



PATIENT

Elton John Hatton

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lesley Cohen

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Kayla Piskorowski

INVOICE

42642

DATE

11/9/22

PRESENTING CLINICAL SIGNS

Elton has been anorexic for 1 day duration. At 2pm he vomited several piles of bile. Owners thought that he may have some facial swelling around the lips but weren't certain if this is his normal. Owners are not aware if Elton has produced any diarrhea because he is allowed free access to the backyard. ~3 years ago, Elton was presented to OSU veterinary school for a kidney stone removal procedure. Since this procedure, he has had subcutaneous lumps around his prepuce. Elton has a history of vaccine reactions. His last dental was 3-4 months ago and he went into CPA and was revived with CPR. Since then he has been on the Vetmedin. Elton has been on Denamarin for several years.

Abnormal PE/Chem/CBC/UA Results: history of facial swelling- r/o- anaphylaxis, PLE, PLN, right congestive heart failure, normal variation vomiting r/o- dietary indiscretion, renal disease, liver disease, neoplasia, pancreatitis, addisons, cushings grade 4/6 murmur r/o- MMVD vs hypovolemia vs other_ Fast scan: No free fluid in abdomen or thorax. Several splenic masses noted. Splenic fold verses splenic mass. Sludge in gallbladder. Hyperechoic structure located in lumen of the bladder. CBC: MCV 61.0, MCH 20.0, Reticulocyte hemoglobin 19.8, Lymphocytes 0.64, Eosinophils 0.04, Chem 17 +Lytes: ALP 1,328

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a moderate amount of calculi, a grouping of which measured 3.0 cm. The largest calculus measured approximately 5.0 mm, non-obstructive at the time of the sonogram. The patient is likely passing calculi periodically. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The right kidney measured 3.82 cm. The left kidney measured 3.69 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 0.50 cm.

Spleen

The **spleen** revealed a large parenchymal mass measuring 3.0 cm, deriving from the caudal pole of the spleen. No evidence of rupture present. Minor heterogeneous nodular changes noted elsewhere in the spleen.

Liver

The **liver** presented mild heterogeneous hepatic changes with lobar swelling. No overt evidence of metastatic disease. However, the liver should be inspected and biopsied at surgery. Most consistent with nodular hyperplasia. Mild increased portal markings noted. Minor gallbladder debris present. Some striating bile noted in the gallbladder, not to the level of mucocele formation.

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

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

BREED

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Heart

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Rapid view of the heart revealed no obvious pericardial effusion or right auricular masses. Contractility and volumes appeared normal.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Bladder calculi
- Pedunculated splenic mass – hemangiosarcoma, round cell neoplasia, less likely histopathologically benign tumor.
- Nodular hyperplasia liver pattern – likely benign.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV

The splenic mass is precarious, pedunculated, and at risk for rupture. Chest radiographs, cystotomy, splenectomy, liver inspection and biopsy warranted. Manual expression of the gallbladder warranted to empty excessive debris.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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On subjective evaluation of the few video clips of the heart, there is no evidence of volume overload, heart failure, or significant cardiac disease. Recommend full echocardiogram be performed to assess the need for Vetmedin at this time.

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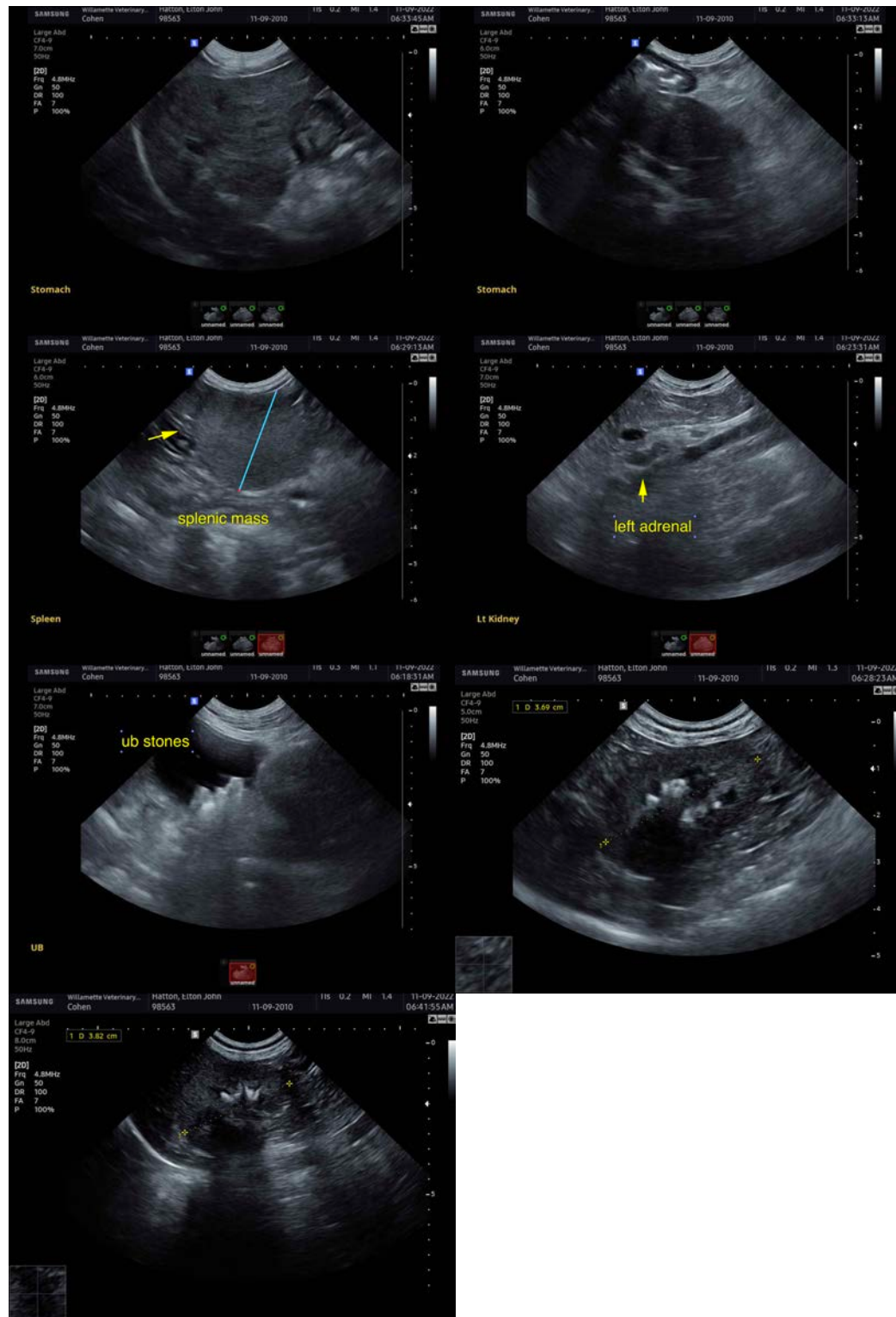
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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