



PATIENT

Mike Duffy

PRESENTING CLINICAL SIGNS

History: P presented for 13lb weight loss, lethargy, anorexia over the past couple weeks, On exam p is icteric, BW showed elevated tbili/alt phos. UTI noted. Lepto titer negative. P is not improving with abx

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador

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

Neutered male

AGE

3 years

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 right kidney measured 7.66 cm. The left kidney measured 7.15 cm.

WEIGHT

86 lbs

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 0.79 cm at the cranial pole and 0.73 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was enlarged and granular with mixed echogenic parenchymal changes.

IMAGING PERFORMED BY

Megan Larson

Liver

The **liver** had increased portal markings and swollen, irregular contour. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.

HOSPITAL NAME

Yorkville AH

REFERRING VET

Dr. Oedewaldt

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.

INVOICE

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DATE

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PATIENT

Pancreas

Mike Duffy

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Labrador

Splenic enlargement.

Chronic hepatic parenchymal changes with increased portal markings, mild, irregular contour.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

3 years

Reactive spleen with cholangiohepatitis, possible emerging round cell neoplasia is possible. FNA of the spleen and core liver biopsy is ideal. FNA of the liver may be diagnostic from a cytological standpoint if round cell neoplasia is in play. The prognosis is guarded. Sampling is essential. Leptospirosis titers are warranted. If core biopsy is to be performed given the breed presentation then copper evaluation is recommended for copper storage disease. However, given the global presentation in this patient I am concerned for found cell neoplasia. Sampling is essential.

WEIGHT

86 lbs

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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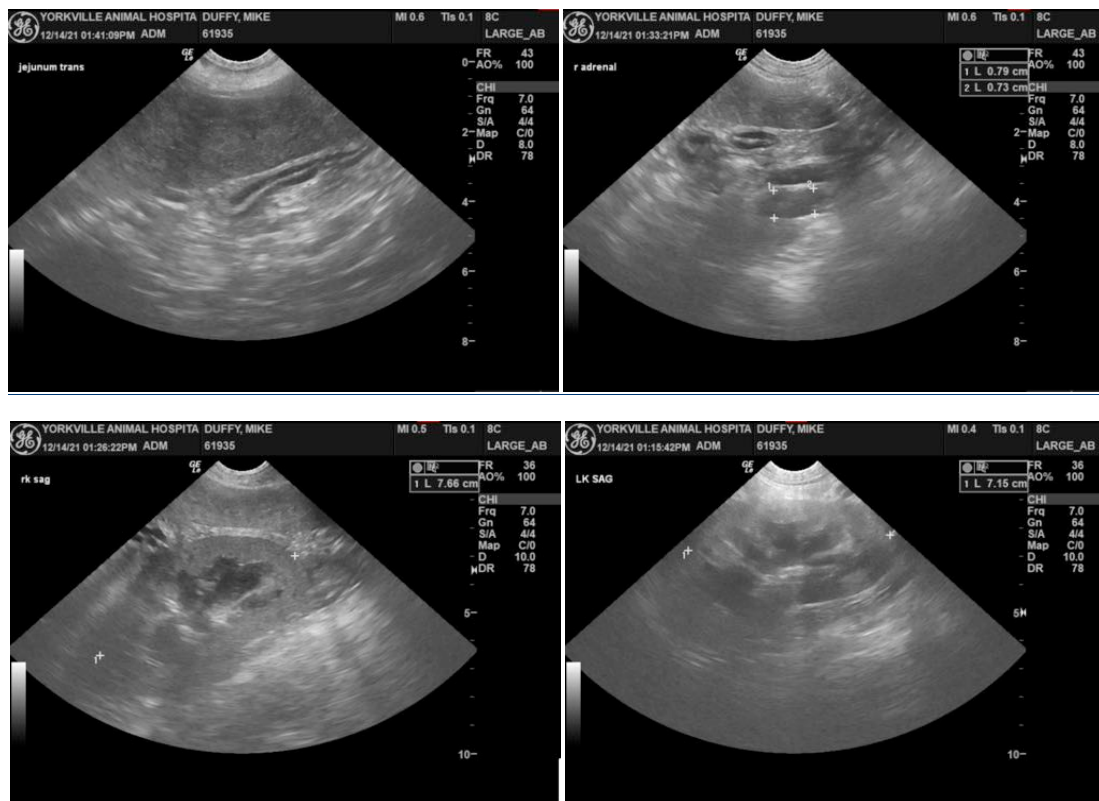
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SPECIES

Canine

BREED

Labrador

SEX

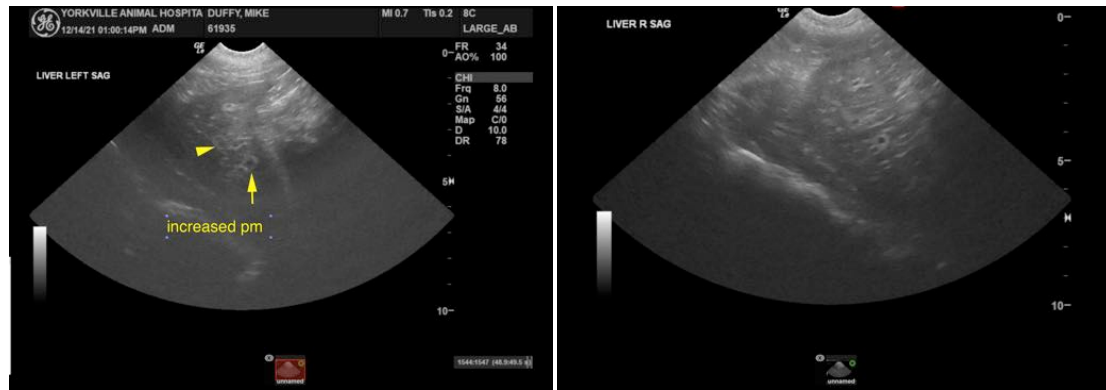
Neutered male

AGE

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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.

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