

**DATE PRESENTING CLINICAL SIGNS**

10/19/21 Lethargy, inappetence, painful on abdominal palpation.

PATIENT Current Medications: Galliprant 60mg 1 po QD
 Lab Results & Radiographs: Mild hepatomegaly and irregular spleen
 Sky James Date of Previous IntraPet Ultrasound: No previous
 Sedation: IM sedation utilized for AUS
 Stat Report: not requested

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

2007

WEIGHT

2007

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Davies

INVOICE

26388

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.73 cm. The left kidney measured 6.14 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 2.82 cm x 0.78 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland measured 2.73 cm x 0.53 cm at the caudal pole and 0.51 cm at the cranial pole.

Spleen

The **spleen** was enlarged with micronodular changes and scalloping contour. FNA indicated to assess splenitis versus round cell neoplasia.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present.

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.

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

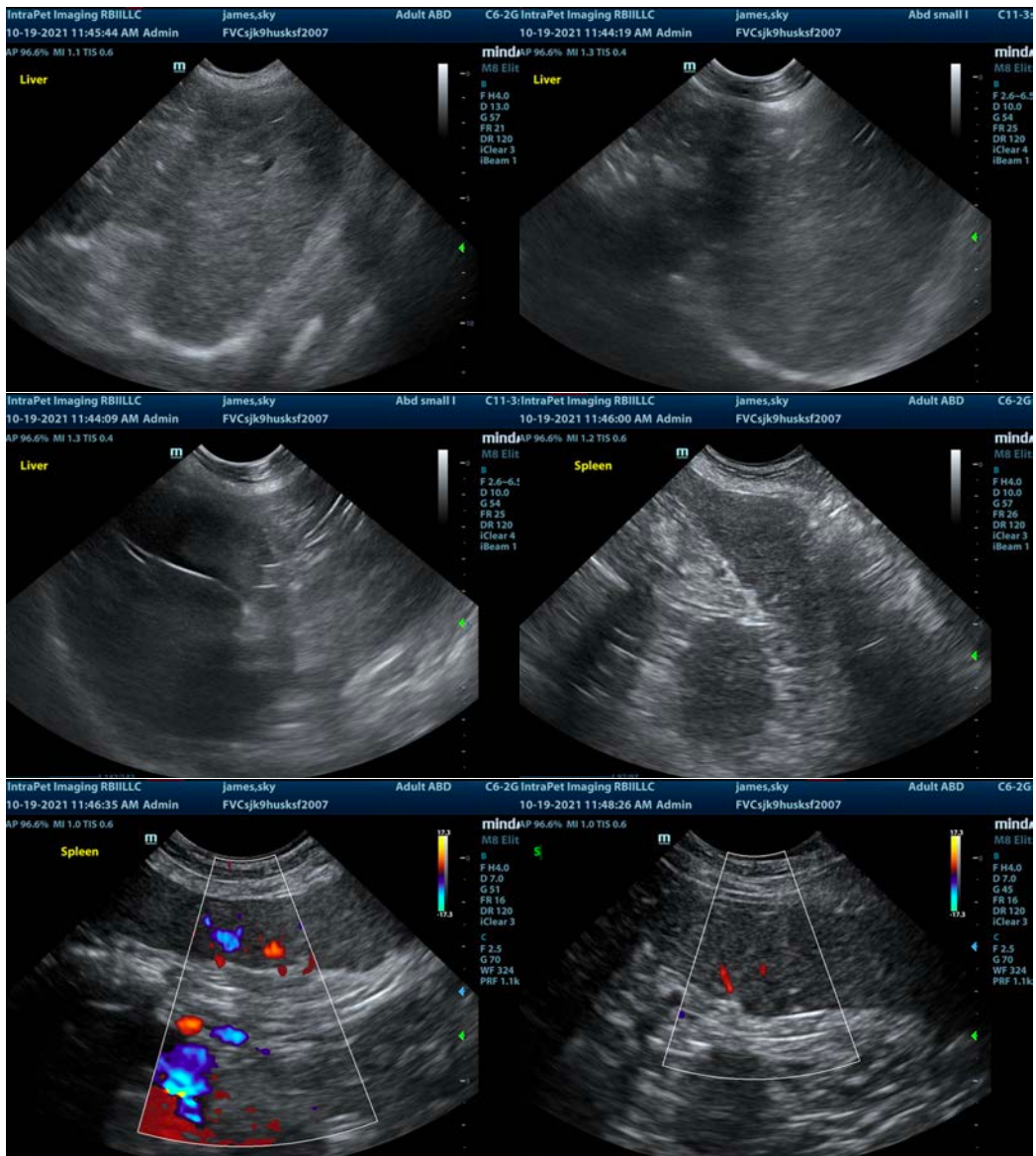
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

