



**PATIENT**

Casper Wertheimer

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

2012

**WEIGHT**

35.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

0000

**DATE**

11/02/21

**PRESENTING CLINICAL SIGNS**

History: Splenic enlargement.

Increased liver enzymes – ALT 124, ALP 884

Arthritis/hip replacement

Labs + previous AUS attached

**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 changes similar to the prior sonogram. The kidneys largely had age related changes. They were normal in size and contour. The left kidney measured 5.95 cm with slight pyelectasia. The right kidney measured 6.41 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 right adrenal gland revealed a nodule at the cranial pole measuring 1.02 cm. The right adrenal gland measured 2.86 x 0.93 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 2.08 x 0.61 cm at the caudal pole and 0.59 cm at the cranial pole.

**Spleen**

The **spleen** revealed a hypoechoic nodule that measured 0.79 x 0.73 cm. A separate nodule was noted and measured 0.71 x 0.48 cm. A third nodule measured 1.16 x 0.72 cm, which is consistent with the prior nodule.

**Liver**

The **liver** revealed minor coarse architecture with uniform swelling. The gallbladder was unremarkable. This is consistent with benign hepatopathy with possible low-grade inflammatory component.

**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



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

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**Pancreas**

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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.

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Stable right adrenal gland with progressive nodular changes in the spleen. The nodule noted on the prior sonogram appears to be the same size; however, two new separate nodules have developed.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2012

Either proactive splenectomy or ultrasound-guided FNA of the nodular changes are recommended in the spleen. FNA of the liver can be considered as well for further definition. Splenic differentials include benign hyperplasia, emerging round cell neoplasia or less likely hemangiosarcoma. Recheck splenic nodules in a month. There is no overt contraindication to anesthetic procedure if necessary. However, the splenic nodules should be sampled or monitored carefully.

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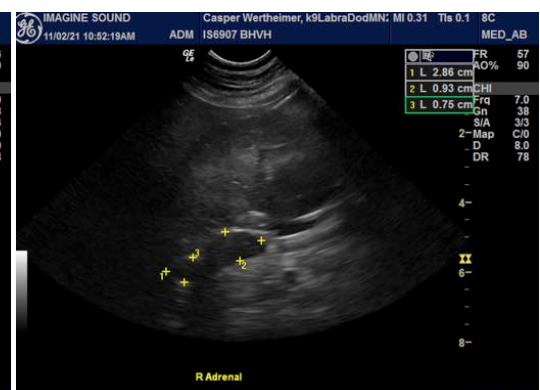
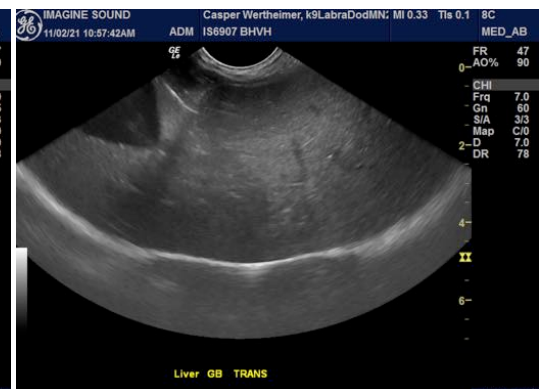
Dr. Thomson

