



PATIENT

Jax Jeffrey

PRESENTING CLINICAL SIGNS

not eating well; wt loss; elevated liver values
Abnormal PE/Chem/CBC/UA Results: ALT 259, Ca 12.4, GGT 74, Tbili 1.0

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer X

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.

SEX

Neutered Male

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 5.6 cm. The right kidney measured 5.51 cm.

AGE

7 Years

Adrenal Glands

WEIGHT

40 Pounds

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 2.01 cm x 0.45 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 2.06 cm x 0.42 cm at the caudal pole and 0.57 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

IMAGING PERFORMED BY

Diane McFadden

Liver

HOSPITAL NAME

Lake Hopatcong AH

The **liver** was swollen with heterogeneous parenchymal changes. The gallbladder and common bile duct were unremarkable. Irregular contour noted. Irregular lobar swelling noted. A hepatic lymph node was significantly enlarged at 5.28 cm x 2.0 cm.

REFERRING VET

Dr. Batta

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

INVOICE

33700

DATE

12/23/21

Pancreas

Regional inflammation from the hepatic lymph node extended into the right of the **pancreas**. Secondary



PATIENT inflammation present.

Jax Jeffrey **ULTRASONOGRAPHIC FINDINGS**

- Infiltrative hepatic pattern with hepatic lymphadenopathy

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine

Ultrasound guided FNA of hepatic lymph node and liver recommended to assess cholangiohepatitis/lymphadenitis versus lymphoma or similar neoplasia. Strong concern for hepatic neoplasia in this patient.

