



PATIENT

Gracie Noell

PRESENTING CLINICAL SIGNS

Vomit and diarrhea started 2/18/22. Watery stool. Fecal and Giardia negative. Abdomen soft nonpainful. Pet is still eating.
Abnormal PE/Chem/CBC/UA Results: mm dark pink CRT >2.0 sec. Bloodwork normal. Positive mурphy sign 8a and 14b.

SPECIES

Canine

BREED

Pit Mix

SEX

Spayed Female

AGE

5 years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

Dr. Caughman

INVOICE

96173

DATE

2/21/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical wall thickening with polypoid changes. Thickening at minimal repletion measured approximately 2.0 x 2.0 cm. The cystourethral junction and proximal urethra appeared unremarkable. The iliac trifurcation was unremarkable.

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 5.72 cm. The left kidney measured 6.0 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 1.4 x 0.41 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



PATIENT *Gastrointestinal*

Gracie Noell Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. 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.

SPECIES

Canine

BREED *Pancreas*

Pit Mix 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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE Mild, uniform splenic enlargement, likely hypersplenism.

5 years Polypoid bladder changes, appear resectable.

WEIGHT

57 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for carcinoma. Cystoscopy is warranted with bladder wall biopsies. Supportive care for GI upset is recommended. If any weight loss is present then FNA of the spleen is indicated. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

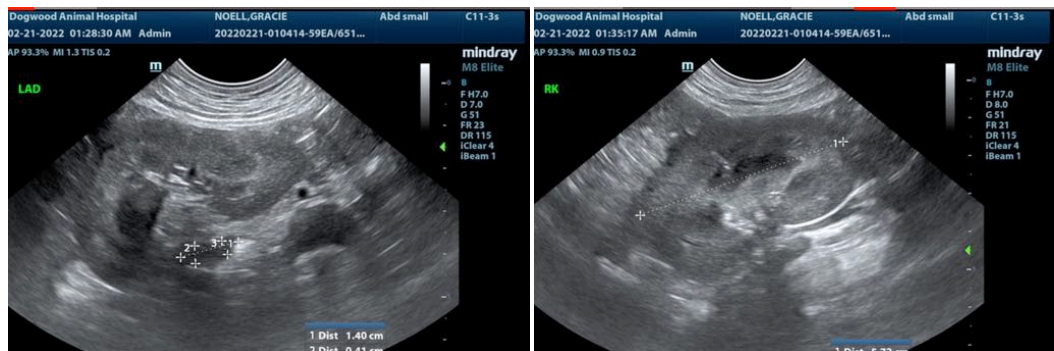
Dr. Caughman

INVOICE

96173

DATE

2/21/22





PATIENT

Gracie Noell

SPECIES

Canine

BREED

Pit Mix

SEX

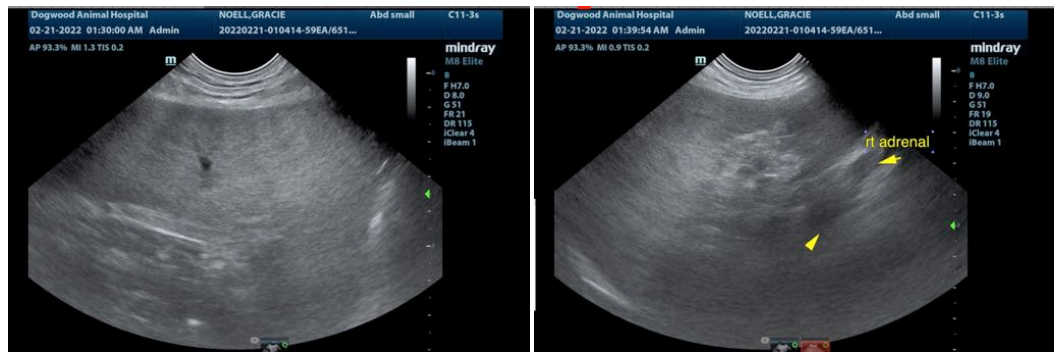
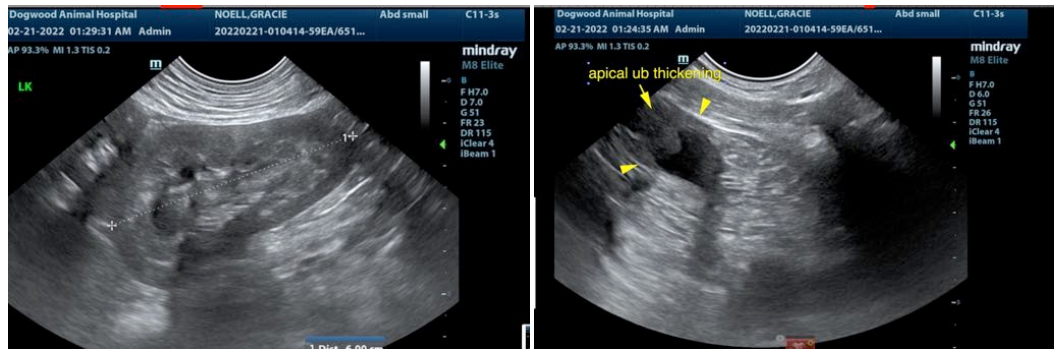
Spayed Female

AGE

5 years

WEIGHT

57 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

Dr. Caughman

INVOICE

96173

DATE

2/21/22

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