



PATIENT PRESENTING CLINICAL SIGNS

Patient: Portland Nirschl
History: History of increased ALP first noted at other veterinary clinic, started on Denamarin in Oct 2021. R/O hepatic disease, endocrine disease (HAC, etc), pancreatitis, GI disease, inflammatory (due to periodontal disease, etc),
Species: Abnormal PE/Chem/CBC/UA Results: CBC - All values within normal limits; Chemistry profile - 1/10/2022 Liver chem: ALP 650 (5-131) Cholesterol 374 (92-324) All other values within normal limits. 10/12/2021 - Bailey Veterinary Clinic ALP 451 (5-160) Lipase (0-250) 11/19/2020 - Bailey Veterinary Clinic ALP 286 (23-212) Lipase 2183 (200-800) 11/26/2019 - Bailey Veterinary Clinic ALP 217 (23-212)
Breed: Canine
 Shiba Inu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

Sex: Neutered male
Age: 11 years
 The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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.

Weight: 33.2 lbs
 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. A slight cortical infarct was noted in the dorsal cortex of the left kidney. The left kidney measured 5.94 cm. The right kidney measured

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Carly Pate

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 0.67 cm at the cranial pole and 0.82 cm at the caudal pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.

HOSPITAL NAME

VCA McKenzie AH

Spleen

REFERRING VET

Dr. Kastella

The **spleen** was hypoechoic and mildly disruptive measuring 1.2 cm parenchymal nodule in the mid caudal body. The nodule is somewhat vascular.

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Liver

DATE

2/3/22

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. A right medial, hypoechoic 1.0 cm liver nodule is noted. This is likely hyperplasia.



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Gastrointestinal

SPECIES

Canine

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 descending colon was unremarkable.

BREED

Shiba Inu

Pancreas

SEX

Neutered male

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

33.2 lbs

Parenchymal splenic nodule. Differentials on the spleen include nodular hyperplasia, round cell neoplasia, emerging hemangiosarcoma and abscessation.

Subjectively benign hepatopathy. Hepatic nodule, likely hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

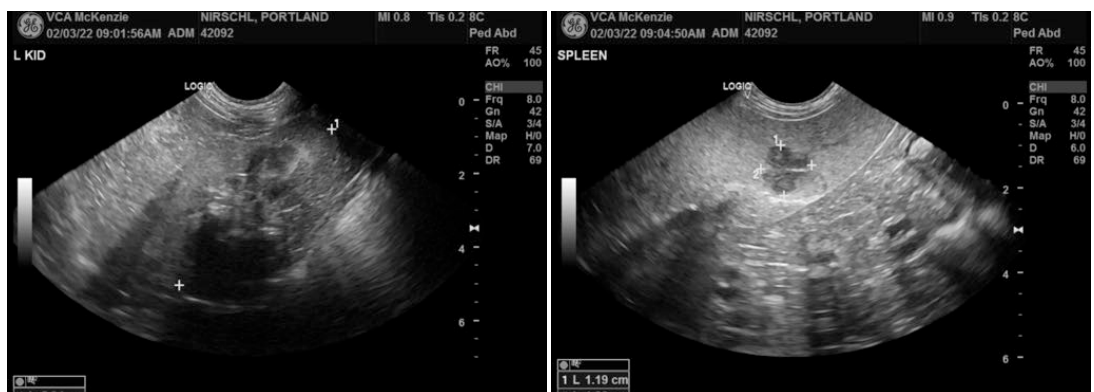
FNA of the spleen is indicated. Given the patient's history FNA is indicated. The splenic nodule should be monitored for any growth along with a recheck of the liver nodule in one month. Justification to splenectomy and liver biopsy would also be valid. Chest radiographs +/- echocardiogram to assess for metastatic disease is recommended.

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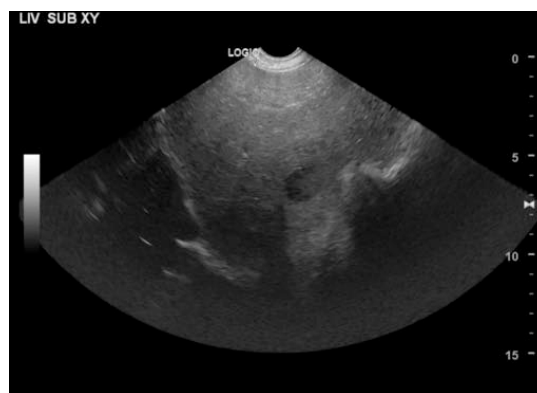
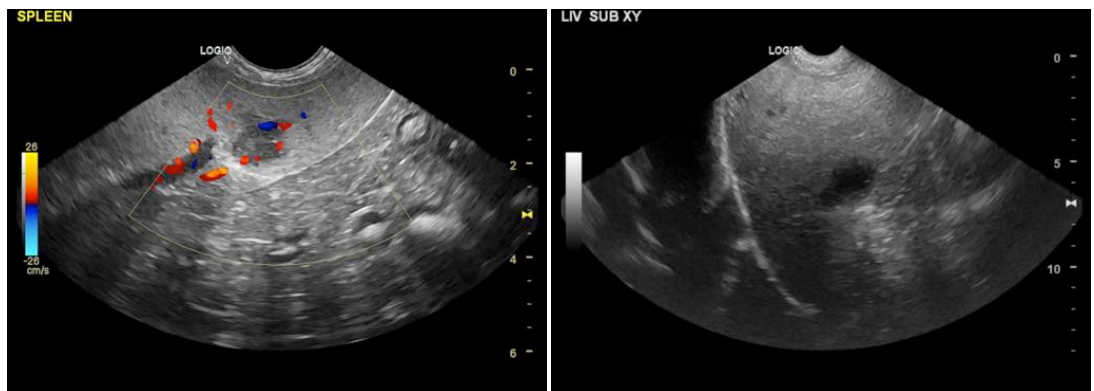
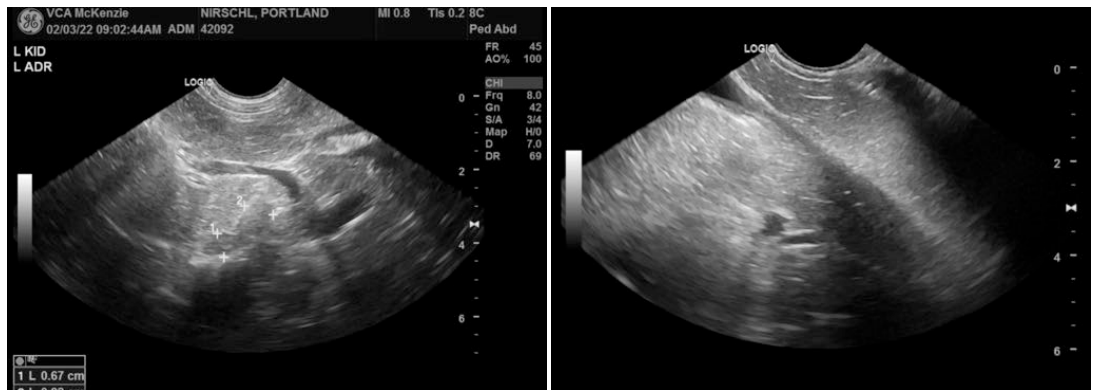
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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BREED

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Neutered male

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