

**DATE**

12/13/21

PRESENTING CLINICAL SIGNS

Dog was with vision loss and not doing right no other clinical presentation, no history of weight loss. On exam vision was slightly compromised and dog had hypertension, no cardiac murmur. BW indicated elevated liver enzymes and currently on Denamarin, omega 3, enalapril and clavamox.

PATIENT

Lola Leonard

Current Medications: Clavamox 125mg. 1 BiD Omega 3
Denamarin 13-34 lbs Enalapril 2.5 mg BID.

Lab Results: See attached.

Radiographs: No obvious mass, some soft tissue densities at the splenic level on the lateral view.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not requested to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Cairn Terrier

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex. Corticomedullary mineralization. The right kidney measured 4.75 cm. The left kidney measured 4.55 cm with slight pyelectasia.

AGE

5/29/06

WEIGHT

17 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.98 x 0.58 cm at the caudal pole and 0.7 cm at the cranial pole. The left adrenal gland measured 2.41 x 0.55 cm at the caudal pole and 0.45 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

Spleen

The **spleen** revealed mixed, hypoechoic, cystic nodules in the midbody with other minor, heterogenous changes. The nodular changes measured 2.34 x 0.94 cm.

HOSPITAL NAME

Glen Burnie AH

Liver

The **liver** is enlarged and diffusely hyperechoic to the falciform fat. The liver is coarse in architecture with hypoechoic nodules that measured up to 1.6 cm. Multi-focal nodular changes were noted throughout the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. Shah

INVOICE

94532

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 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

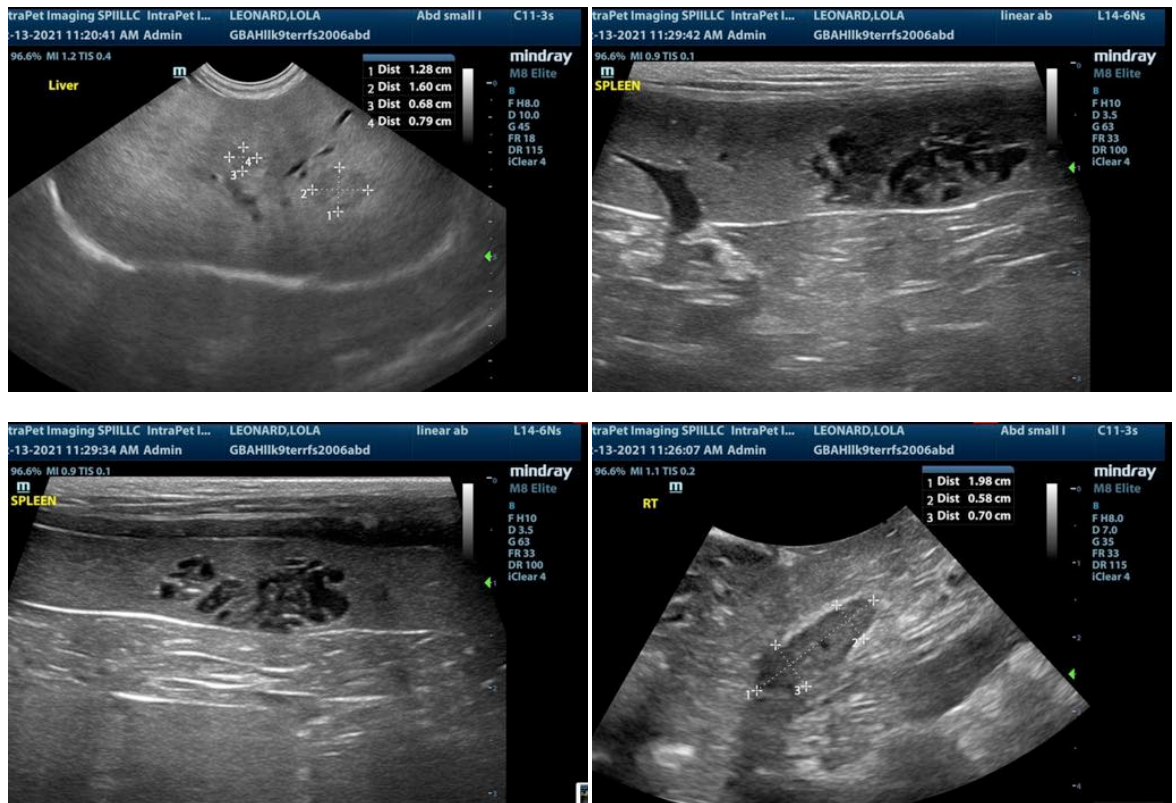
Cystic splenic lesion, likely benign. There is a mild potential for emerging hemangiosarcoma. Likely benign cyst.

