

**DATE PRESENTING CLINICAL SIGNS**

2/22/22

Presented 2/6/22 with weight loss and hacking/cough, vomiting.  
Wellness scan.

**PATIENT**

Sage Owen

Current Medications: None listed.  
Lab Results: 4dx negative, Blood work WNL.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Rachel Brilhart, RDMS.

**SPECIES**

Canine

**BREED**

Viszla

**SEX**

Male, neutered

**AGE**

7/7/2011

**WEIGHT**

68 lbs.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Willer

**INVOICE**

13015

**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 6.25 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 measured 2.84 x 0.87 cm at the caudal pole and 0.86 cm at the cranial pole. The right adrenal gland measured 3.1 x 0.71 cm at the caudal pole and 0.88 cm at the cranial pole.

**Spleen**

The **spleen** was mildly heterogenous at the midbody. Focal, hypoechoic 1.78 x 1.06 cm nodule was noted with disruption of architecture.

**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.

**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. The mesenteric lymph nodes are reactive and measured 1.6 x 0.87 cm.

### **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.

### **Heart**

Rapid view of the heart revealed no evidence of pathology.

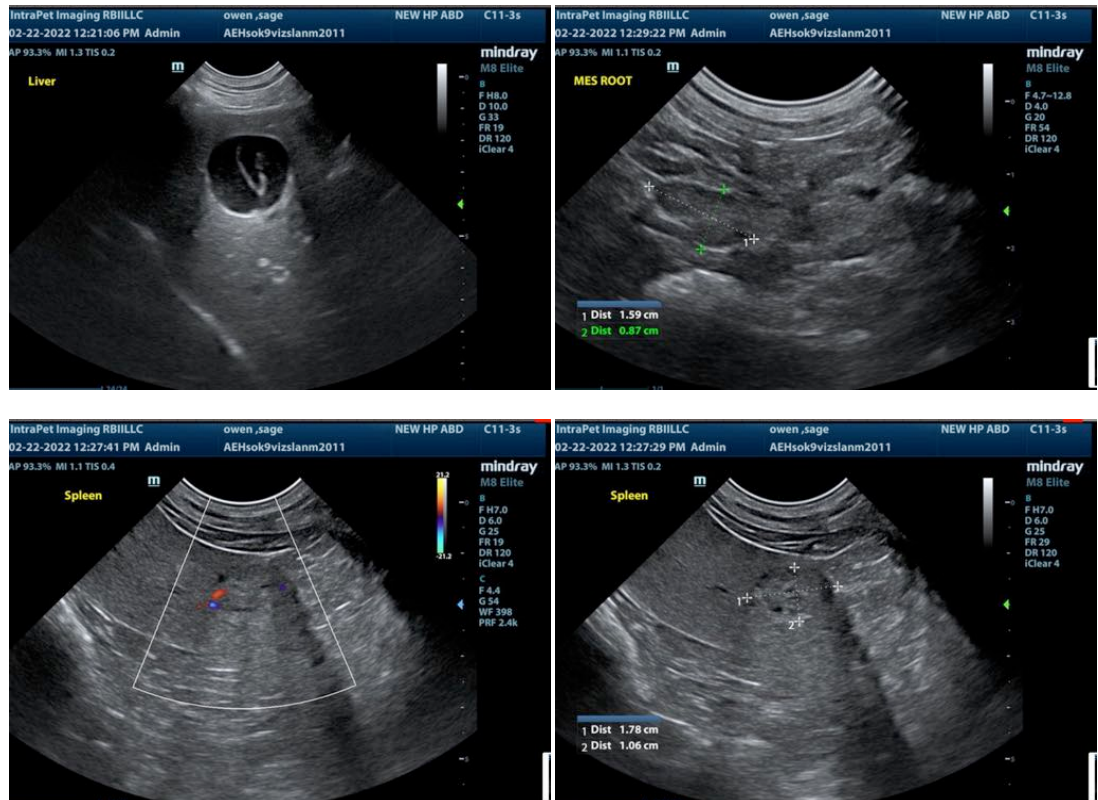
### **ULTRASONOGRAPHIC FINDINGS**

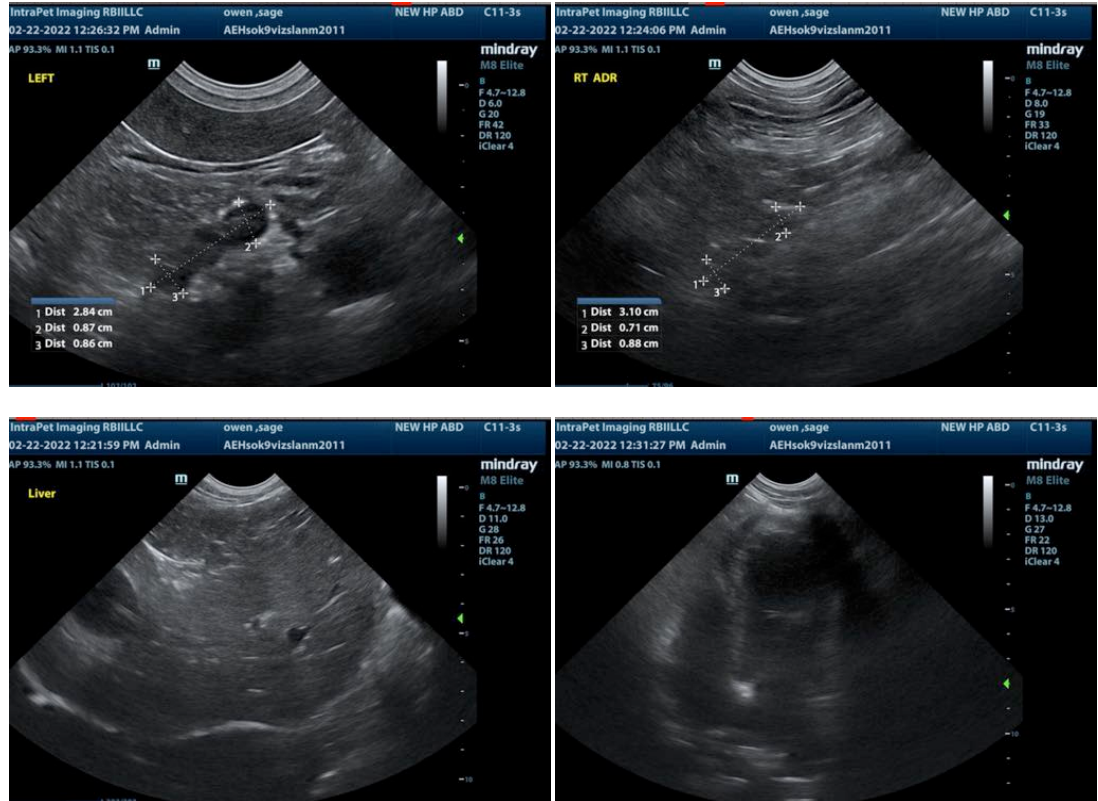
Minor, reactive mesenteric lymph node.

Focal, splenic nodule.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen would be warranted. Hyperplasia, abscessation, round cell neoplasia and emerging hemangiosarcoma is all possible. 25- gauge FNA is indicated. Three view chest radiographs are warranted. A recheck sonogram is recommended in 2 weeks to assess for any progression or direct proactive splenectomy would be appropriate.





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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
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