



PATIENT

PRESENTING CLINICAL SIGNS

Primo Novak

Irregular spleen noted on recent AXR (patient had AUS 12/2020) attached. Current meds: Carprofen
Abnormal PE/Chem/CBC/UA Results: ALKP 254, Bun 32, phos 6.2, Amyl 1420, PSL 379, PLT 586k,
USG 1.024 (voided sample), 3+ prot,

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Boxer Mix

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.

SEX

Spayed Female

AGE

12 years

The **kidneys** revealed moderate degenerative changes with cortical cysts. Power Doppler assessment of the renal parenchyma appeared to be fairly adequate. A cystic renal lymph node was noted and measured 1.0 cm. The right kidney measured 7.21 cm with slight pyelectasia. The left kidney measured 6.3 cm.

WEIGHT

50 lbs

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 2.54 x 0.65 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 3.09 x 0.4 cm at the cranial pole and 0.71 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The **spleen** revealed focal, expansive parenchymal nodule that measured 1.77 cm. Other subtle, micronodular changes were noted in the spleen with generalized splenic enlargement.

HOSPITAL NAME

Whippany VH

Liver

REFERRING VET

Dr. Lee

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. Occasional, hypoechoic nodular change was noted and was non-disruptive. 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. There was no overt suspicion of neoplasia.

INVOICE

95912

DATE

2/8/22



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Gastrointestinal

Primo Novak

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.

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Pancreas

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.

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AGE

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ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia liver pattern, benign hepatopathy.

Focal splenic nodule Differentials include hyperplasia, round cell neoplasia or emerging hemangiosarcoma.

WEIGHT

50 lbs

Moderate degenerative renal changes with pyelectasia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for emerging splenic neoplasia. Ultrasound-guided FNA or direct splenectomy can be justified. Some progressive disease has occurred. The splenic nodule is a new developing issue and should be monitored, sampled or removed. Chest radiographs are warranted prior to any progression. I am concerned about long term viability of the kidneys as emerging renal failure may be an issue given the elevated BUN and depressed urine specific gravity. The elevated amylase may be secondary to early renal dysfunction.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

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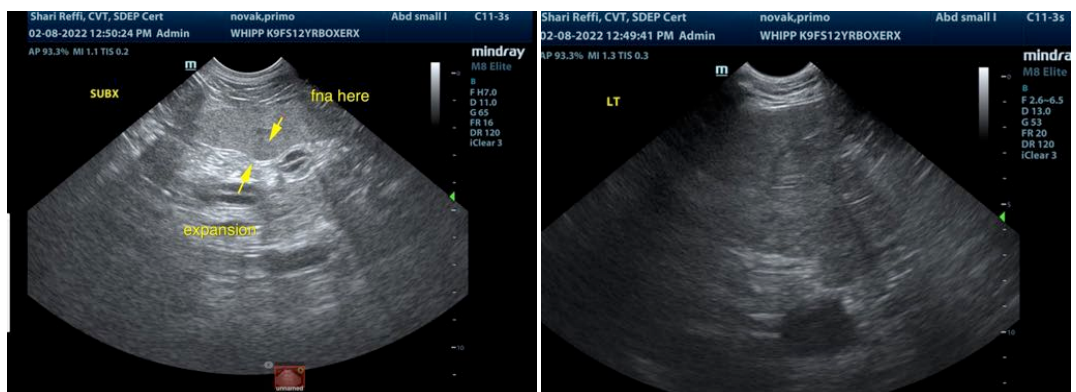
Dr. Lee