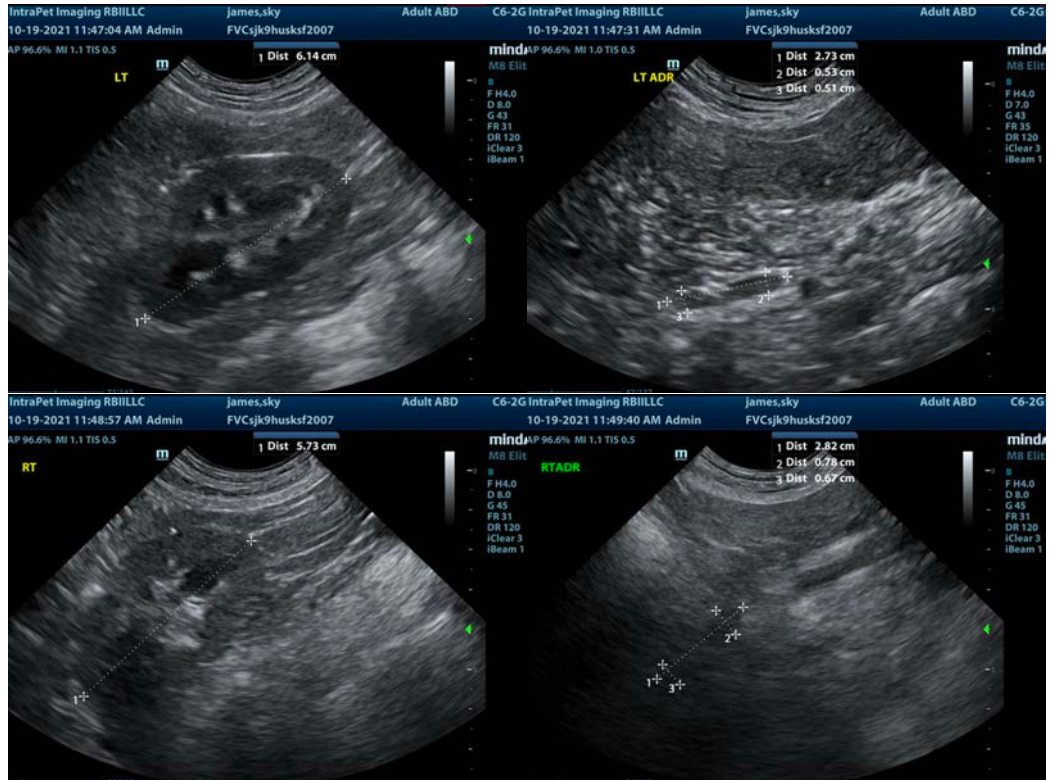
ULTRASONOGRAPHIC FINDINGS

- Enlarged, micronodular spleen
- Vacuolar hepatopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver recommended to assess for emerging neoplasia versus reactive spleen and benign hepatic swelling. Prognosis is guarded depending upon cytology results. The remainder of the abdominal changes were expected for this age and breed.





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.

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