

**DATE PRESENTING CLINICAL SIGNS**

11/5/21

History: diarrhea 10/11/21 - responsive to metronidazole  
 10/22/21 - vomiting/anorexia. minimal response to LRS, Cerenia, Mirtazapine. Diarrhea relapsed 10/25/21.  
 Patient 's appetite decreased for 10 days.

**PATIENT**

Cassie Albiker

Current Medications: Mirtazipine 7.5mg @24hrs x 7d, Cerenia 30mg @24hrs x 7d.

Lab Results: leuk 2700, albumin, htc 35%, globulin 5.4

Radiographs: moderate hepatomegaly and splenomegaly.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required for diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Beagle

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****SEX**

Spayed Female

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The spleen impinged upon the bladder owing to significant splenomegaly.

**AGE**

2009

**WEIGHT**

36.4 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 right kidney measured 6.72 cm. The left kidney measured 6.55 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**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 measured 2.67 cm x 0.55 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 0.5 cm.

**HOSPITAL NAME**

Northwind AH

**REFERRING VET**

Dr. Miller

**Spleen**

The **spleen** was enlarged with scalloping contour and mild heterogeneous parenchymal changes. Possible infiltrative disease in the spleen +/- liver

**INVOICE**

14196

**Liver**

The **liver** was enlarged and mildly heterogeneous with swollen contour and occasional hyperechoic lipogranulomatous type nodule noted. . Vacuolar hepatopathy pattern is fairly severe in the liver. Minor gallbladder debris was noted. The hepatic lymph nodes were mildly enlarged and rounded, measuring 1.5 cm.

**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**

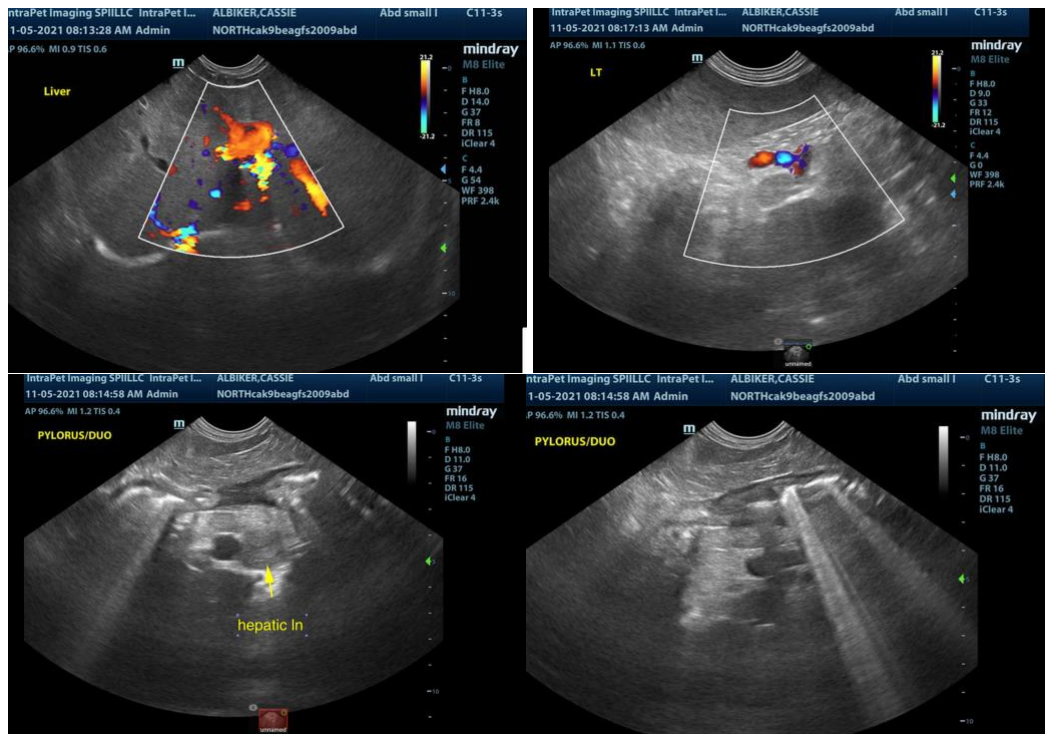
The **pancreas** revealed some ill-defined changes.

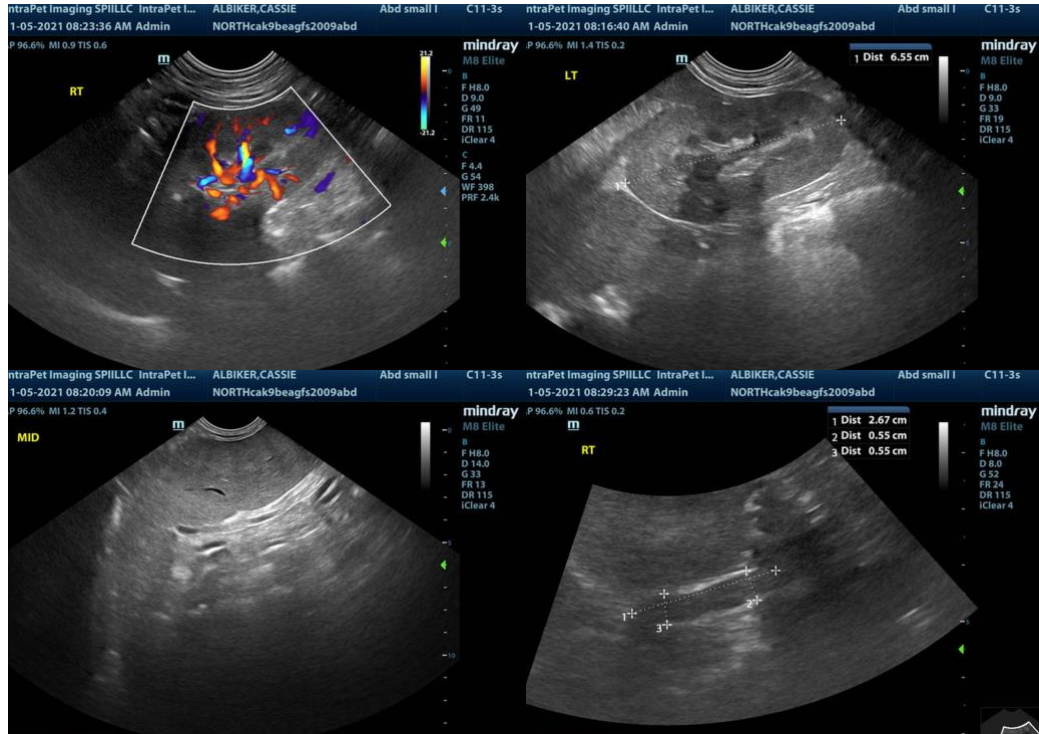
### **ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly
- Hepatic lymphadenopathy and hepatomegaly
- Secondary inflammation of the pancreas owing to hepatic lymphadenopathy and hepatosplenic disease, however, the pancreas is not the primary issue in this patient
- Age-related abdominal changes elsewhere

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver strongly encouraged in this patient to ensure these are benign metabolic type changes in the liver and reactive in the spleen. However, hepatic lymph nodes were mildly enlarged.





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.

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