



**PATIENT**

Capone Palumbo

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

55 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. DenHeyer

**INVOICE**

92129

**DATE**

10/4/21

**PRESENTING CLINICAL SIGNS**

History: Severe PU/PD, poor appetite. High PCV

Abnormal PE/Chem/CBC/UA Results: PCV 75.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cysts were noted. The right kidney measured 7.74 cm. The left kidney measured 7.05 cm.

**Adrenal Glands**

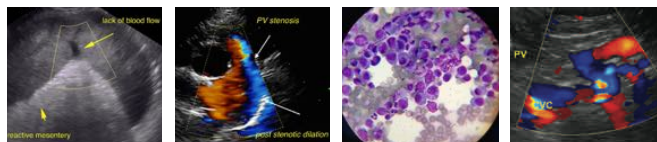
The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

**Liver**

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. 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.



**PATIENT**

**Gastrointestinal**

Capone Palumbo

Minor fluid filled **gastric** lumen was present. 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.

**SPECIES**

Canine

**Pancreas**

**BREED**

Pitbull

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.

**SEX**

Neutered Male

**Free Abdomen**

Hyperechoic changes were noted in the mesentery of the cranial abdomen. This may be artifactual.

**AGE**

12 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

55 Pounds

- Minor bladder thickening.
- Spleen mildly enlarged and uniform. Likely reactive or hyperplastic.
- Vacuolar hepatopathy pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

If adrenal disease is suspected sedation and further imaging of the adrenal glands is recommended. The cause of poor appetite is unclear. FNA of the spleen is indicated. CBC path review is warranted. There was no overt evidence of neoplasia; however, emerging splenic neoplasia cannot be entirely ruled out. Urinary work-up is warranted as PU/PD may be related to underlying cystitis given the minor bladder thickening.

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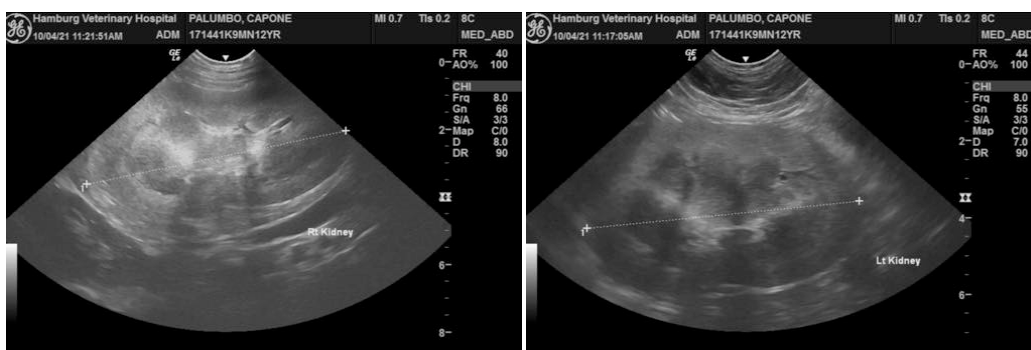
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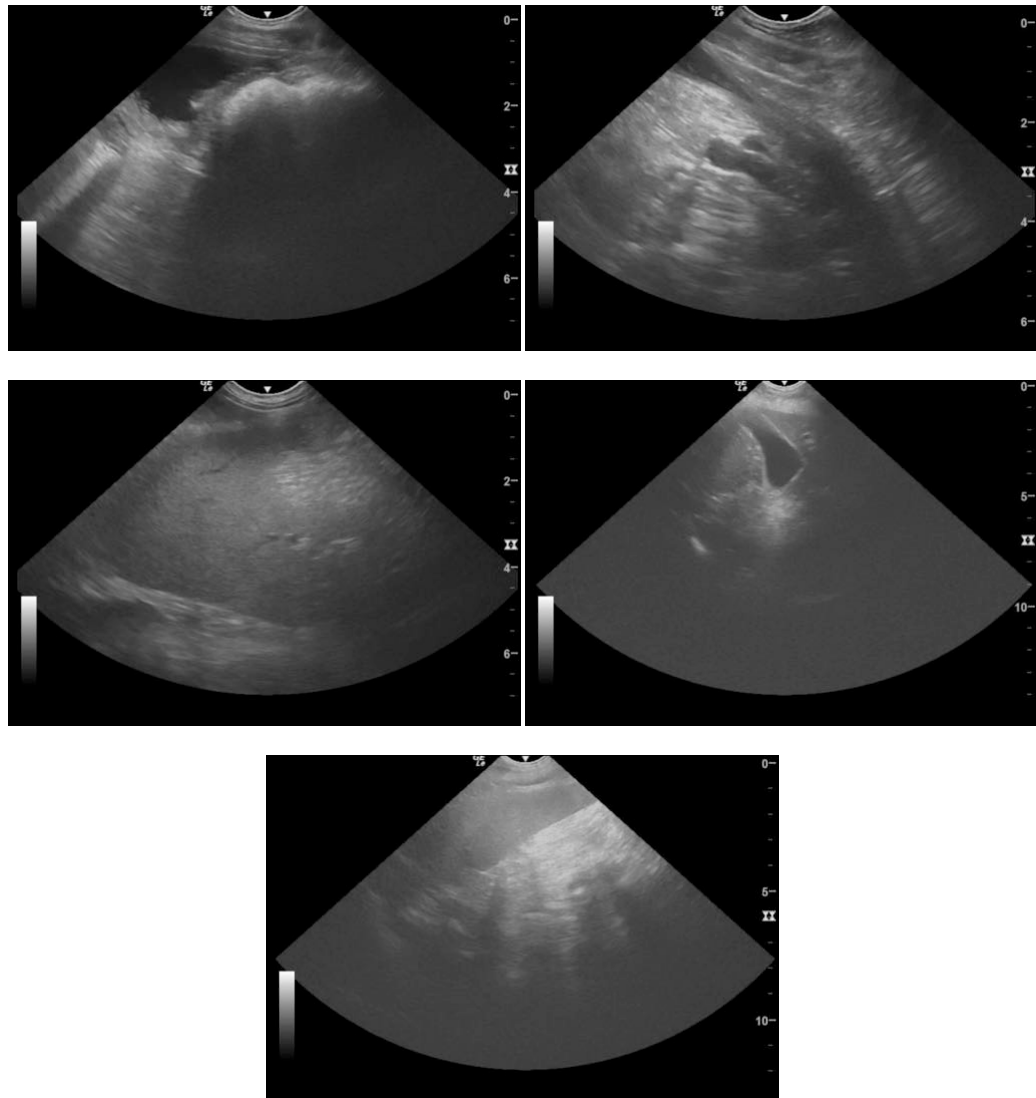
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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