

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jack Wilkinson

SPECIES Canine

BREED Border Collie

SEX Neutered Male

AGE 13 Years

WEIGHT 23.6 kg

-Seen July 15/22 for annual PE with only concern increased anxiety with age. -PE findings: no change in teeth/fx K9, ears M1 waxy, HR 104, panting, lymph nodes NAF, M2 nuclear sclerosis, mass on left lateral shoulder and right lateral chest (owner monitoring with no changes), decrease muscle mass in hind limbs, no proprioception lens, T 38.0 C. -Anxiety/pain medications discussed and owner agreed to Wellness 2 + T4. -Recheck bloodwork done December 28/21; was struggling to stand on tile floor when in clinic. -Recheck bloodwork done February 1/22 -DVM called and discussed results with owner and recommended ultrasound of the liver - which owner ok'd. meds: gabapentin
Abnormal PE/Chem/CBC/UA Results: SDMA 16, BUN slightly elevated, ALT 155, AST 56, ALP 231, Lipase 411.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 right kidney measured 5.5 cm. The left kidney measured 5.5 cm.

Adrenal Glands

The **left adrenal gland** was upper limits of normal, measuring 2.94 cm x 0.84 cm at the caudal pole and 0.77 cm at the cranial pole. The **right adrenal gland** was mildly enlarged and slightly heterogeneous, measuring 2.61 cm x 1.62 cm at the cranial pole and 0.75 cm at the caudal pole.

Spleen

The **spleen** revealed a focal mass at the cranial body measuring 3.5 cm. Microcavitations noted with mild capsular expansion and moderate disruption of architecture. A separate hypoechoic adjacent nodule was noted measuring 1.0 cm. Other heterogeneous changes were noted in the spleen.

Liver

The **liver** presented hypoechoic, patchy changes. This may be completely unrelated to the splenic presentation. However, biopsy warranted at splenectomy. An anechoic 6.0 cm x 3.4 cm cyst was noted in the left cranial liver. 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Main Street AH

REFERRING VET

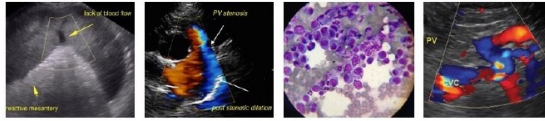
Dr. Morris

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35474

DATE

2/4/22



PATIENT *Pancreas*

Jack Wilkinson

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.

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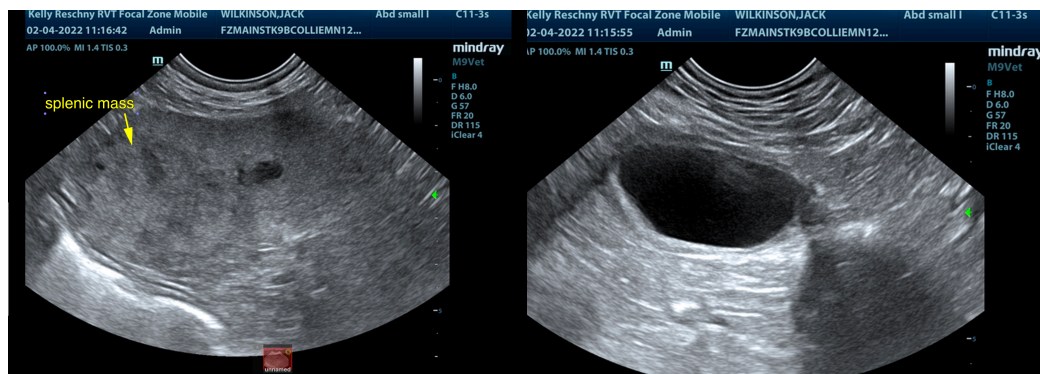
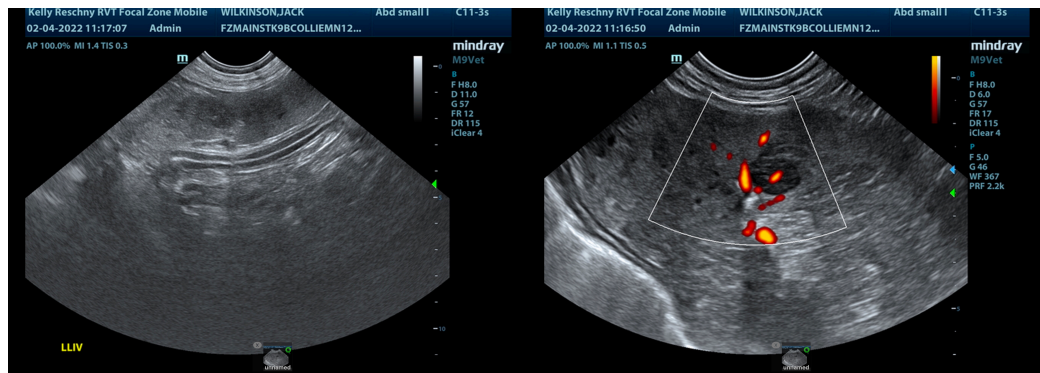
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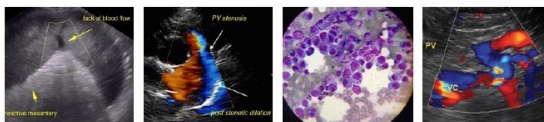
ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes
- Splenic mass and nodules
- Minor heterogeneous hepatic changes – likely age related, micrometastasis cannot be complexly ruled out.
- Benign liver cyst
- Mild bilateral adrenal hypertrophy – may be an age related change. However, if clinical signs fit Cushing’s disease, then PDH may be in play.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is concerning. Hemangiosarcoma is a strong potential, round cell neoplasia and hyperplasia less likely. Full urinary workup warranted if any inflammatory sediment is present. Chest radiographs and echocardiogram warranted to assess for metastatic disease.





