



PATIENT

Bruce Williams

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

7 Years

WEIGHT

33 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Christian

INVOICE

42290

DATE

10/23/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for acting strange, had surgery on the 9th for GDV, spleen and other organs were fine at this time, Tuesday stopped the meds from sx and Wednesday P started acting different, lethargic, decreased eating and drinking now getting worse, concerned for enlargement of the spleen
Previous Health Concerns: allergies, GDV sx on 9th- Current Medications: apoquel- last night
Appetite/When did they eat last: last night/ decreased

Abnormal PE/Chem/CBC/UA Results: Temp: 103.9F Radiographs- abnormal placement and size of spleen (splenomegaly), Bloodwork-inflammatory leukogram Borderline thrombocytopenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was largely unremarkable with an approximately 1.0 cm sand accumulation and small calculi, non-obstructive at the time of the sonogram. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 8.6 cm. The right kidney measured 8.2 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 0.50 cm.

Spleen

The **spleen** was enlarged and folded upon itself. Irregular contour noted with multifocal nodular changes, mildly disruptive, and subtle coalescing nodular changes. Enhanced pericapsular fat noted, suggestive for a pathological process.

Liver

The **liver** presented mild uniform enlargement. Minor passive congestion pattern. Multifocal hyper- and hypoechoic nodular changes noted. The gallbladder and common bile duct were unremarkable. If the patient was sedated at the time of the sonogram, the minor hepatic dilation may be normal.

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.



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ULTRASONOGRAPHIC FINDINGS

- Nodular spleen, subjectively pathological
- Nodular liver – nodular hyperplasia versus possible metastatic disease
- Bladder sand and small calculi

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver could be considered in this patient. Chest radiographs and echocardiogram indicated. Direct exploratory splenectomy warranted if no evidence of metastatic disease in the chest. Liver inspection and biopsy +/- cystotomy should be considered at that time. Hemangiosarcoma, round cell neoplasia, pronounced nodular hyperplasia possible. Splenitis/splenic abscessation less likely.

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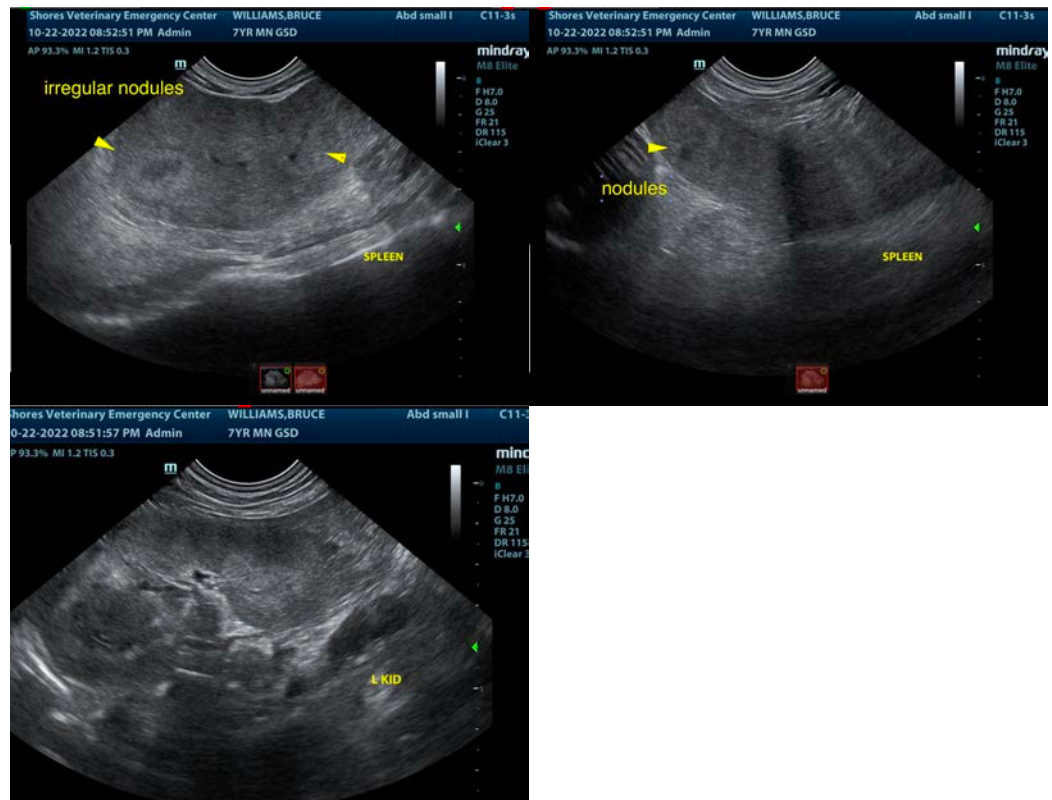
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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