



**PATIENT**

Wilco Edmondson

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

29 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Bowmont AC

**REFERRING VET**

Dr. Asemendahun

**INVOICE**

96512

**DATE**

3/1/22

**PRESENTING CLINICAL SIGNS**

Jaundice on presentation for routine physical. Patient is bright and alert and has appetite.  
Abnormal PE/Chem/CBC/UA Results: Low albumen, elevated ALT ALP Bilirubin and SDMA  
Coagulation panel normal  
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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The residual prostate measured 0.87 cm.

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 6.05 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 right adrenal gland measured 0.47 cm at the caudal pole and 0.35 cm at the cranial pole. The left adrenal gland measured 0.37 cm at the cranial pole and 0.44 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself and mildly heterogenous with scalloping contour.

**Liver**

The **liver** revealed coarse architecture and multi-focal, hypoechoic nodular changes and increased portal markings. The gallbladder was collapsed and empty.

**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.



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**Pancreas**

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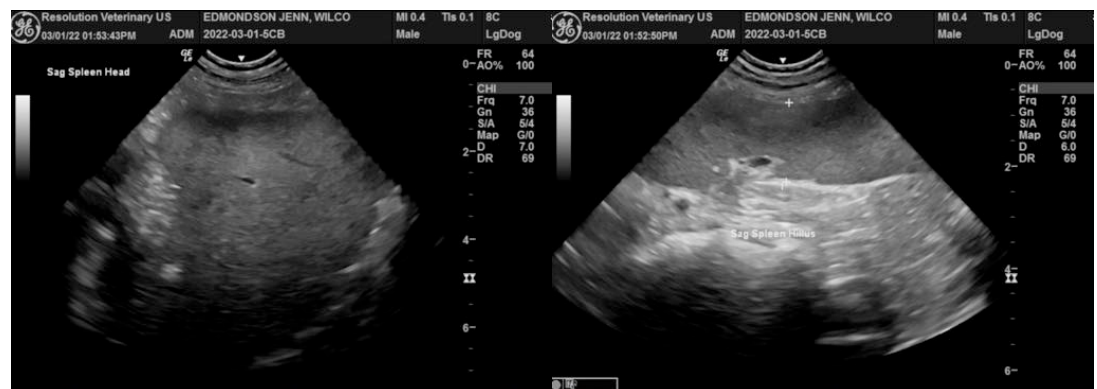
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

**ULTRASONOGRAPHIC FINDINGS**

Splenohepatic enlargement and nodular changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenohepatic FNA is warranted. Leptospirosis titers are warranted. Round cell neoplasia versus reactive spleen and acute hepatitis. Core liver biopsy can also be considered to assess for primary copper storage disease. However, I would expect more remodeling in that case. Screening FNA of the spleen and liver is recommended with Leptospirosis titers and assessment for history of acute insult.





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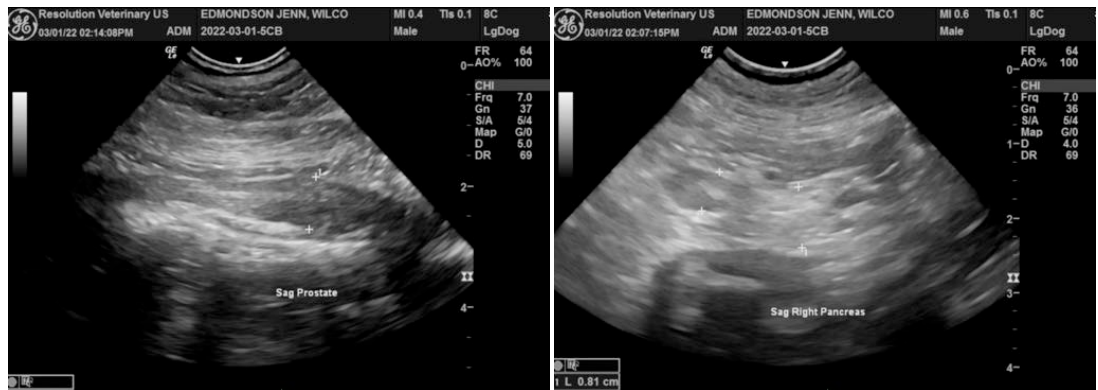
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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