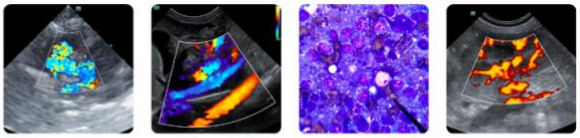

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Finn Sidney

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

50.8 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

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INVOICE

12521

DATE

12/01/25

PRESENTING CLINICAL SIGNS

Jaundiced, mildly febrile and inappetant

Abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem serum jaundiced- marked elevated ALT >1000, AST 426, GGT 426, TBIl 8.4, CA++ 12.9, T4 .7, Urine: 3+ Bili, 1 blood, no active seds.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 residual **prostate** measured 1.5 cm.

The **kidneys** in this patient presented increased cortical echogenicity and thickening with mild, irregular contour. Microcystic cortical changes were noted. This is secondary cystic formation consistent with degenerative changes and remodeling. There was no suspicion or evidence of abscessation. There was no suspicion of neoplasia. The renal pelvises were acceptably closed. No obstructive disease was noted. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 6.8 cm in length. The right kidney measured 6.83 cm in length. Blood flow to the kidneys appeared to be adequate in power doppler assessment.

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 2.88 cm x 1.5 cm width at the cranial pole and 1.07 cm width at the caudal pole. The left adrenal gland measured 2.27 cm x 0.72 cm width at the cranial pole and 0.70 cm width at the caudal pole.

Spleen

The **spleen** was folded upon itself cranially. Hyperechoic lipid plaques were noted. Mild splenic enlargement was noted. The lipid plaques were multiple yet not overtly pathological. The spleen revealed an incidental mass at the caudal body measuring 5.6 cm with areas of cavitation.

Liver

The **liver** was normal in size and contour with mild increased portal markings. The gallbladder was unremarkable with minor over distention and slight polypoid changes yet not pathological.

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

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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 right base of the pancreas was hypoechoic and irregular. Some level of inflammation is likely.

Free Abdomen

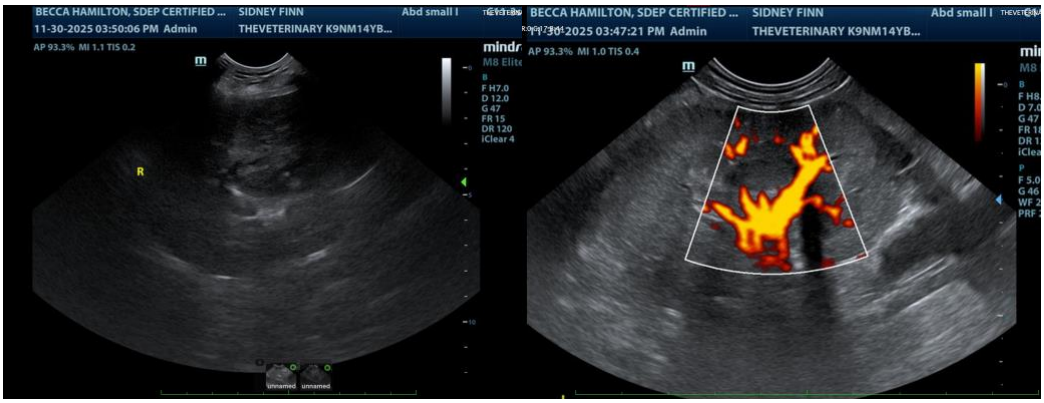
Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild hepatic remodeling- suspect acute insult such as leptospirosis and toxin exposure.
- Splenic mass- may be benign versus hemangiosarcoma, round cell neoplasia (less likely), hematoma or abscessation possible.
- Age-related renal changes with mineralization.
- Cholangiohepatitis liver pattern.
- Pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia, however, cannot rule out potential pancreatic carcinoma (though not suspected). Chest radiographs, leptospirosis titers, ultrasound guided FNA of the splenic mass and liver could be considered for further definition. Prognosis is guarded. Once the hepatic failure has been managed, splenectomy should be considered in this patient proactively. Regardless of underlying histopathology of the spleen, this is highly precarious and at risk for rupture.



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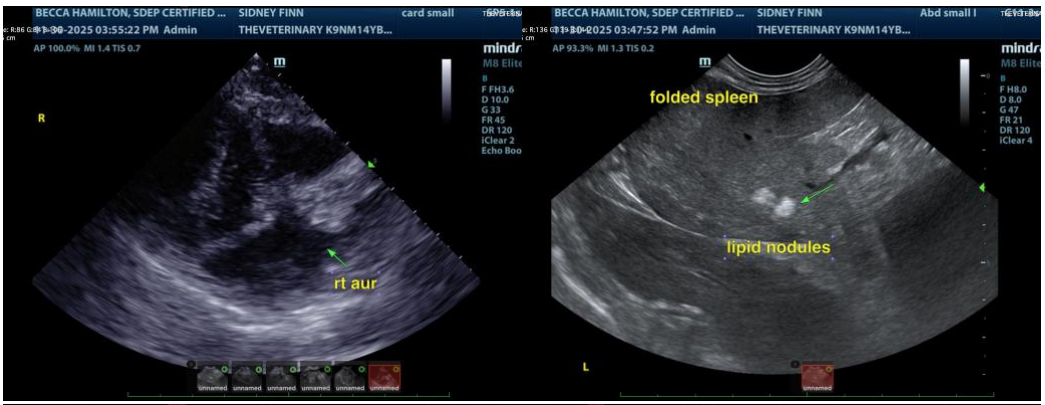

