



PATIENT

Hoki Pokie Brutz

SPECIES

Canine

BREED

Soft Coated Wheaten
Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

22.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Christina

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Collazos

INVOICE

40210

DATE

10/20/22

PRESENTING CLINICAL SIGNS

History: 10/8/22 P was seen at local E-clinic for vomiting, radiographs revealed abdominal mass, ultrasound today to verify location of mass (suspect spleen) and check for any further masses present in abdomen.

Abnormal PE/Chem/CBC/UA Results: bun - 39, amylase - 1179, cpk - 40, hct - 27%,

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 **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. Slight mineralization was noted. The left kidney measured 4.3 cm. The right kidney also measured 4.3 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

Complex, mixed echogenic parenchymal mass was noted in this patient. This appears to be **spleen**. Enhanced mesentery was noted associated with the capsule. This is consistent with an expansive process.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Occasional, hyperechoic nodule was noted in the liver. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.



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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.

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.

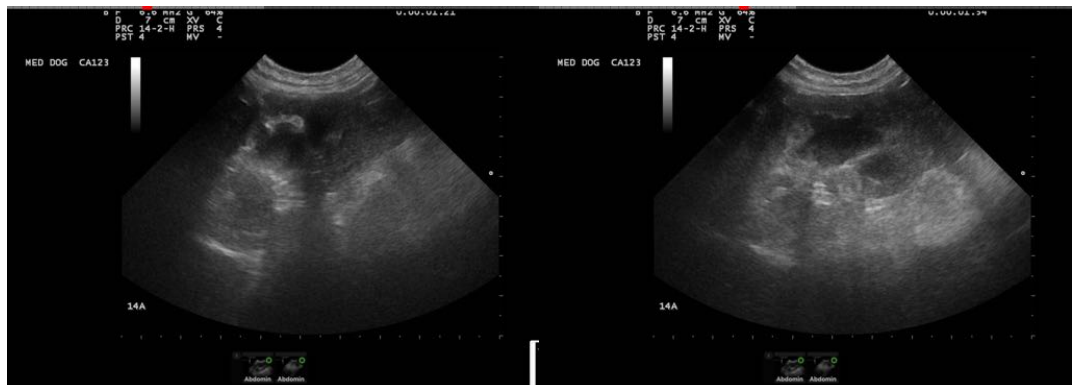
ULTRASONOGRAPHIC FINDINGS

Infiltrative splenic pattern.

Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect round cell neoplasia. There was no obvious organ involvement. Screening FNA of the spleen and liver can be considered. Direct splenectomy with hepatic biopsies are recommended. CBC path review +/- bone marrow aspirate is warranted given the anemia. There was no hemorrhage noted at this time.





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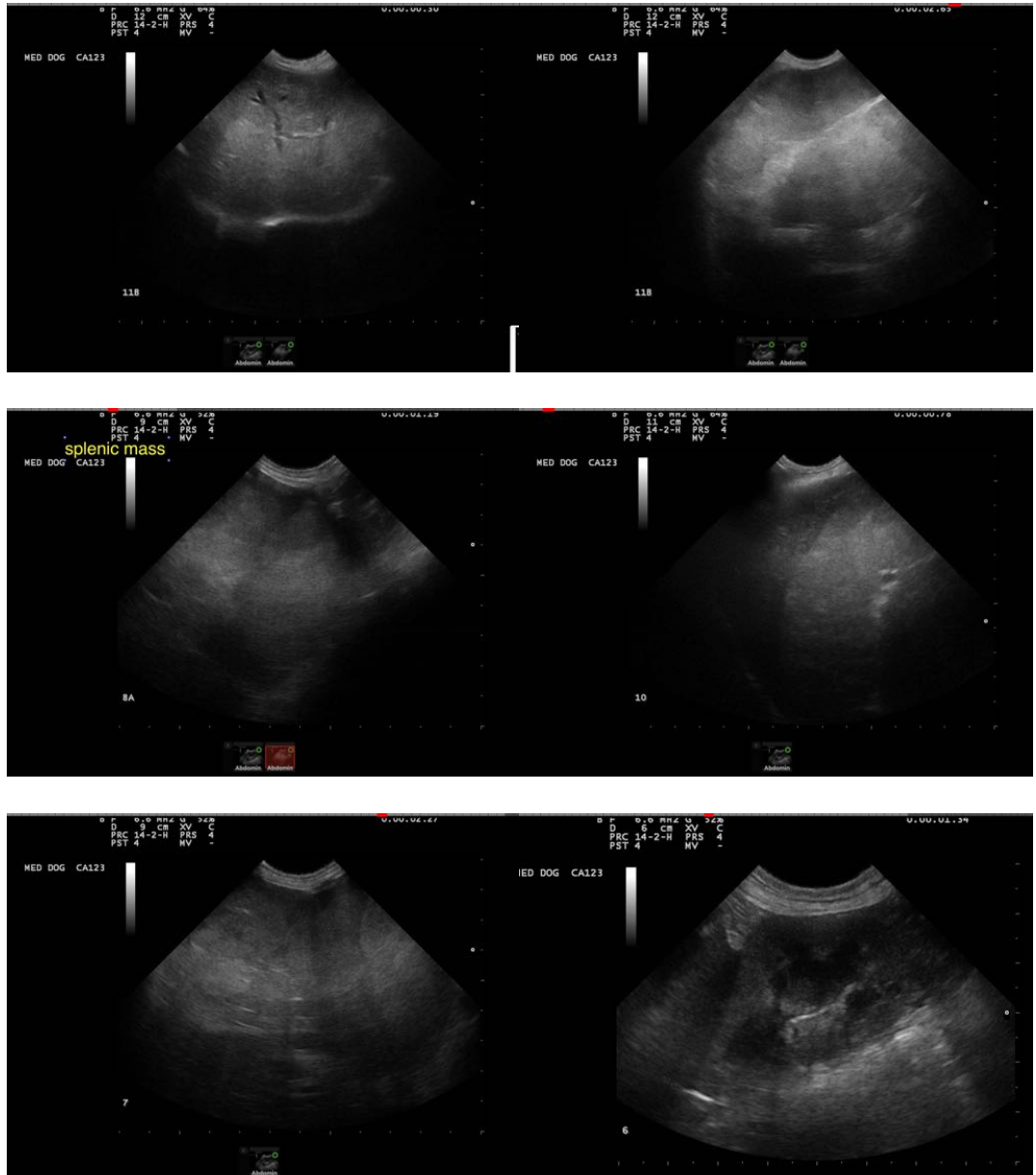
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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