



PATIENT

Sice Burnell

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

22 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Travis Cerf

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

Dr. Travis Cerf

INVOICE

14113

DATE

10/31/21

PRESENTING CLINICAL SIGNS

History: Diagnosed with splenic and hepatic masses; nodular hepatic changes on ultrasound at Hamburg Veterinary (Invoice #89005 on 6/1/21). O reports patient is doing great - eating/drinking, no vomiting or diarrhea. O expected Sice to pass away over the summer and she is doing well 5 months from diagnosis. NOT on any medications.

Abnormal PE/Chem/CBC/UA Results: June Today ALT = 2710 331 ALP = 357 927

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 moderate 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 left kidney measured 5.0 cm. The right kidney measured 5.0 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 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

The **left adrenal gland** was not visualized.

Spleen

The visible **spleen** appears unremarkable.

Liver

The **liver** revealed expansive irregular nodular masses impinging upon the spleen. Other portions of the liver revealed coarse architecture and increased portal markings. The gallbladder was unremarkable.

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



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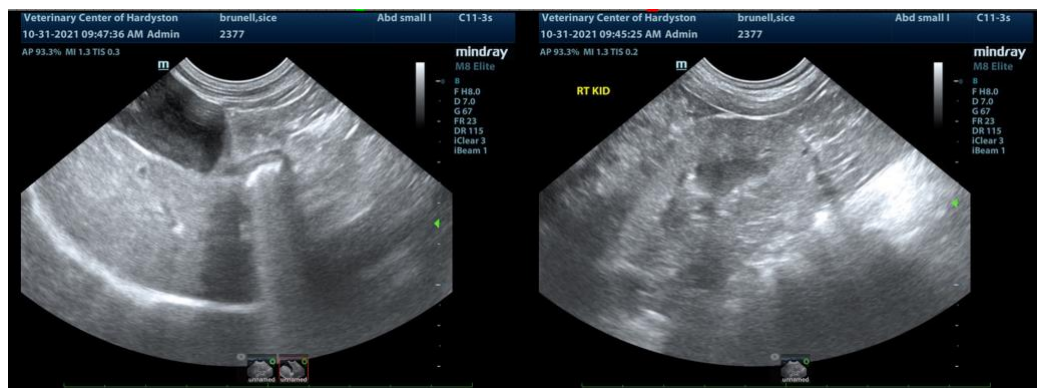
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Liver nodules and mass on the caudal aspect of the left liver, impinging upon the spleen. Chronic inflammatory hepatopathy.
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt splenic mass, however, on prior sonogram, the spleen was likely superimposing upon the left lateral liver mass, making it appear to be a splenic mass. Regardless, FNA of the general hepatic parenchyma and hepatic mass recommended. Carcinoma versus pronounced nodular hyperplasia or cirrhotic type lesions. Given the severe ALT elevations, sampling is strongly recommended as well as leptospirosis titers.





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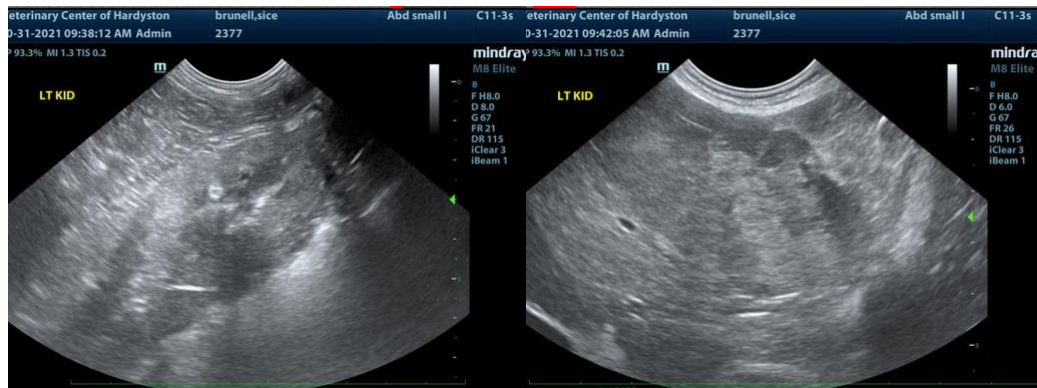
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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