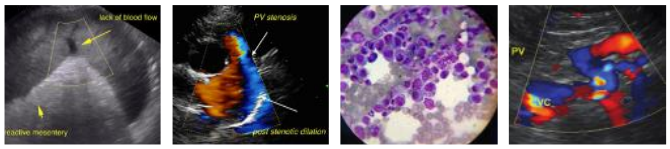
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Alfred Tsolis

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

6 Years

WEIGHT

22.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Bell VC of Oxford

INVOICE

20142

DATE

12/16/22

PRESENTING CLINICAL SIGNS

History: No vomiting, panting at times yelps when picked up in a certain spot near chest owner did not see him get into anything

Abnormal PE/Chem/CBC/UA Results: 2 view Radiograph. Hepatomegaly noted Bladder (urinary) is full, no uroliths noted dog taken outside and volided urine normally CBC normal Chem panel BUN 5 Alkphos 1190 TT4 (1) Rads attached.

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 were noted. Ureteral papillae were normal.

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 left kidney measured 5.36 cm. The right kidney measured 5.4 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 right adrenal gland measured 0.47 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 0.45 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

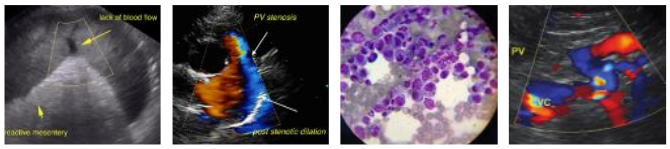
The **spleen** revealed a focal, hypoechoic 1.28 cm x 0.84 cm nodule with capsular expansion and disruption of architecture.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. This is a mild change.

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

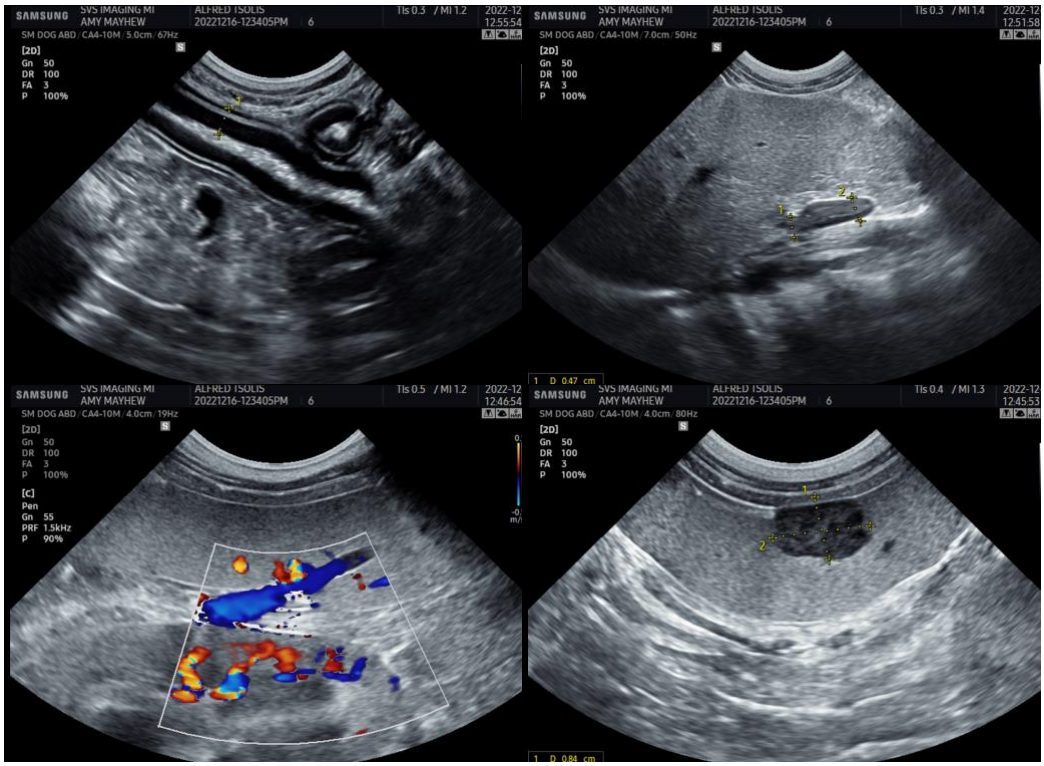
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Focal splenic nodule, round cell neoplasia, hyperplasia or hemangiosarcoma are all possible
- Hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the chest radiographs are free of evident pathology, rapid echo of the heart is indicated, followed by splenectomy. FNA could be considered upon the splenic nodule for further definition, however, given its architecture and capsular expansion, I believe that surgery would be the best option even though the lesion is not excessively large, it does appear fairly precarious.



