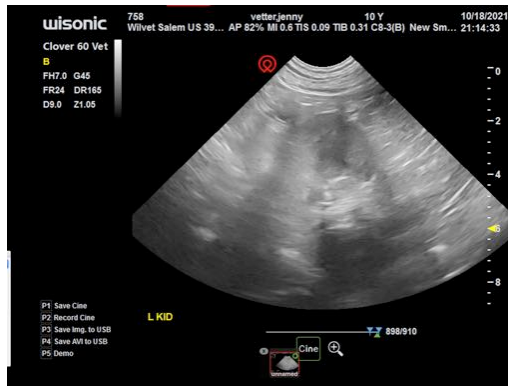
Spayed Female

**AGE**

10 years

**WEIGHT**

30 kg



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wepprich

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Wepprich

**INVOICE**

92431

**DATE**

10/19/21

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