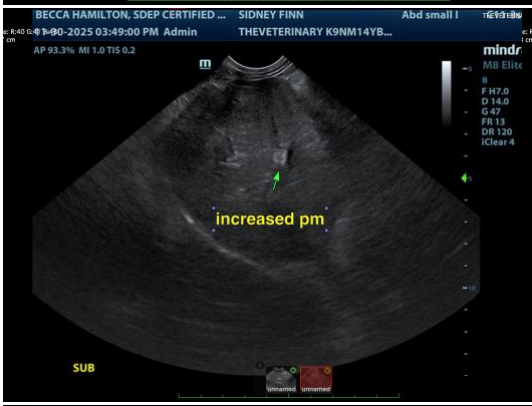

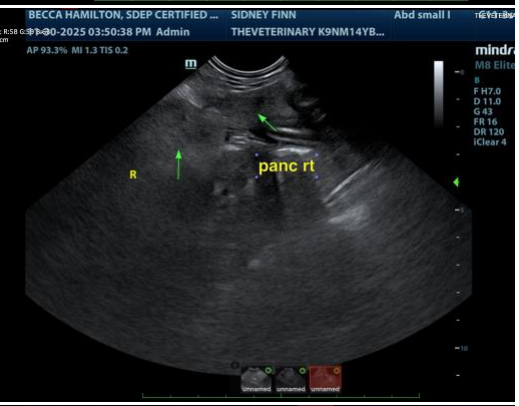

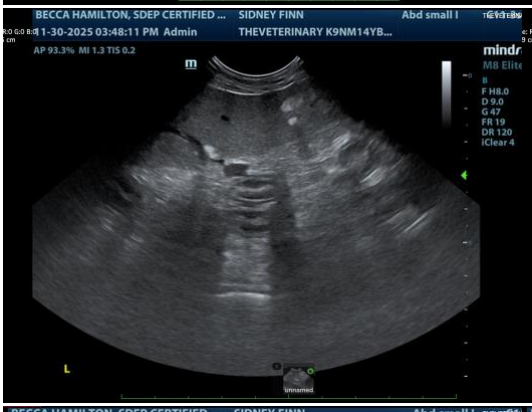

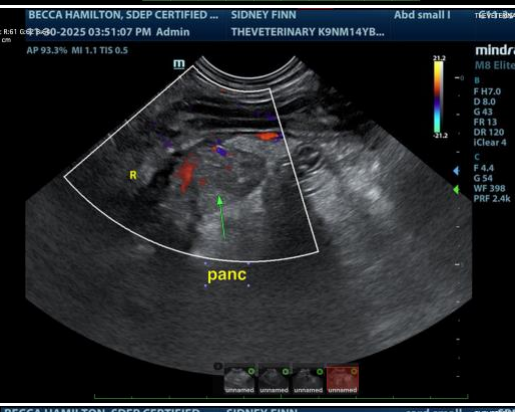

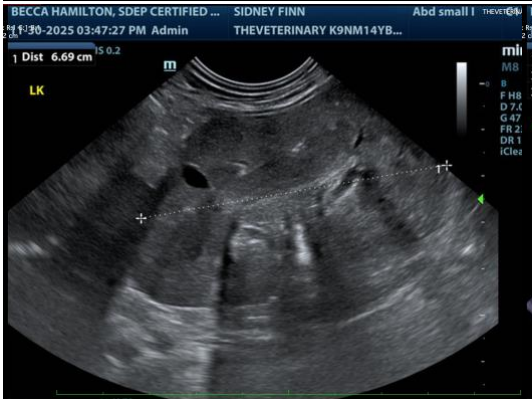

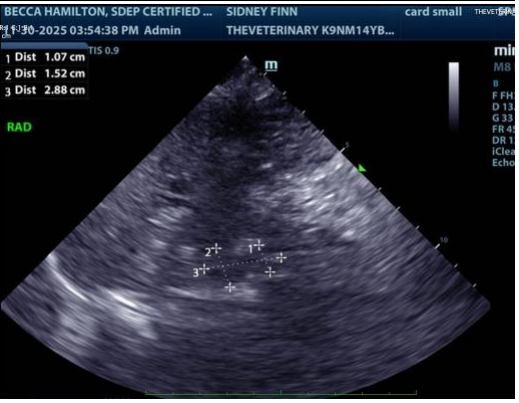

