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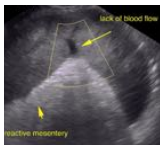

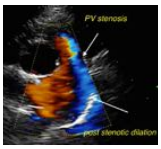

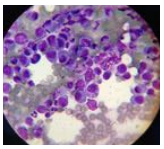
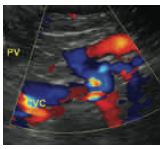

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1-800-838-4268 info@sonopath.com

PATIENT

Sadie Leipzig

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

9 years

WEIGHT

33.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzone

INVOICE

95742

DATE

2/1/22

PRESENTING CLINICAL SIGNS

Hepatopathy, weight gain, hx of colitis. Current meds for thyroid (regulated well). Prev. u/s 7/2020 attached.
Abnormal PE/Chem/CBC/UA Results: ALT 242, ALP 2949

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.77 cm. The right kidney measured 5.6 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 left adrenal gland measured 1.97 x 0.4 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 2.56 x 0.91 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

The **spleen** revealed focal, hypoechoic nodule at the midbody adjacent to the capsule and measured 0.72 x 0.64 cm. A separate smaller nodule measured 0.45 x 0.42 cm. The nodules were mildly vascular on Power Doppler assessment. These are new developments compared to the prior sonogram.

Liver

The **liver** revealed mild coarse architecture and minor uniform enlargement. This is minor progression from the prior sonogram. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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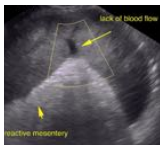
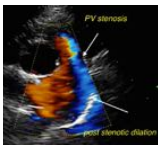
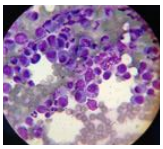
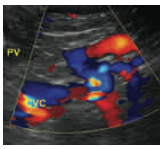

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Gastrointestinal

The **stomach** revealed retention of ingesta and 1.5 cm distinctly shadowing foreign structure or possible medication. The structure appeared to be free floating and mobile. Oral medication history should be evaluated. The small intestines and colon were unremarkable.

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

Undefined splenic nodules. Concern for emerging round cell neoplasia.

Shadowing gastric structure, likely medication possible small foreign matter.

No evidence of metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the breed the predisposition to splenic neoplasia, a proactive splenectomy could be justified. However, the lesions may be benign. They are a new development from the prior sonogram. FNA could be considered; however, exfoliation for a definitive diagnosis may be difficult. If splenectomy is to be performed palpation of the stomach at the time of the sonogram is warranted. If the 1.5 cm shadowing structure is present then it may be removed or sonogram could be performed just prior to surgery to ensure that the gastric material is persistently present. Splenic differentials include emerging round cell neoplasia, hemangiosarcoma, nodular hyperplasia, splenic abscessation/splenitis, less likely.

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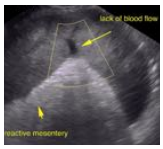
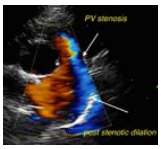
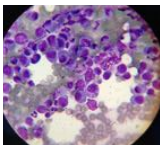
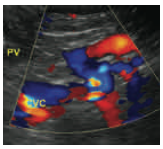

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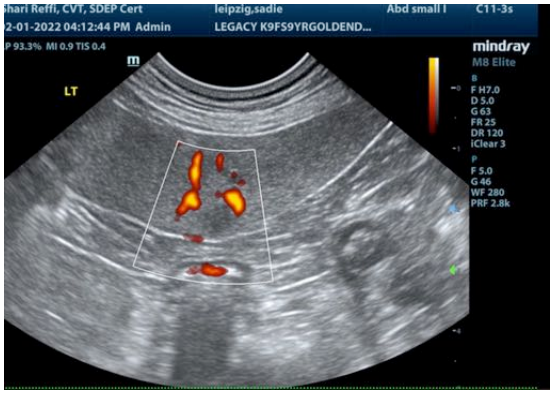

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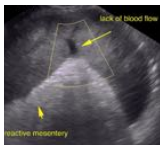
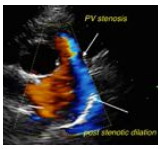
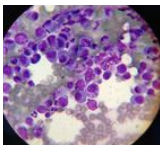
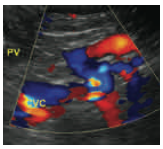

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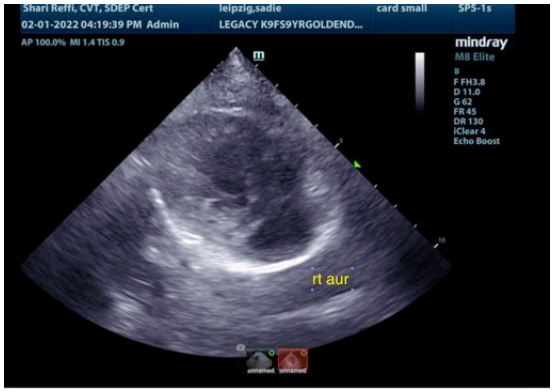

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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