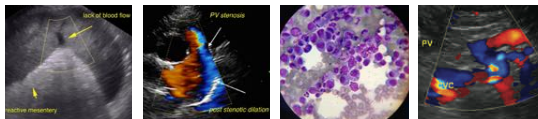
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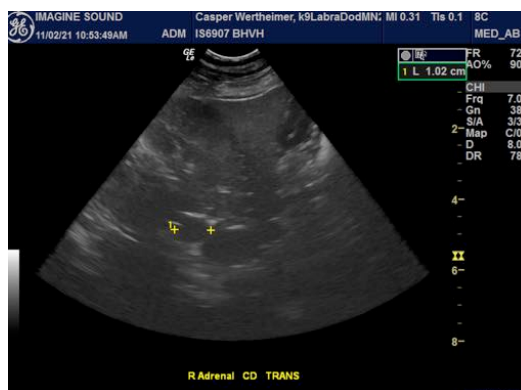
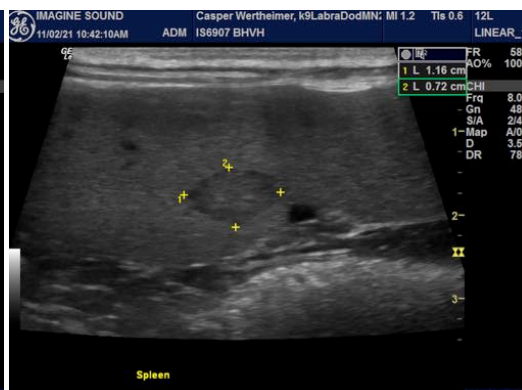
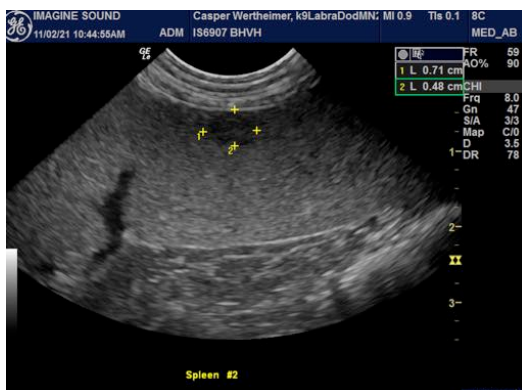
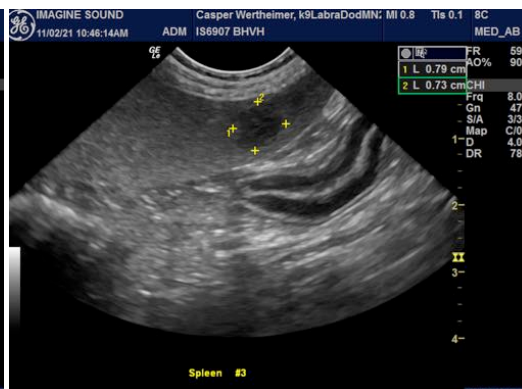
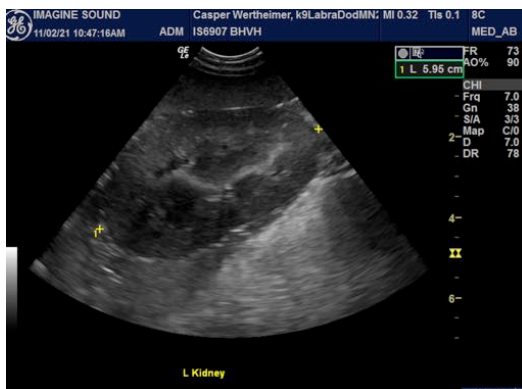
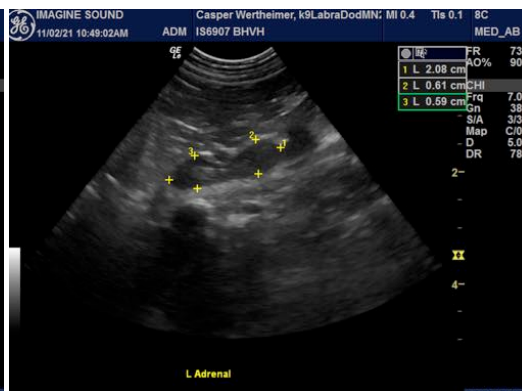
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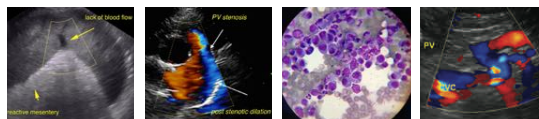
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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Eric.Lindquist@SonoPath.com

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