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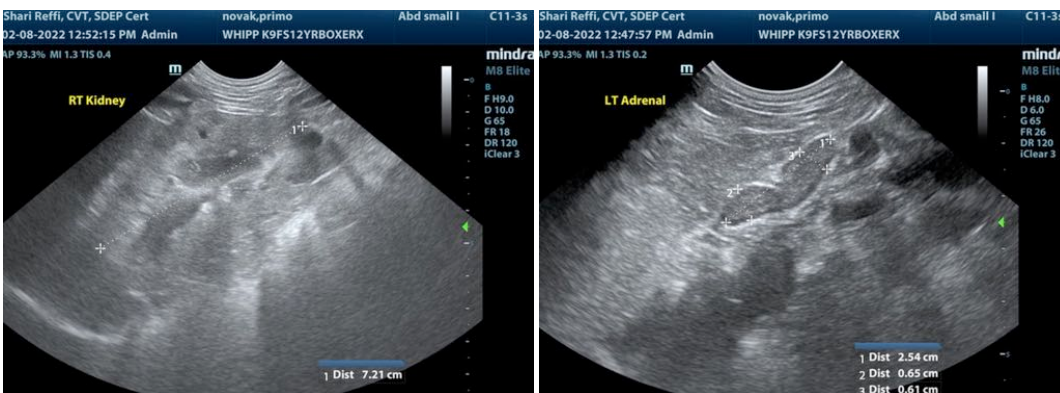
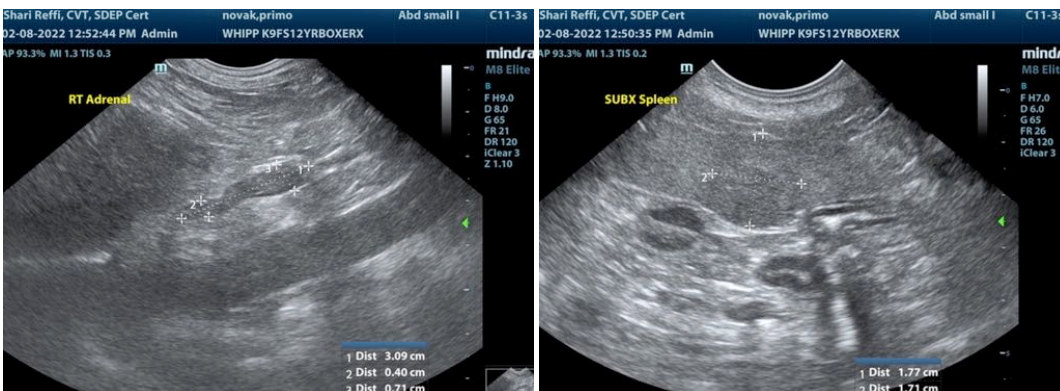
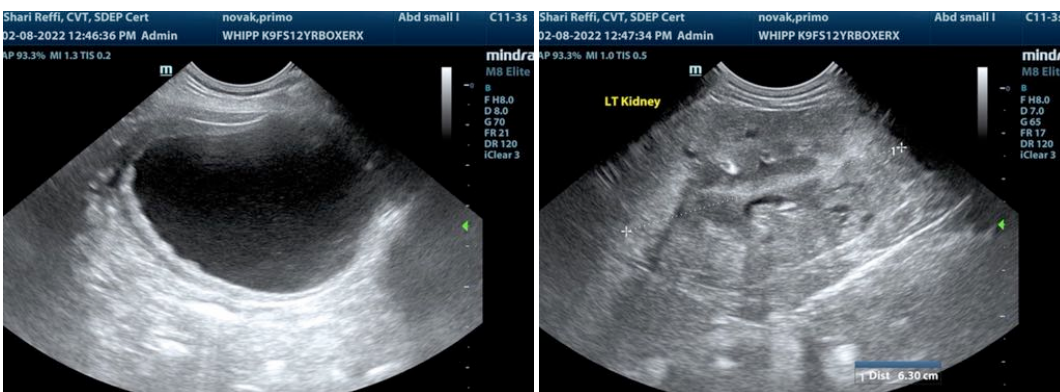
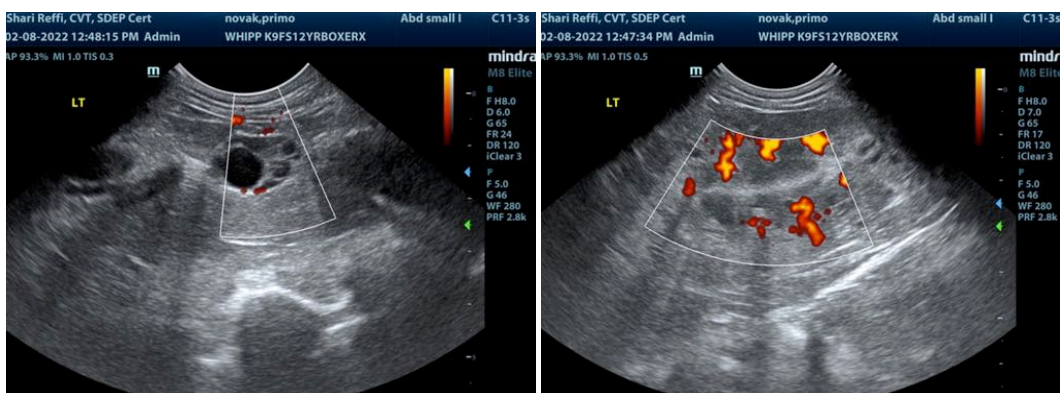
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Boxer Mix

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

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Spayed Female

AGE

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