



**PATIENT**

Lana Portillo

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

41.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Caughman

**HOSPITAL NAME**

Dogwood AH

**REFERRING VET**

Dr. Caughman

**INVOICE**

42412

**DATE**

12/29/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting bile and diarrhea since Christmas. Is drinking but not eating. Lethargic  
Abnormal PE/Chem/CBC/UA Results: ATL 923, AlkPhos 522, Total Bilirubin 6.1, WBC elevation  
18,680 with toxic shift Liver Aspirates obtained and submitted to lab.

**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.

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 5.21 cm. The left kidney measured 5.7 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 left adrenal gland measured 1.8 x 0.46 cm at the cranial pole and 0.46 cm at the caudal pole. The region of the right adrenal gland was unremarkable.

**Spleen**

The **spleen** was enlarged with subtle micronodular changes. The spleen was folded upon itself with swollen contour. There was no evidence of masses; however, I am concerned about underlying round cell neoplasia/infiltrative disease.

**Liver**

The **liver** was swollen, hypoechoic and edematous. Generalized hepatomegaly was present with pericapsular inflammatory pattern and enhanced pericapsular mesentery. The gallbladder was slightly thickened. A slight amount of free fluid was noted between the liver lobes.

**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.

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**Pancreas**

The **pancreas** was largely unremarkable, yet some secondary inflammation was noted deriving from the splenohepatic pathology is likely.

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**ULTRASONOGRAPHIC FINDINGS**

Infiltrative splenohepatic pattern.

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Moderate degenerative renal changes.

Cranial abdominal inflammation associated with the spleen and liver.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver is indicated to confirm the suspicion of round cell neoplasia/lymphoma or similar.

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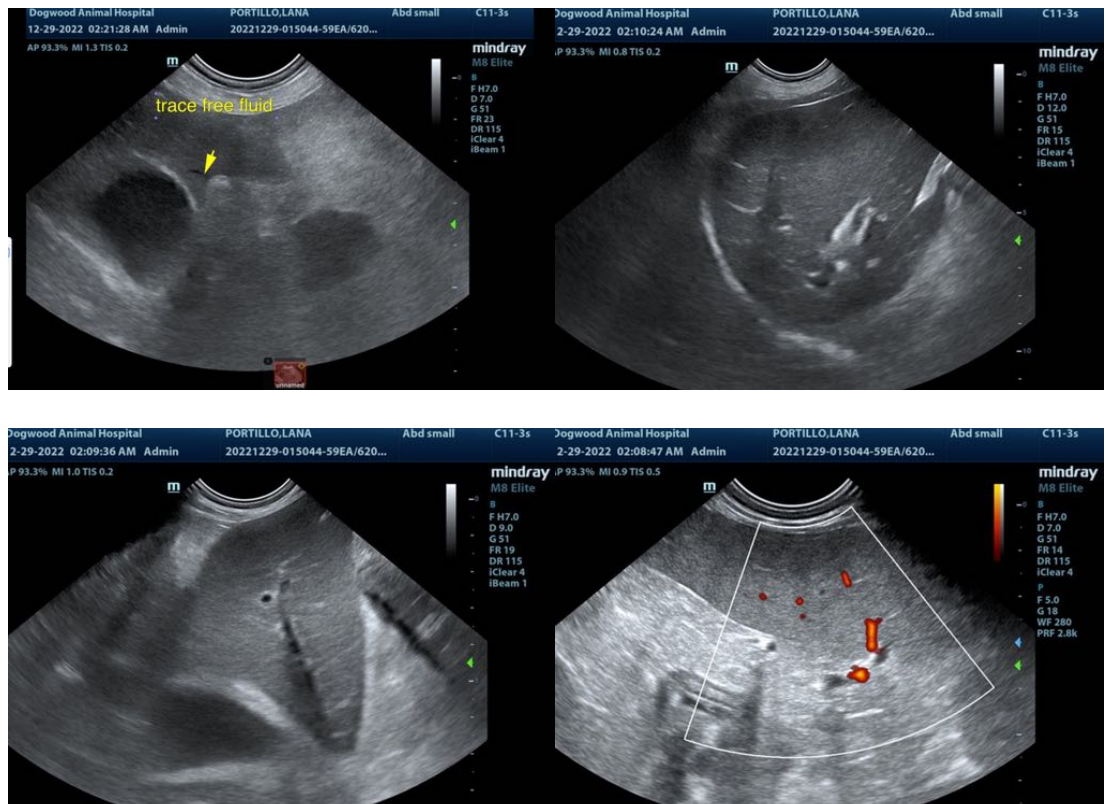
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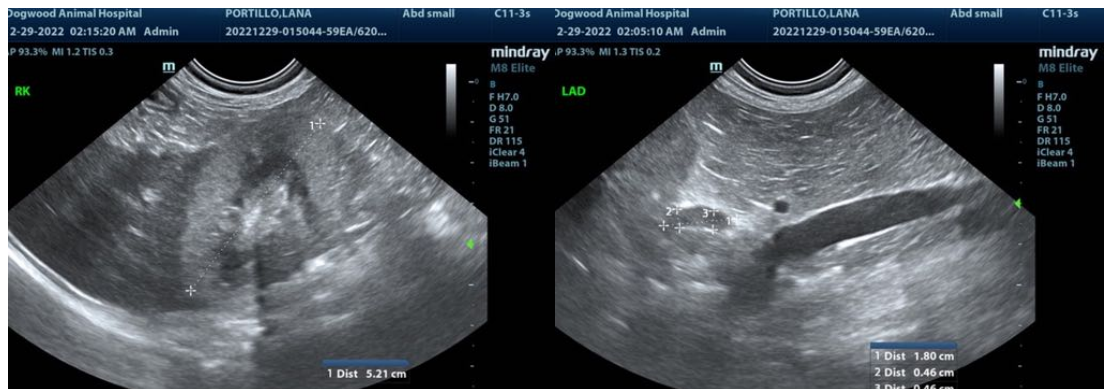
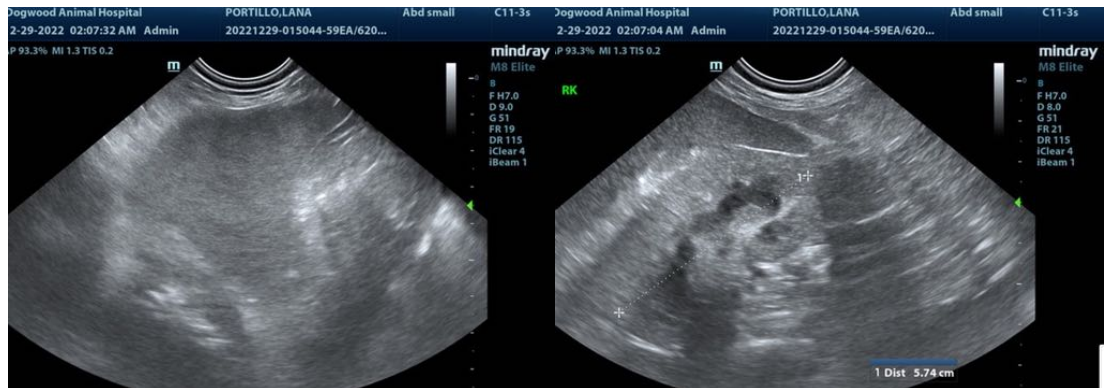
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com