

PATIENT PRESENTING CLINICAL SIGNS

Woodley Steich History: Elevated liver values on pre op bloodwork Hepaticlear

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Labrador Cross

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 was noted. Ureteral papillae were normal.

SEX

Neutered Male

The residual prostate measured 0.5 cm.

AGE

2013

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.43 cm. The left kidney measured 7.47 cm.

WEIGHT

78 lbs

Adrenal Glands

The right adrenal gland was uniform and measured 2.71 x 1.45 cm at the cranial pole and 0.7 cm at the caudal pole. The left adrenal gland was slightly enlarged and measured 2.51 x 1.0 cm at the caudal pole and 0.79 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed a hypoechoic 1.3 cm nodule in the mid body and was non-disruptive. Non-specific, mild heterogenous parenchymal changes were noted in the liver. Subjectively this appears benign.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Mill Pond

Liver

The **liver** revealed fairly uniform vacuolar hepatopathy pattern with swelling. The left liver revealed a 10.0 cm lobar swelling. This is consistent with hepatoma. However, underlying carcinoma cannot be ruled out. This appears resectable and extends cranially to the diaphragm.

REFERRING VET

Dr. Schnolis

Gastrointestinal

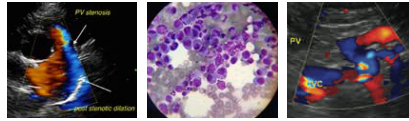
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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

DATE

3/11/22



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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

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

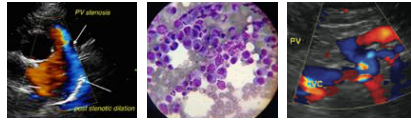
Hepatoma type liver pattern with benign hepatopathy. Potentially carcinoma.

Slightly enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule and liver is warranted. CT evaluation would be ideal for further definition or potential surgical removal. Proactive splenectomy and left liver lobectomy could be considered. Cytological and histopathological there is a potential that the splenic and hepatic lesions are benign; however, they should be monitored or remove given the propensity towards lobar torsion of the liver and potential emersion to a neoplastic state on either splenic or hepatic lesions.





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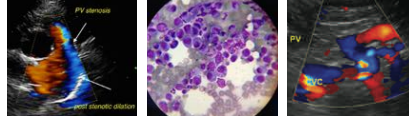
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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