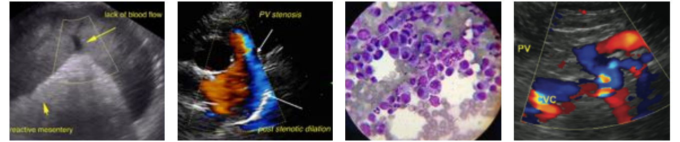

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1-800-838-4268 info@sonopath.com

PATIENT

Freckles MacGregor

SPECIES

Canine

BREED

English Setter

SEX

Spayed Female

AGE

11 years

WEIGHT

40.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Baum, LVT

HOSPITAL NAME

Brunswick VH

REFERRING VET

Dr. Burrows

INVOICE

42825

DATE

12/1/22

PRESENTING CLINICAL SIGNS

History: Weight loss over 3-4 months, episodic/relapsing vomiting and anorexia over the last 3 to 4 weeks. Cranial abdominal pain on exam- reaction to deep pressure.

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. A trace amount of sand or possible artifact was noted in the urinary bladder and cannot be differentiated. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. Slight pinpoint mineralization was noted. The left kidney measured 4.2 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

A cystic splenic nodule was noted in the midbody and measures 1.5 cm. Other cystic changes were noted throughout the spleen and is likely benign.

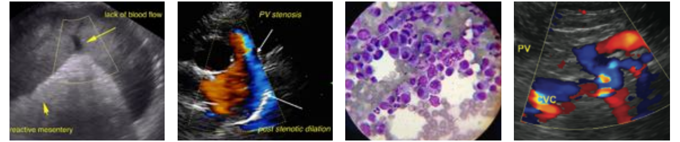
Liver

The visible **liver** was uniform with no evidence of pathology.

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



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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.

ULTRASONOGRAPHIC FINDINGS

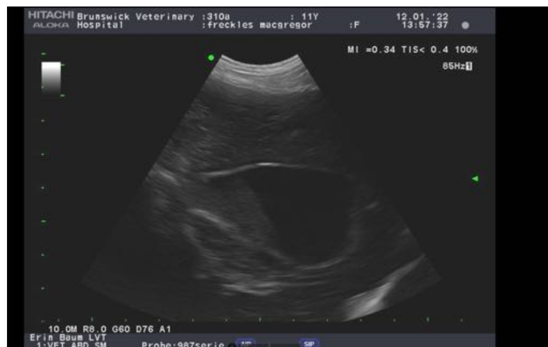
Splenic cystic nodule. Benign versus hemangiosarcoma. Abscessation is possible, yet less likely.

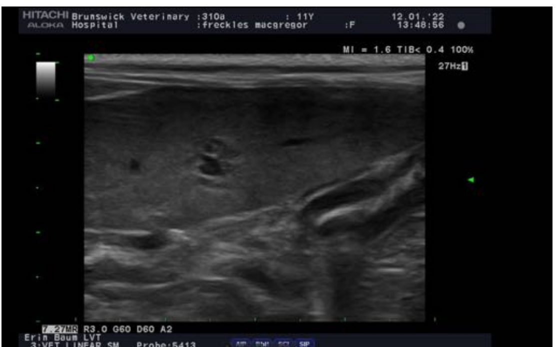
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

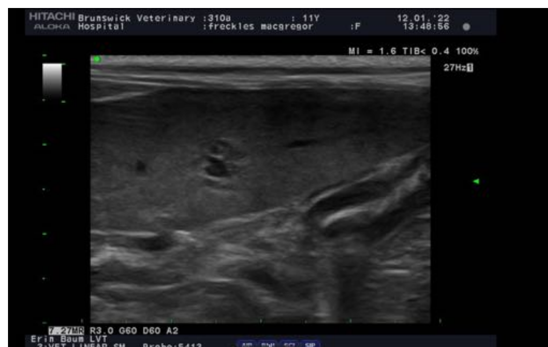
Owing to poor acoustic penetration and areas of poor resolution creates lack of depth penetration. Unfortunately the complete abdomen cannot be evaluated in this patient. However, the structures imaged appear to be unremarkable other than the splenic cystic nodules.

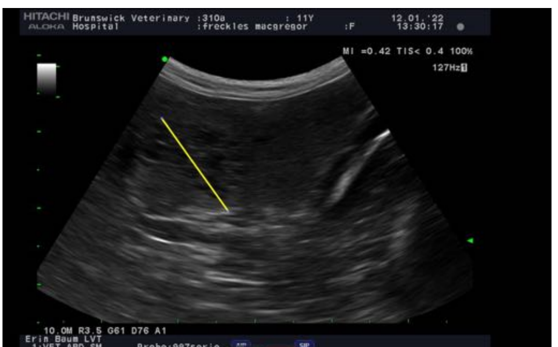
The changes in the spleen may be unrelated to the weight loss; however, proactive splenectomy is indicated. The cause of vomiting and anorexia is unclear. There was no evidence of visceral disease that would be responsible for the abdominal tension. Referred back pain should be considered. Chest radiographs, full CNS examination, orthopedic examination for referred back pain would all be indicated. Further imaging under sedation may prove effective regarding the deep liver and adrenal glands.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.









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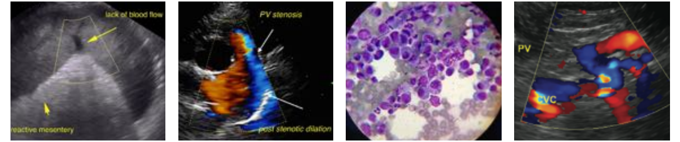

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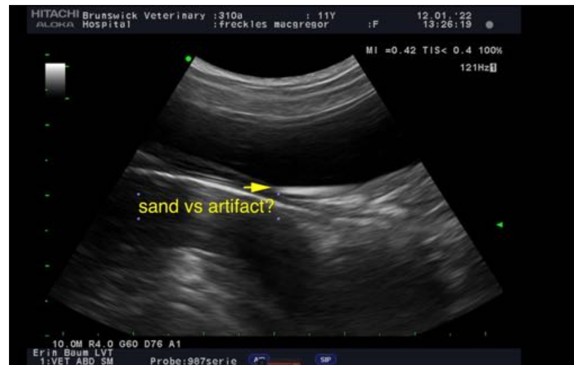

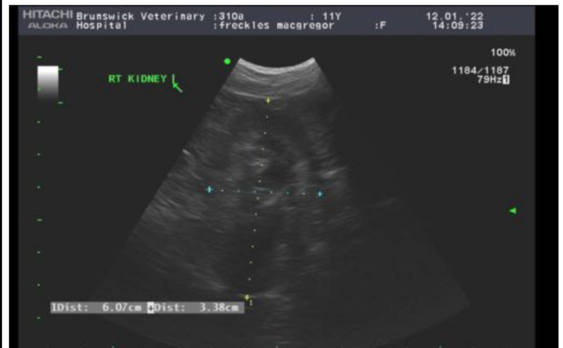

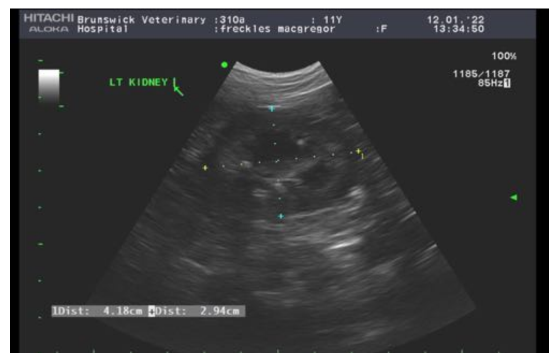

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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