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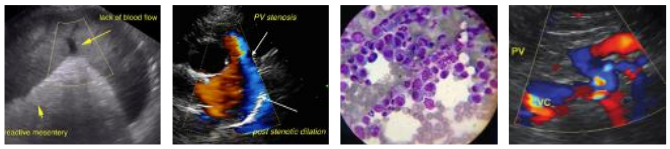

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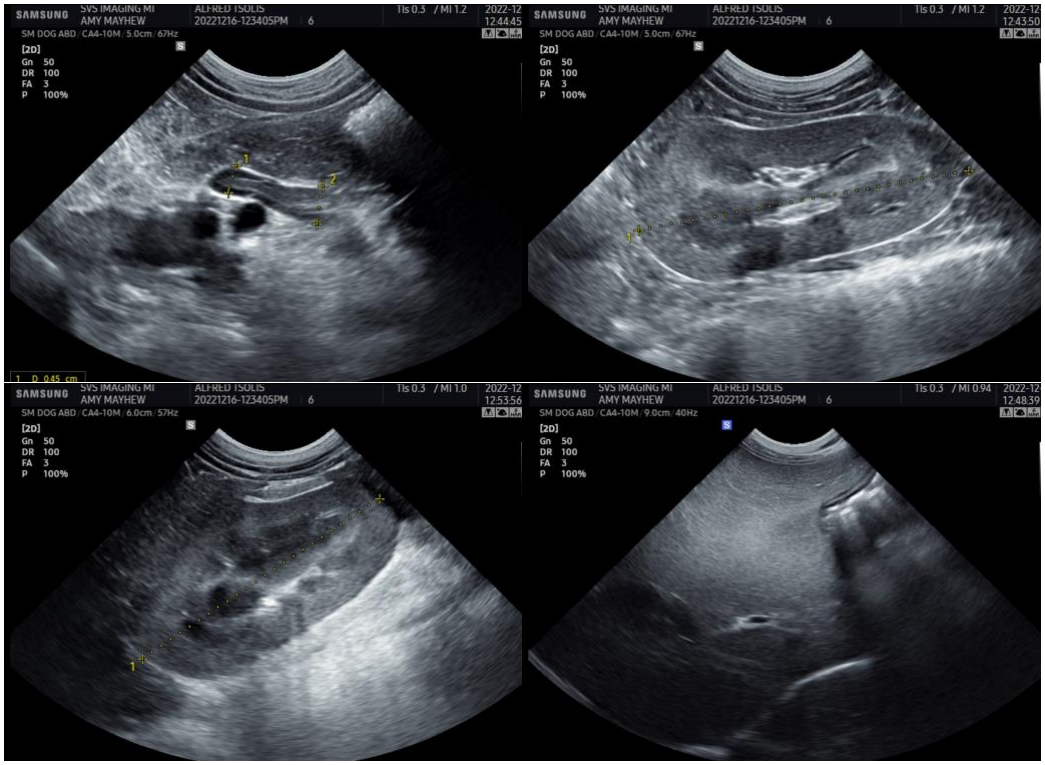

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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