



PATIENT

Jax Frederick

SPECIES

Canine

BREED

German Shepherd X

SEX

Neutered Male

AGE

8 Years

WEIGHT

78 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kayla Hanson

HOSPITAL NAME

Yorkville AH

REFERRING VET

Dr. Oedewaldt

INVOICE

33263

DATE

12/5/21

PRESENTING CLINICAL SIGNS

P lethargic and presented with a fever 12/2, not wanting to eat since started Enrofloxacin 12/2, still lethargic. On Mirtazapine since 12/2

Abnormal PE/Chem/CBC/UA Results: HWT=NEG, Chest rads WNL, Abdominal rads NSF, gave SQ fluids 12/2

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.7 cm. The left kidney measured 7.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was enlarged and irregular with micronodular changes and honeycomb type appearance. Areas of free fluid also noted.

Liver

The **liver** revealed multifocal nodular changes with irregular contour. An overt 6.0 cm parenchymal mass was noted in the caudate process. Regional inflammation was noted around the caudal aspect of the hepatic contour. A separate 2.57 cm mass was noted in the left liver.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative Splenohepatic pattern



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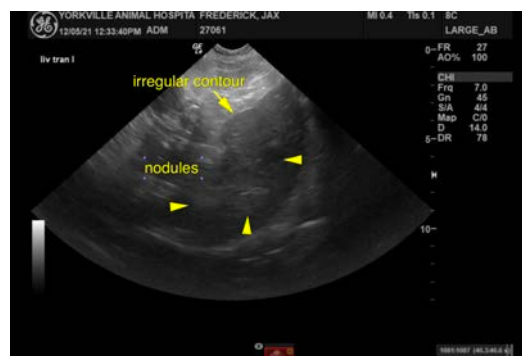
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver recommended to confirm suspicion of neoplasia, round cell neoplasia, or possible hemangiosarcoma. Pronounced nodular hyperplasia and reactive spleen or fungal disease possible, yet less likely.





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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.

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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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info@SonoPath.com

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