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Clinical Sonography & Telecytology
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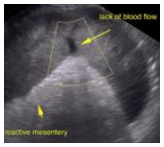
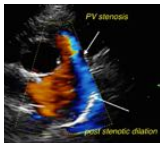
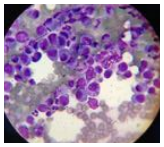
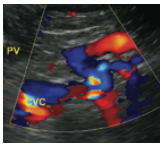

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Finley Hudson

SPECIES
Canine

BREED
Dachshund

SEX
Neutered male

AGE
7 years

WEIGHT
22.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Whitesell

HOSPITAL NAME
Dickson AC

REFERRING VET
Dr. Whitesell

INVOICE
42363

DATE
11/7/22

PRESENTING CLINICAL SIGNS

History: IMHA started 9/19/2022, treated with prednisone, doxycycline, mycophenolate, leflunomide, metronidazole. Improving. Latest CBC from antech commented to look for sources of internal/external blood loss since strong regenerative response with rare possible spherocytes. otherwise CBC morphology unremarkable
Abnormal PE/Chem/CBC/UA Results: attached copy of most recent bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The visualized **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 kidneys measured 4.5 cm.

Adrenal Glands

The right **adrenal gland** measured 0.5 cm and was visualized obliquely. The left adrenal gland was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes 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. Gallbladder sand was noted along with polypoid changes.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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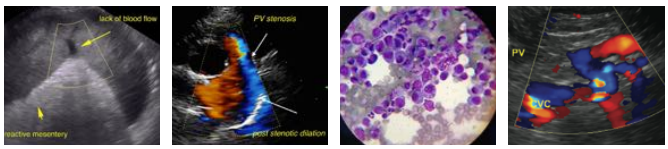

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

Minor gallbladder sand, no other evidence of pathology.

Normal GI with partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lymphocytosis in this patient and anemia I cannot rule out the possibility of underlying round cell neoplasia. FNA of the liver, even though structurally the abdomen does not demonstrate any neoplastic evidence, Prednisone suppression may be in play. CBC path review, +/- PCR for lymphoma, bone marrow aspirates and liver aspirates would be indicated. Only a cranial third of the urinary bladder visualized and the cranial half of the left kidney was visualized. Incomplete send is a potential in this transmission. 15 videos were submitted.

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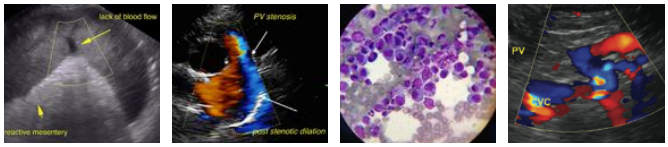

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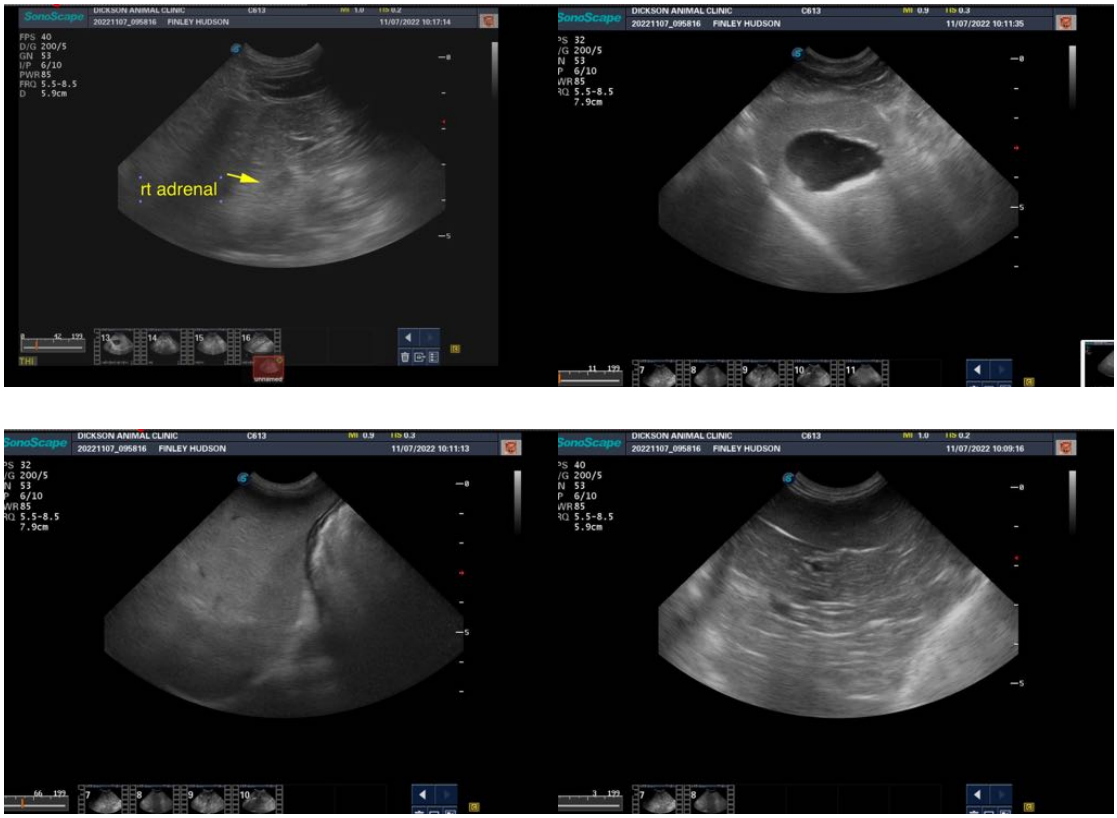

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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