



PATIENT

Seamus Lindsay

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

50.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kristin Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kristin Peterson

INVOICE

35925

DATE

2/26/22

PRESENTING CLINICAL SIGNS

Over last few months pt has had multiple sx's to remove masses from various parts of body. Pt has been lethargic, ADR, and slight swelling over right eye for 4 days. During the 4 days pt has had decreased appetite. Today o noticed increased respiratory effort and swelling on the left side of the neck. Pt has refused medication today and has no desire to move. CURRENT MEDICATIONS/SUPPLEMENTS:

Meloxicam, Apoquel, Gabapentin

Abnormal PE/Chem/CBC/UA Results: rDVM labs 2/15 - Chem Elevated ALP 171, CBC - Leukocytosis 23.1k, lymphopenia 231, Monocytosis 1709, neutrophilia 20.7k, 4DX neg, fecal - neg, UA USG 1.052, WBC 30-50/hpf, RBC 10-15/hpf, free catch sample

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 left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented subtle heterogeneous changes and was normal in size and contour.

Liver

The **liver** was enlarged and irregular with hypoechoic nodular changes. Generalized hepatomegaly. Isoechoic nodules noted in the left cranial liver measuring up to 3.0 cm. The gallbladder was unremarkable.

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. 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

- Nodular hepatomegaly



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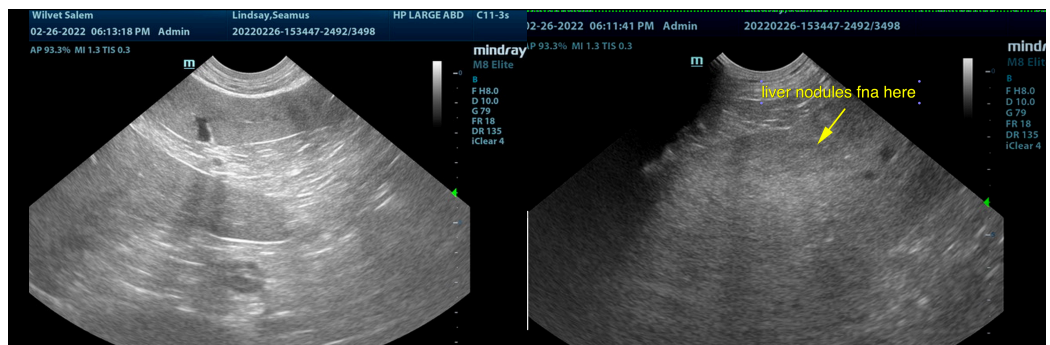
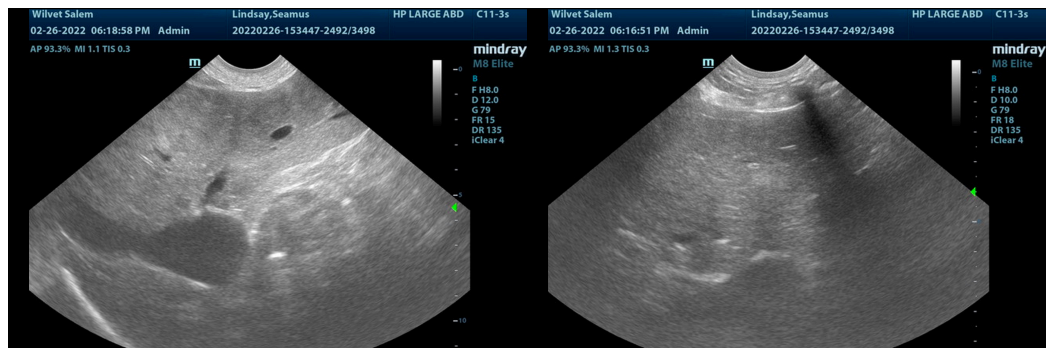
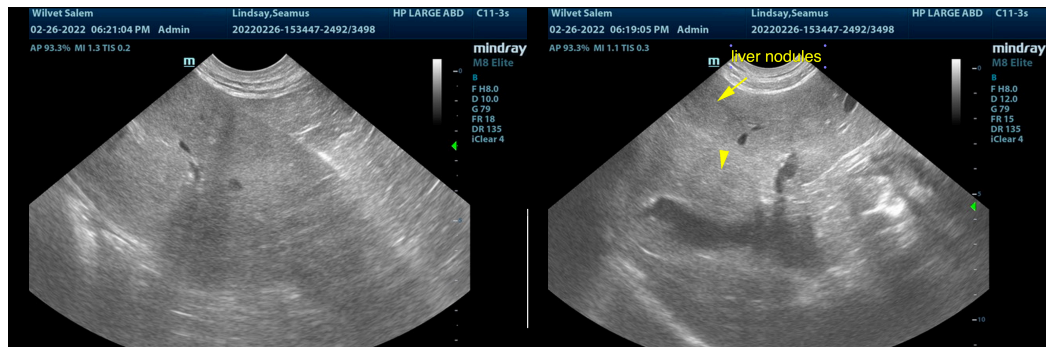
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the general parenchyma and nodular changes recommended. Bile acid profile indicated. Treatment for UTI warranted. Further imaging of the adrenal glands while under sedation warranted if adrenal disease is suspected or if systemic hypertension is present. Guarded prognosis depending upon cytology results of the liver. However, given the significant pyuria, aggressive treatment for UTI would be warranted, as this may be the underlying cause of the lethargy. No overt structural evidence of mast cell disease. However, it cannot be ruled out without FNA of the liver. Consider other causes of lethargy such as orthopedic pain, thoracic and CNS disease.





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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.

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