



PATIENT PRESENTING CLINICAL SIGNS

Nora Evenden
SPECIES Canine
BREED Terrier X
SEX Spayed Female
AGE 8 Years
WEIGHT 47.8 Pounds

Presented 12/5/21 PM. P was restless, unable to get comfortable, possibly abdominal pain, yelped in bed, hiding. Normal appetite, urination/defecation. Two episodes of gastritis in April & Sept 2021
 Abnormal PE/Chem/CBC/UA Results: Initial exam (12/5 PM) - tense abdomen, otherwise exam unremarkable. Three-view abdominal rads - soft tissue opaque material in stomach (r/o food vs foreign material). No obstructive pattern present. Because P ate dinner prior to presentation, suspect post-prandial rads. CBC, chem17, cPL, & EPOC all wnl. Over the course of the night, while performing diagnostics, P became increasingly reactive especially around her back. No spinal abnormalities noted on abdominal rads. Took 2 view cervical/thoracic rads after US due to P becoming so reactive - still no obvious IVDD or other spinal changes.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was folded upon itself cranially and caudally with uniform swelling at the mid caudal body. The caudal spleen revealed a hypoechoic, mildly disruptive nodule measuring 1.4 cm, concerning for emerging neoplasia.

Liver

The **liver** presented mild increased portal markings and uniform contour. The gallbladder was unremarkable.

Gastrointestinal

Some retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was slightly heterogeneous, consistent with remodeling. No evidence of active inflammation.

ULTRASONOGRAPHIC FINDINGS

- Concerning splenic nodule
- Pancreatic remodeling

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette Vet
 Hospital

REFERRING VET

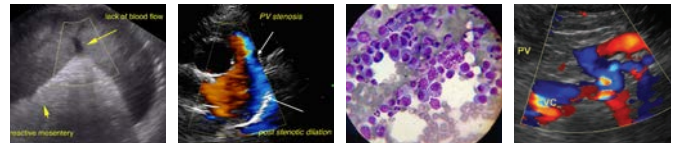
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule warranted or direct splenectomy could be justified even though the lesion is fairly small. There is no evidence of visceral disease to be responsible for the abdominal pain. However, referred back pain should be considered as potential. There is no evidence of obstructive disease. Differentials on the splenic lesion include emerging hemangiosarcoma, round cell neoplasia, hyperplasia, less likely abscessation.



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.

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