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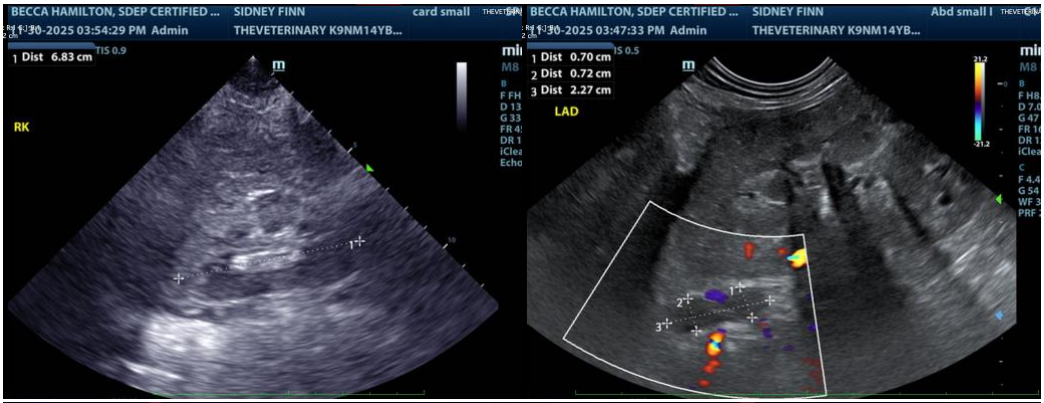

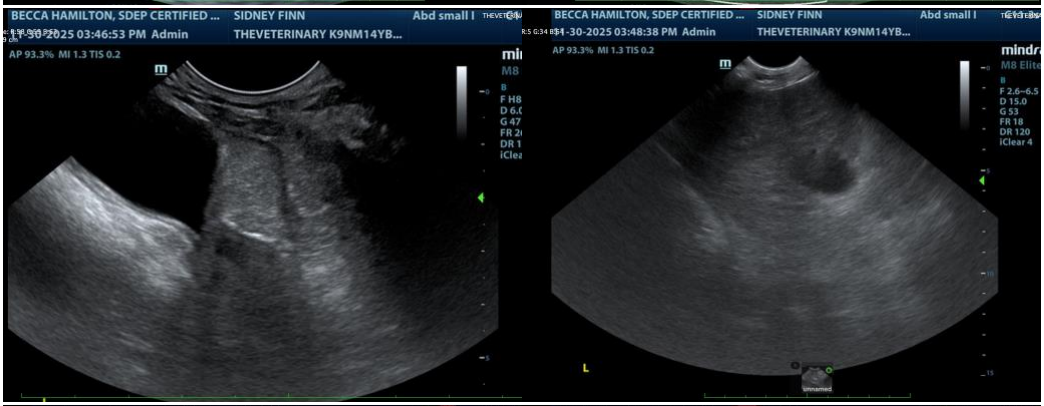

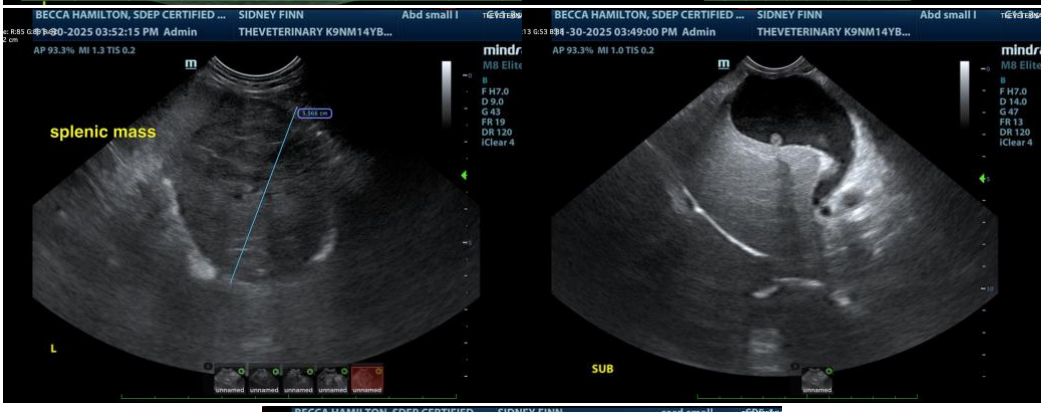

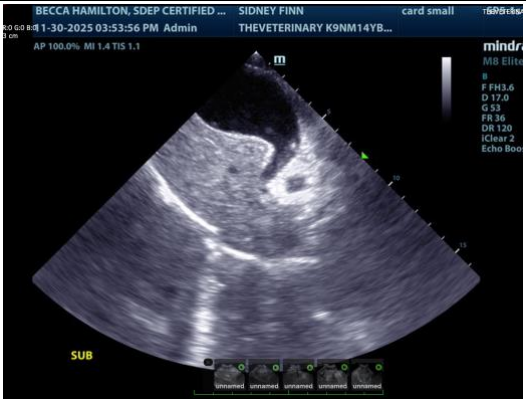

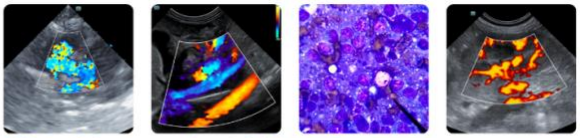

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com