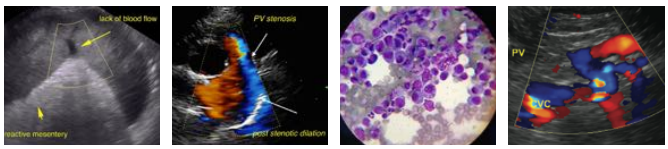


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Siri Surfus

SPECIES
Canine

BREED
Airedale

SEX
Female

AGE
9 years

WEIGHT
40 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Brian Klug

HOSPITAL NAME
Sondel Family VC

REFERRING VET
Dr. Sondel

INVOICE
42439

DATE
11/10/22

PRESENTING CLINICAL SIGNS

History: chronic diarrhea not responding to metronidazole, wt loss. normal blood chem

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.

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 right kidney measured 6.13 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 0.46 cm at the caudal pole and 0.53 cm at the cranial pole.

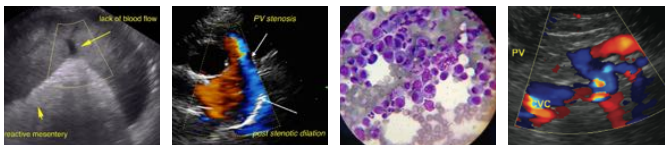
Spleen

The **spleen** was enlarged with scalloping contour with micronodular changes. Honeycomb type appearance was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Siri Surfus

SPECIES
Canine

BREED
Airedale

SEX
Female

AGE
9 years

WEIGHT
40 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Brian Klug

HOSPITAL NAME
Sondel Family VC

REFERRING VET
Dr. Sondel

INVOICE
42439

DATE
11/10/22

Gastrointestinal

The stomach was filled with ingesta. The upper gastrointestinal tract revealed spastic bowel and delayed outflow pattern with areas of free fluid and mucosal striations as well as soft stool in the colon. Full obstructive pattern does not appear present; however, I cannot completely rule out intestinal rotation or torsion. This is causing partial delayed outflow. Variable areas of intestinal wall thickening was noted. Intestinal wall thickness measured up to 0.62 cm. There was some reactive mesentery noted around the variably thickened bowel with minor areas of free fluid.

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

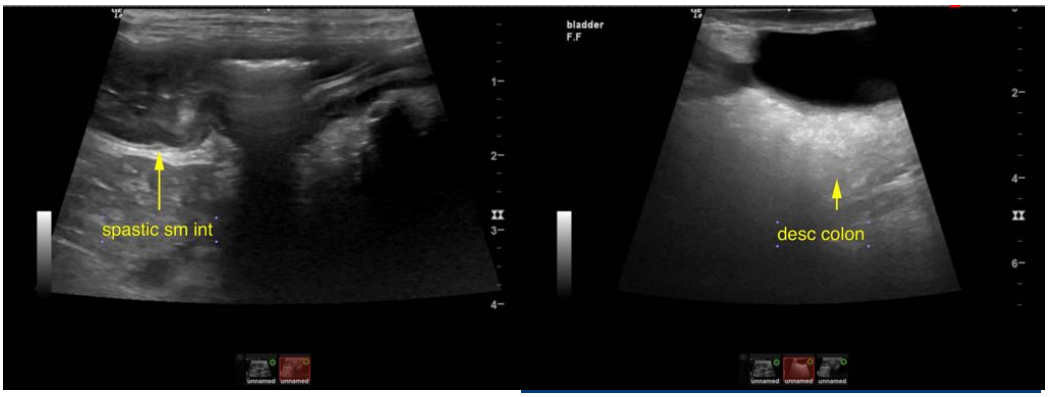
Partial delayed outflow tract.

Enlarged spleen with micronodular changes.

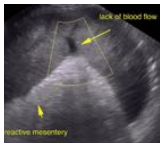
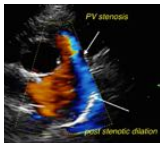
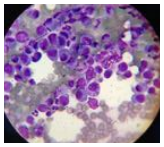
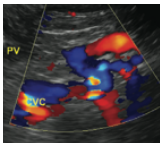
Vacuolar hepatopathy hepatic pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen is indicated. 24-hour n.p.o. and IV fluid support is warranted. Given that albumin levels are normal the free fluid is likely owing to a congestive process. There is a large amount of GI artifact noted in the image set of this patient. Recheck sonogram is recommended at complete n.p.o. status for further evaluation. Direct exploratory surgery would be valuable to inspect any cause of delayed outflow as well as obtain GI biopsies. However, screening FNA of the spleen is indicated given the micronodular change. This may represent early round cell neoplasia versus hyperplasia or splenitis.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Siri Surfus

