

**DATE**

10/25/21

PRESENTING CLINICAL SIGNS

History: Patient presented to Animal Emergency Hospital on 10/17/21 for cluster seizures. Patient was hospitalized. Radiographs showed splenomegaly and hepatomegaly, so an abdominal ultrasound was recommended.

PATIENT

Dexter Gonzales

Current Medications: Phenobarbital 64.8 mg: 1 1/2 tablets PO BID.

Lab Results: Heartworm/Lyme/Ehrlichia/ Anaplasmosis: all negative.

CBC: lymphopenia 690 (1050-5100). Chem: ALT 151 (10-125), ALP 319 (23-212), Chol 413 (110-32).

Radiographs: splenomegaly and hepatomegaly.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Canine

Sedation: not needed

Stat Report: not requested

BREED

Labrador Mix

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.

SEX

Neutered male

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 kidney measured 7.83 cm. The right kidney measured 7.1 cm with slight pinpoint mineralizations.

AGE

9/29/09

WEIGHT

80.2 lbs

Adrenal Glands

Both **adrenal glands** were at the upper limits and slightly enlarged. The left adrenal gland measured 2.9 x 1.13 cm at the caudal pole and 1.03 cm at the cranial pole. The right adrenal gland measured 3.42 x 1.1 cm at the cranial pole and 1.1 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed a hyperechoic nodule that measured 2.07 cm with minor coarse architecture noted elsewhere. There were no overt masses. The nodule is most consistent with lipogranuloma. Subtle, micronodular changes were noted elsewhere in the spleen without overt masses.

HOSPITAL NAME

Charm City VH

REFERRING VET

Dr. Eavers

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.

INVOICE

92616

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. 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.

Thorax

Slight pericardial effusion was noted in the heart.

ULTRASONOGRAPHIC FINDINGS

Mild, bilateral adrenal enlargement.

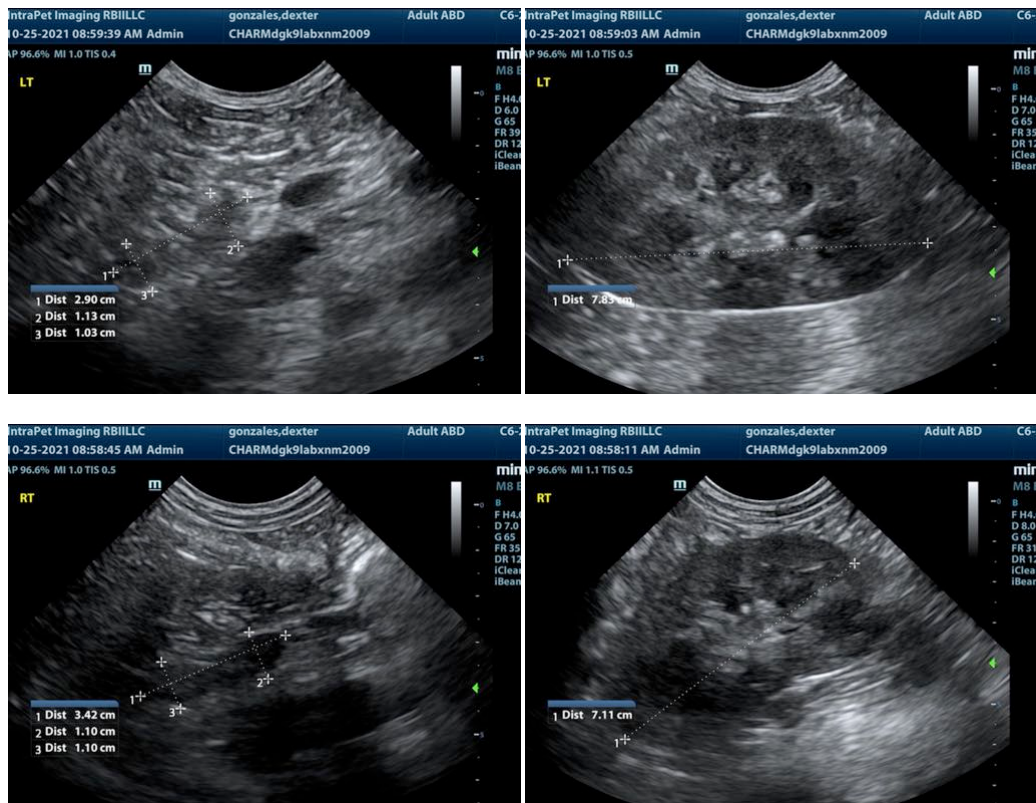
Subjectively benign splenic nodule and micronodular hyperplasia.

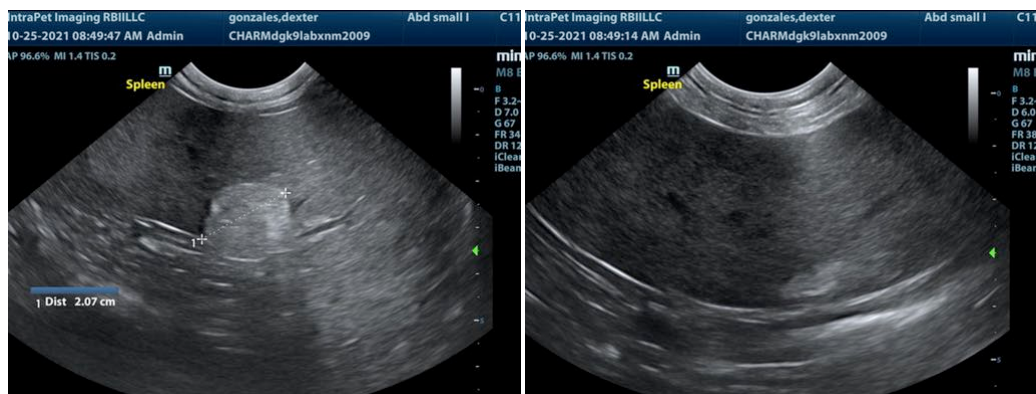
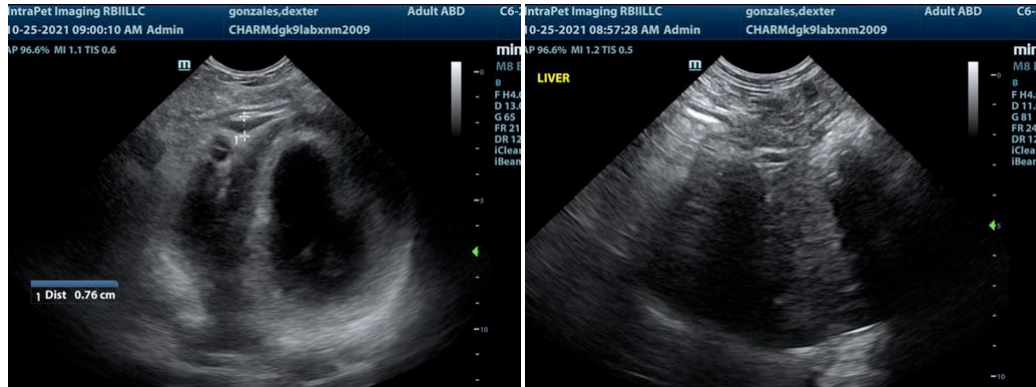
Otherwise geriatric abdomen.

Trace pericardial effusion was noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend full echocardiogram. Given the seizure activity CT with contrast of the CNS is recommended.





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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