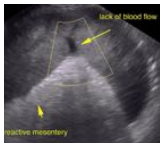
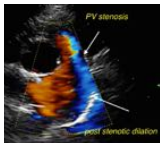
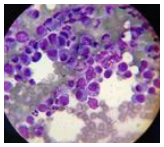
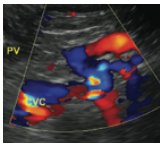
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mina Marrero

SPECIES
Canine

BREED
Maltese Mix

SEX
Spayed female

AGE
10 years

WEIGHT
21.9 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Christensen

HOSPITAL NAME
Tranquility VC

REFERRING VET
Dr. Christensen

INVOICE
39850

DATE
10/3/22

PRESENTING CLINICAL SIGNS

History: Presented for ACL tear. Hx of progressive ALP elevation - 7/5/21 = ALP 400 U/L, 11/18/21 = ALP 544 U/L, Chol 413. Pre-op abdominal scan. Currently on Deramaxx 25mg QD, Gabapentin 100mg caps 1 BID. Pet doing well otherwise, no clinical signs.
Abnormal PE/Chem/CBC/UA Results: Current CBC/Chem pending

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 and appeared normal. 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 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. Both kidneys measured 4.5 cm.

Adrenal Glands

The right **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 right adrenal gland measured 0.5 cm. The region of the left adrenal gland was imaged with no evidence of pathology.

Spleen

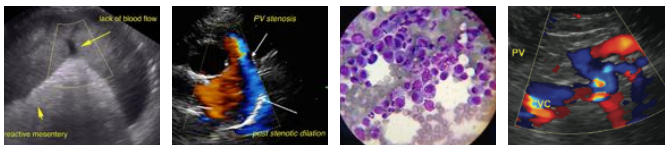
The **spleen** revealed a focal, expansive nodule measuring 1.5 cm with capsular expansion.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Minor shadowing material was noted in the pylorus. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme



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and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

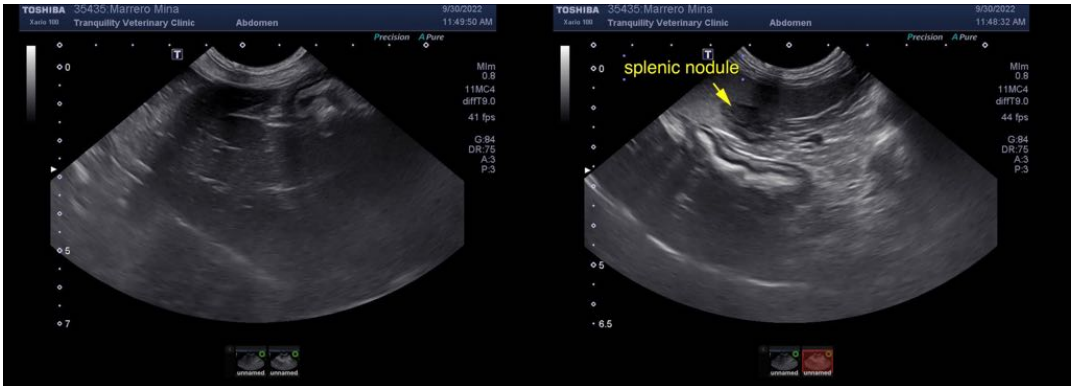
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Benign abdomen with splenic nodule. Concern for emerging hemangiosarcoma or round cell neoplasia. Benign hyperplasia is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenectomy is indicated. Chest radiographs and rapid echocardiogram are warranted to assess for metastatic disease followed by splenectomy is indicated. Liver biopsy can be considered given the enzyme elevations; however, subjectively appears benign. FNA of the splenic nodule can also be considered as an option.



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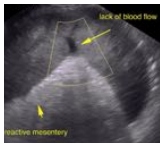
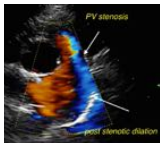
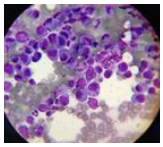
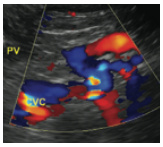

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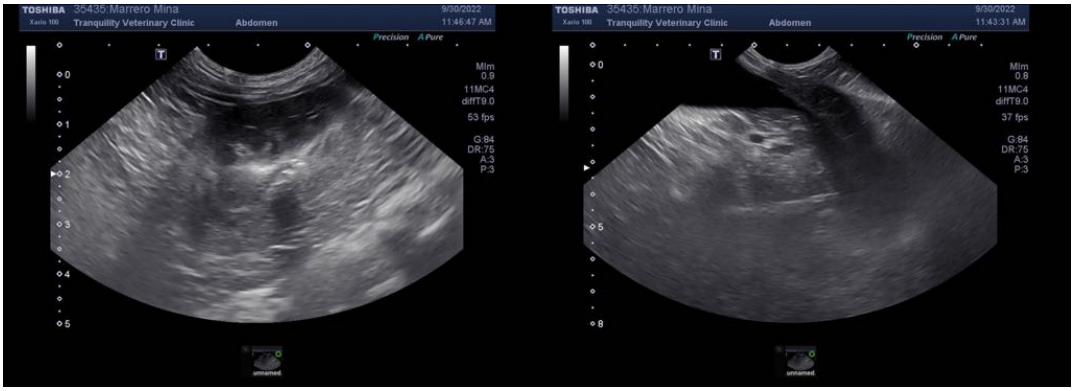

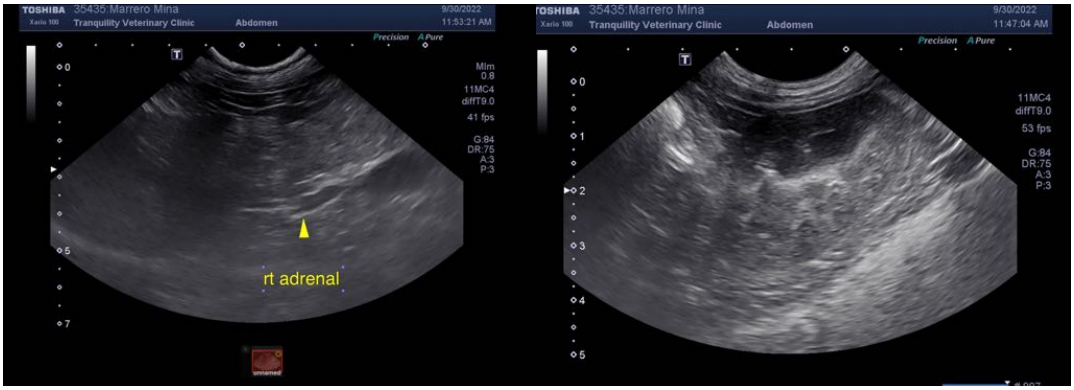

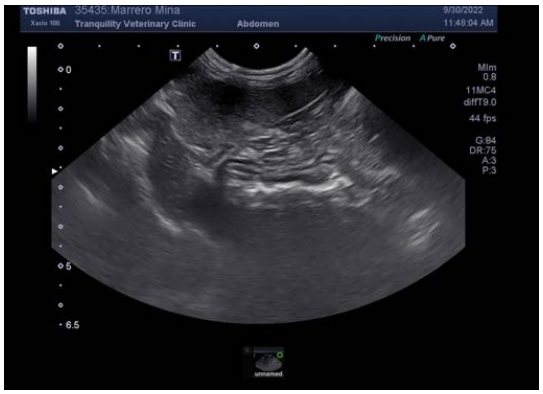

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com