



PATIENT

PRESENTING CLINICAL SIGNS

Duke Hazzard Weifert

History: Rule out/in Abdominal Neoplasia Current Meds: Galliprant
Abnormal PE/Chem/CBC/UA Results: CBC: (11/15/21) WBC = 32,600 ; Lymphocytes = 24,124
CHEM: WNL besides Calcium = 12.3 HW4DX = Negative x 4 T4 = 0.6 Urinalysis: Not Done ; Urine
Specific Gravity : Unavailable

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered male

AGE

13 years

WEIGHT

77.1 lbs

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. 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 residual prostate measured 1.0 cm.

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. The right kidney measured 8.21 cm. The left kidney measured 7.77 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was mildly enlarged and slightly irregular. The left adrenal gland had heterogenous parenchyma and measured 3.86 x 1.06 cm at the cranial pole and 0.91 cm at the caudal pole. The right adrenal gland was heterogenous and nodular measuring 3.37 x 1.57 cm at the cranial pole and 0.6 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Carlos Abdul Chani

Spleen

The **spleen** was enlarged with a splenic vein thrombus that extended at least 6-8 cm distal from the splenic hilus. The spleen itself was irregular and heterogenous. Partial flow was present in other portions of splenic vasculature and the splenic thrombus was not completely occlusive of the portal vein. The portal vein appeared to be patent at the level of the portal hilus. . Micronodular changes were noted throughout the spleen. This is suggestive for splenitis or round cell neoplasia.

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Cruz

Liver

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94165

DATE

11/30/21

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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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.

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Pancreas

The **pancreas** revealed a moderate amount of remodeling primarily in the right limb and base.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Nodular enlarged left adrenal gland, suspect hyperplasia and adenoma. Right adrenal gland appeared to present a thrombus or mass occupation of the phrenic vein, but did not appear to completely enter into the vena cava.

AGE

13 years

Moderate degenerative renal changes.

WEIGHT

77.1 lbs

Splenic infiltrative pattern with extensive splenic vein thrombus.

Pancreatic remodeling.

Age related hepatic changes.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I believe there are two separate issues right adrenal pathology and splenic pathology along with secondary changes with regards to the pancreas, kidneys and liver. Full coagulation panel and blood pressure measurements are warranted with 25-gauge FNA of the spleen to assess for round cell neoplasia versus splenitis or reactive hyperplasia. If hypertension is present then urine catecholamine is indicated. The prognosis is extremely guarded. CT of the abdomen would be ideal for potential surgical planning upon the right adrenal, spleen and splenic vein. FNA of the liver is warranted to assess for micrometastasis.

IMAGING PERFORMED BY

Dr. Carlos Abdul Chani

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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the [Blairstown Animal Hospital](#). Blairstown, New Jersey. More information can be found at