SPECIES

Canine

BREED

Airedale

SEX

Female

AGE

9 years

WEIGHT

40 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

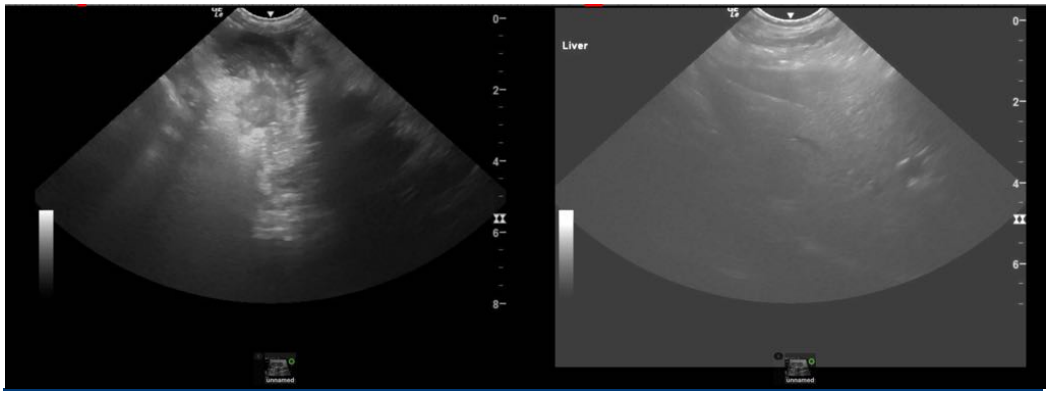
Dr. Sondel

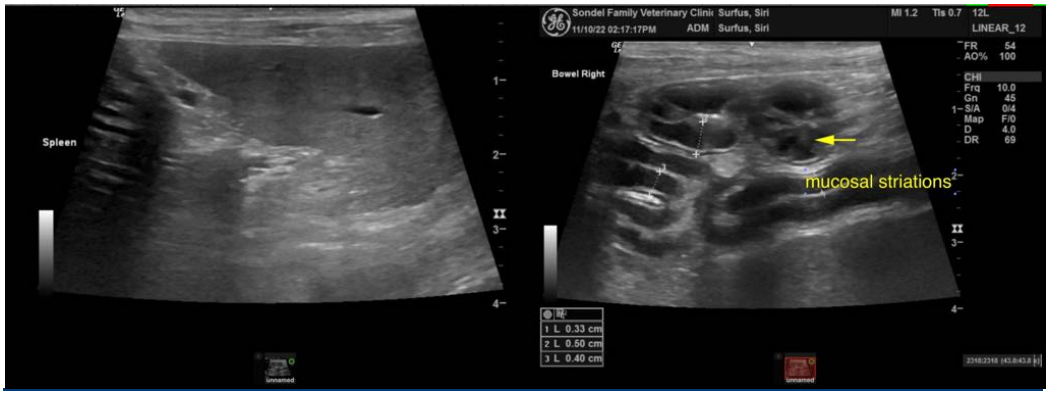
INVOICE

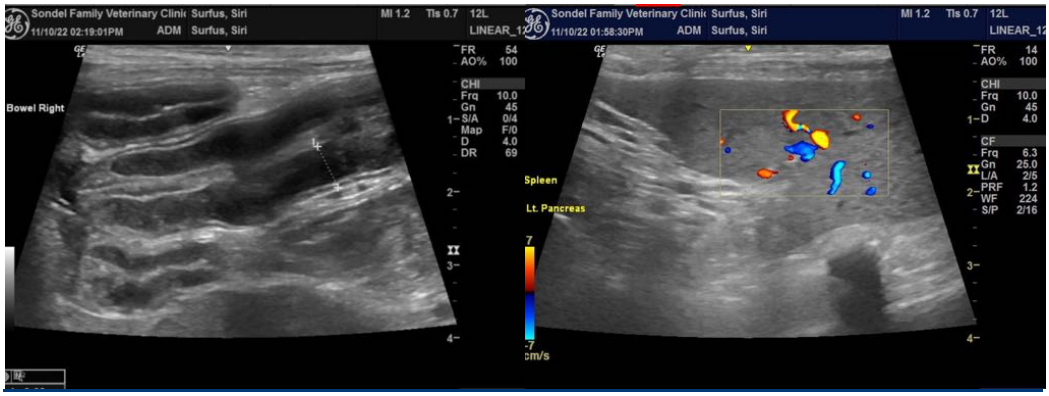
42439

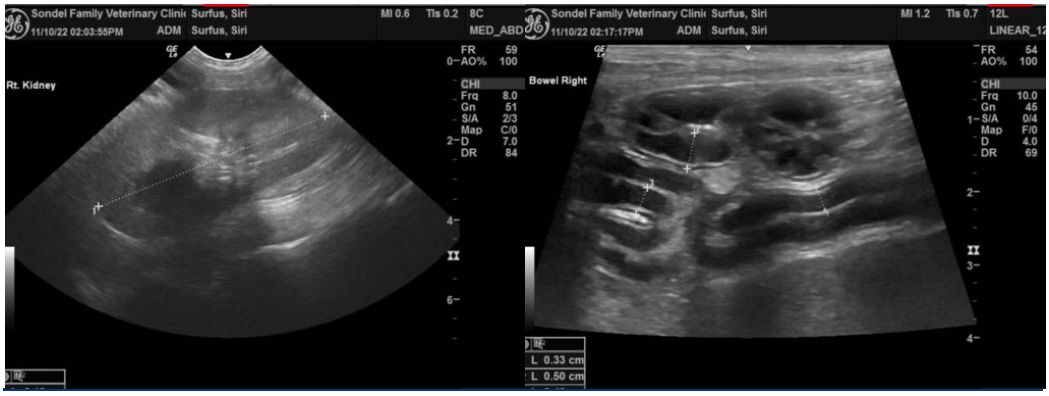
DATE

11/10/22

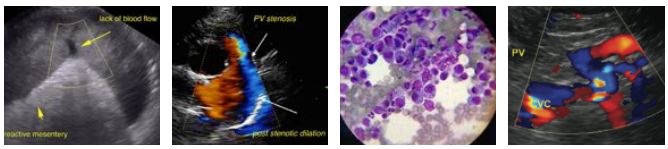








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Siri Surfus

SPECIES

Canine

BREED

Airedale

SEX

Female

AGE

9 years

WEIGHT

40 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

INVOICE

42439

DATE

11/10/22

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