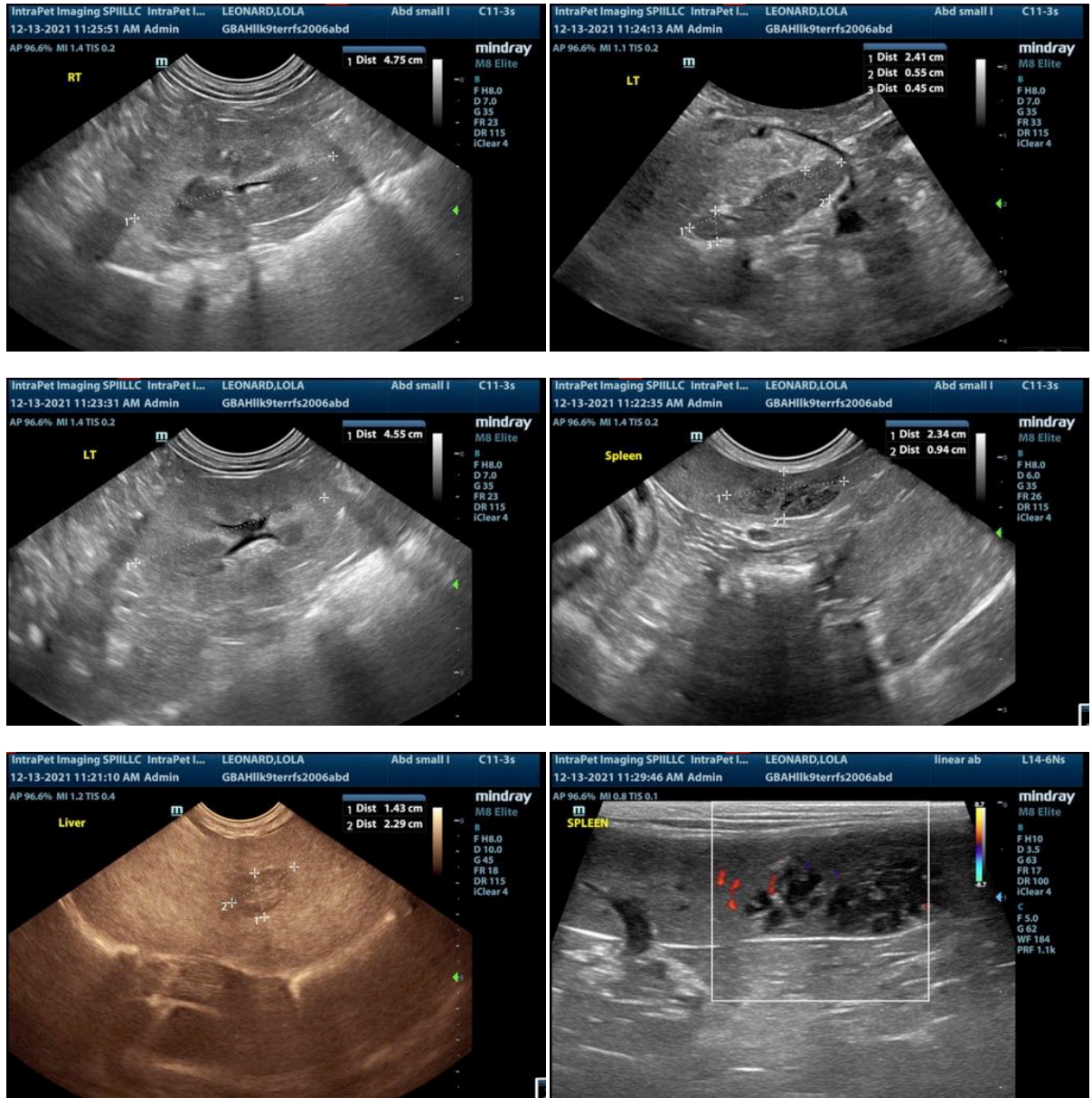
Concerning nodular hepatic changes.

Heterogenous adrenal gland changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodules is recommended. FNA of the splenic lesion will not likely provide a significant recovery of cells. Splenectomy would be necessary with appropriate biopsy. I am most concerned about hepatic lesions. General FNA of the hepatic parenchyma and nodular specific lesions are recommended. Round cell neoplasia versus hemangiosarcoma or metastatic disease, embolic lesions and carcinoma are all possible. I am leaning towards the probability of pronounced nodular hyperplasia and vacuolar hepatopathy.





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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