BREED

Boxer X

SEX

Neutered Male

AGE

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IMAGING PERFORMED BY

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HOSPITAL NAME

Lake Hopatcong AH

REFERRING VET

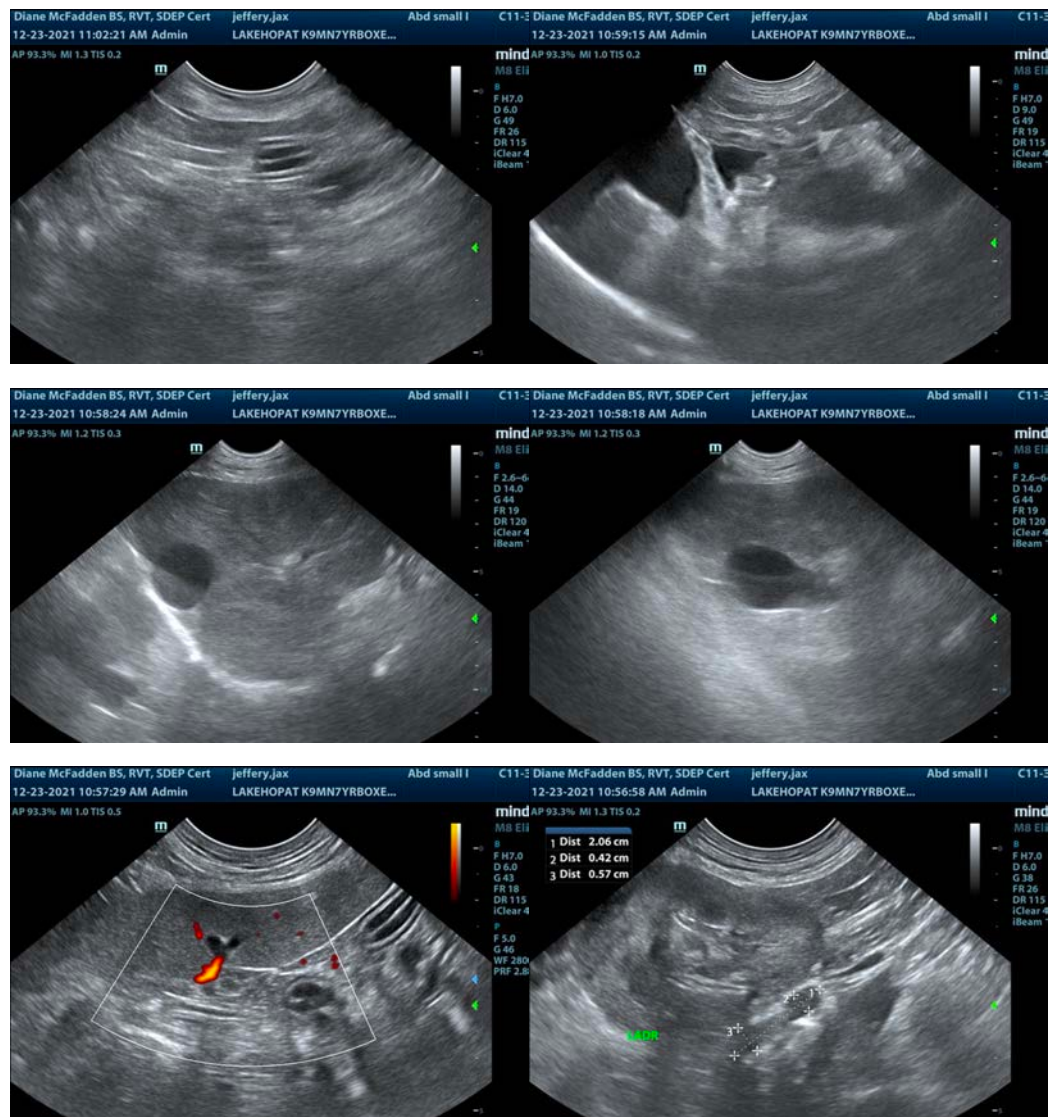
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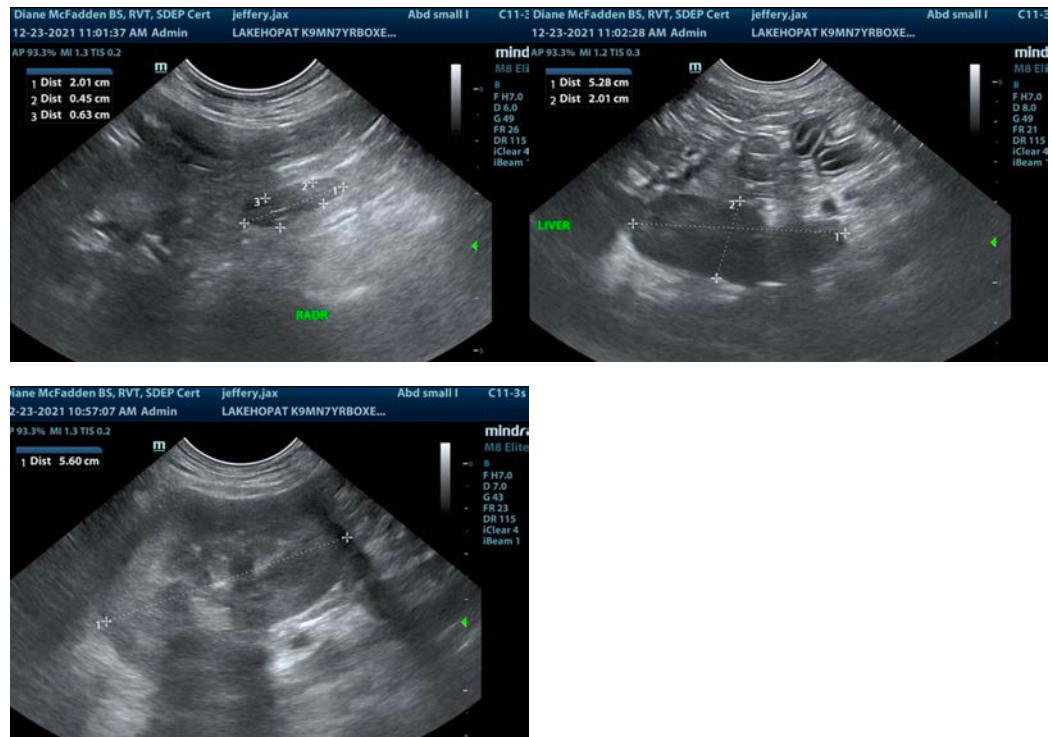
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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