REFERRING VET

Dr. Cruz

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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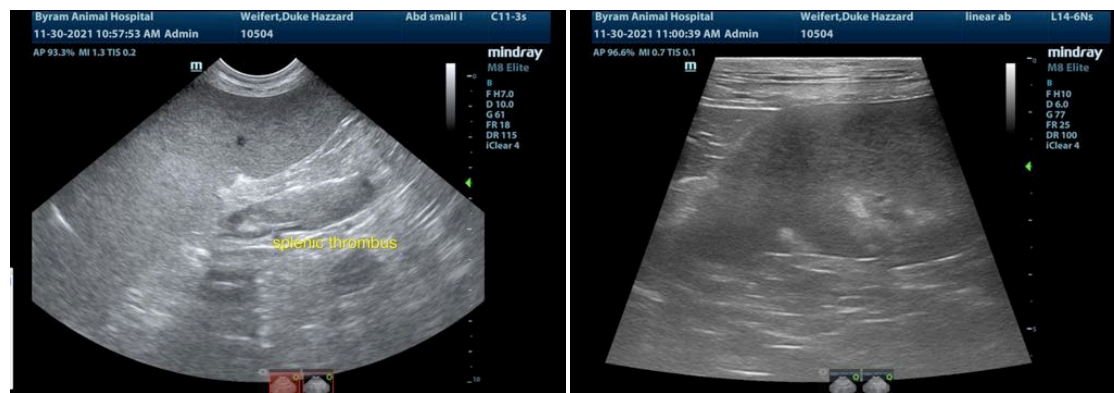
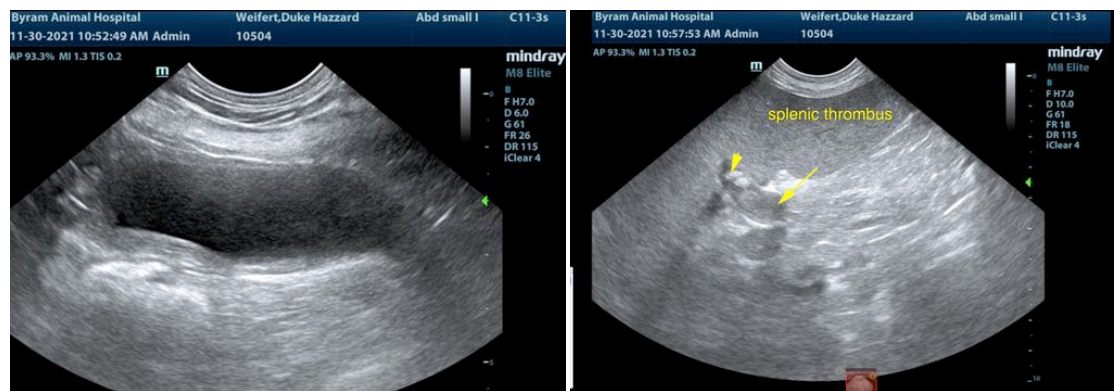
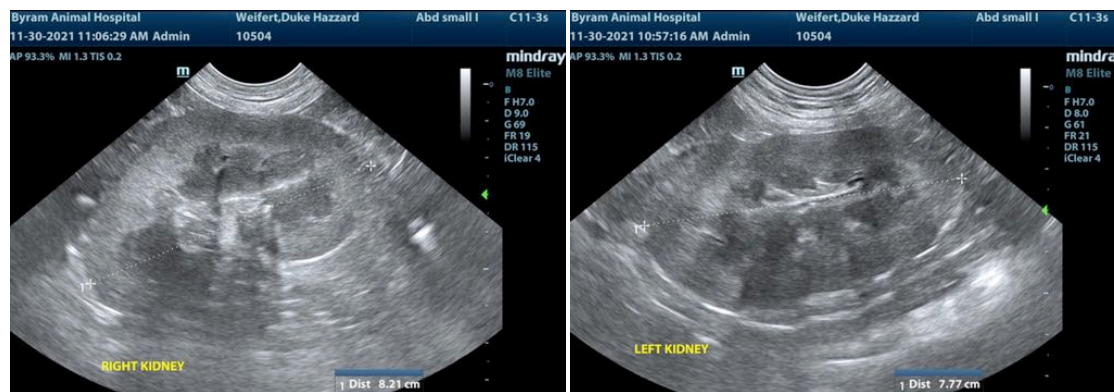
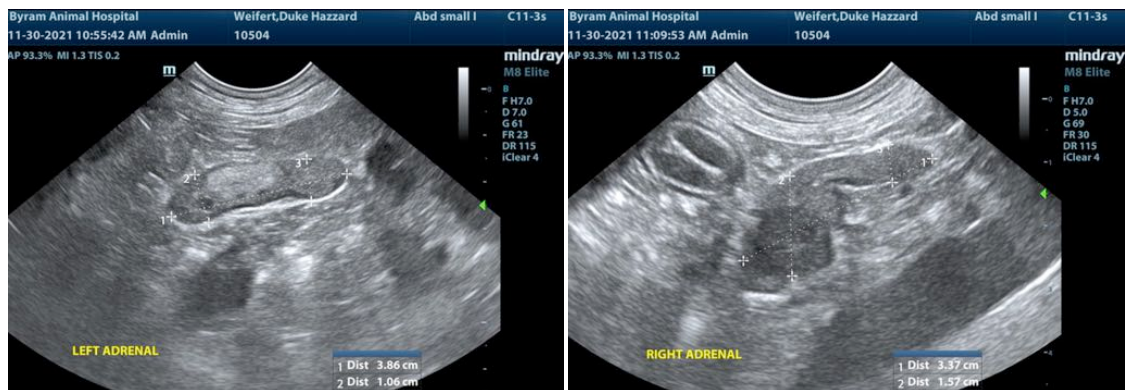
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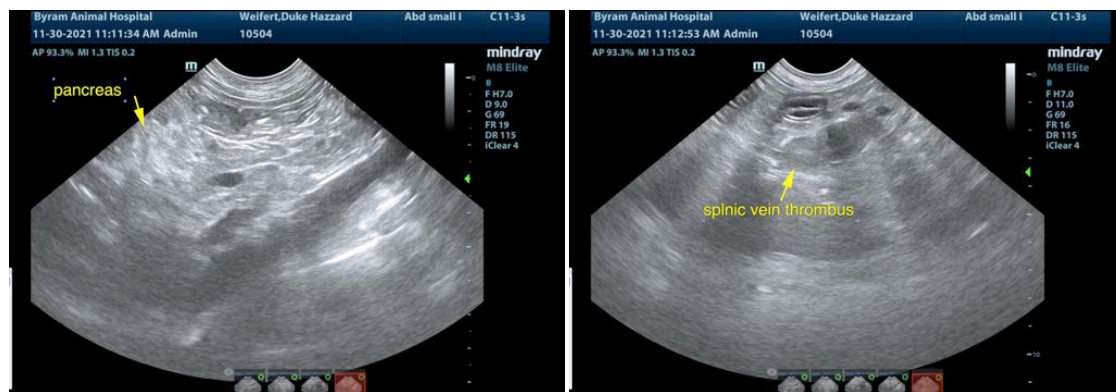
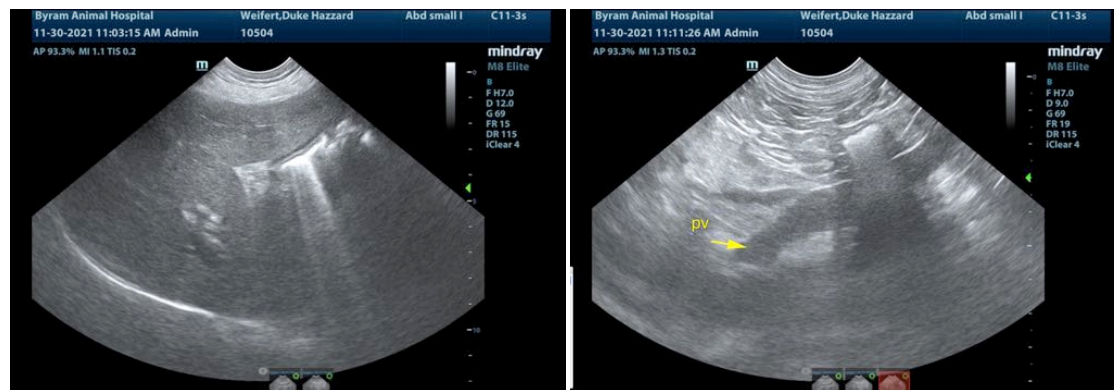
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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