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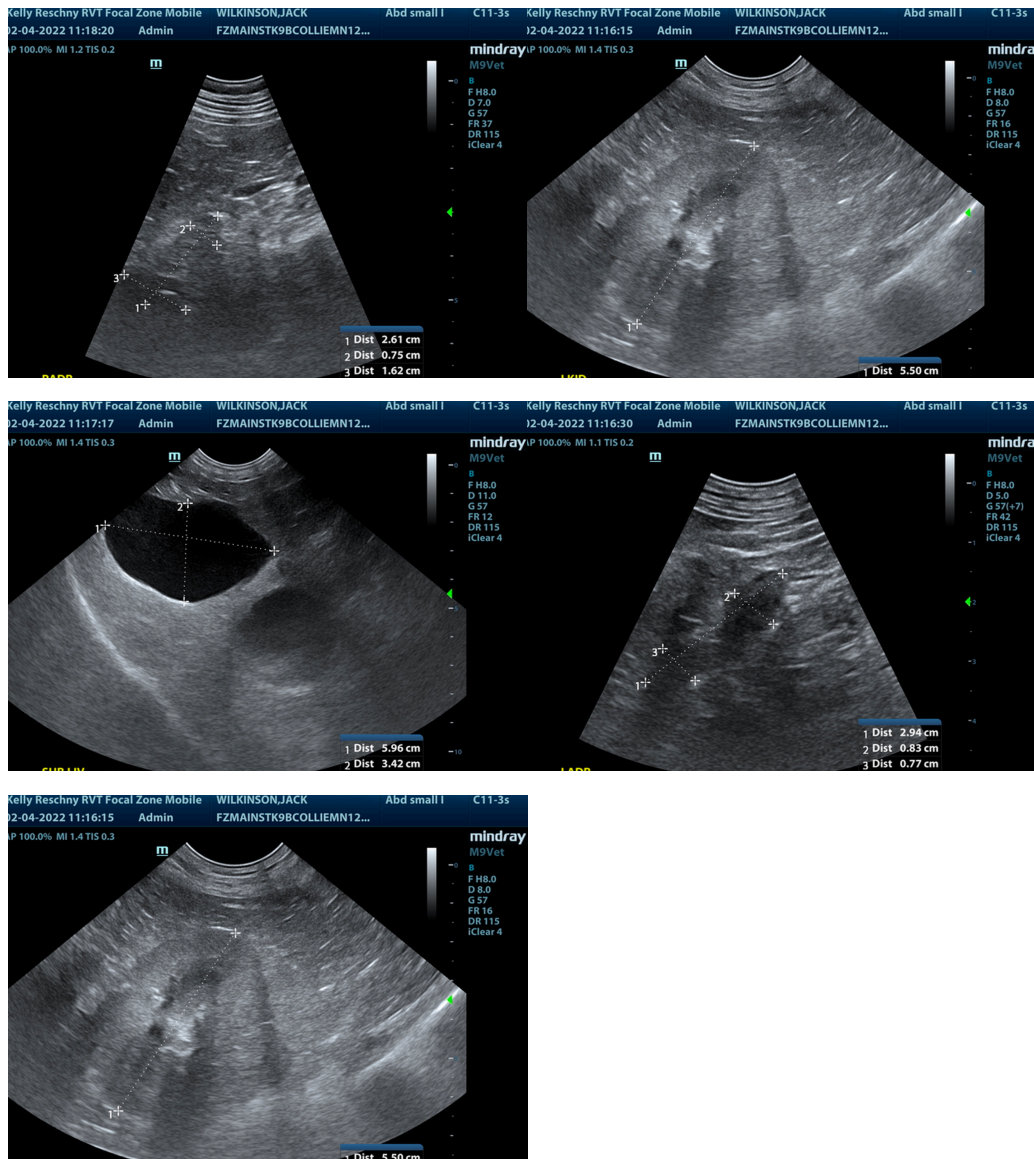
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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