



**PATIENT**

Kovo Robichaud

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Male

**AGE**

4 Years

**WEIGHT**

82 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Dr. Greg Hartman

**INVOICE**

36166

**DATE**

3/14/22

**PRESENTING CLINICAL SIGNS**

Acute onset of blindness. RDVM did xray and bloodwork, saw a mass in the abdomen. Abnormal PE/Chem/CBC/UA Results: Blindness, panophthalmitis. Palpable abdominal mass that feels leathery. CBC had increase in neutrophils, eosinophils and monocytes, platelets low, anemic. Chemistry normal. Abdominal xrays revealed what appeared to be an enlarged liver and spleen.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 were noted. Ureteral papillae were normal.

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.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** presented normal size and contour with minor heterogeneous changes.

**Liver**

Severe **hepatomegaly** present. Coalescing hypoechoic micronodular changes were noted, largely occupying the left liver, appears potentially resectable with full left lobectomy. Generalized swelling noted. The right liver was fairly uniform with minor heterogeneous changes.

**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.

**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**

- Lobar micronodular hepatomegaly occupying the left liver
- Minor heterogeneous right liver changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the nodular left liver recommended as well as the right liver from intercostal approaches. Staging for left liver lobectomy would be recommended in this patient. Differentials include likely lobar neoplasia, possible pronounced nodular hyperplasia, yet fairly rare. Lobar torsion is possible,



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but I would expect more effusion and inflammation. Granulomatous and fungal disease also possible, yet less likely.

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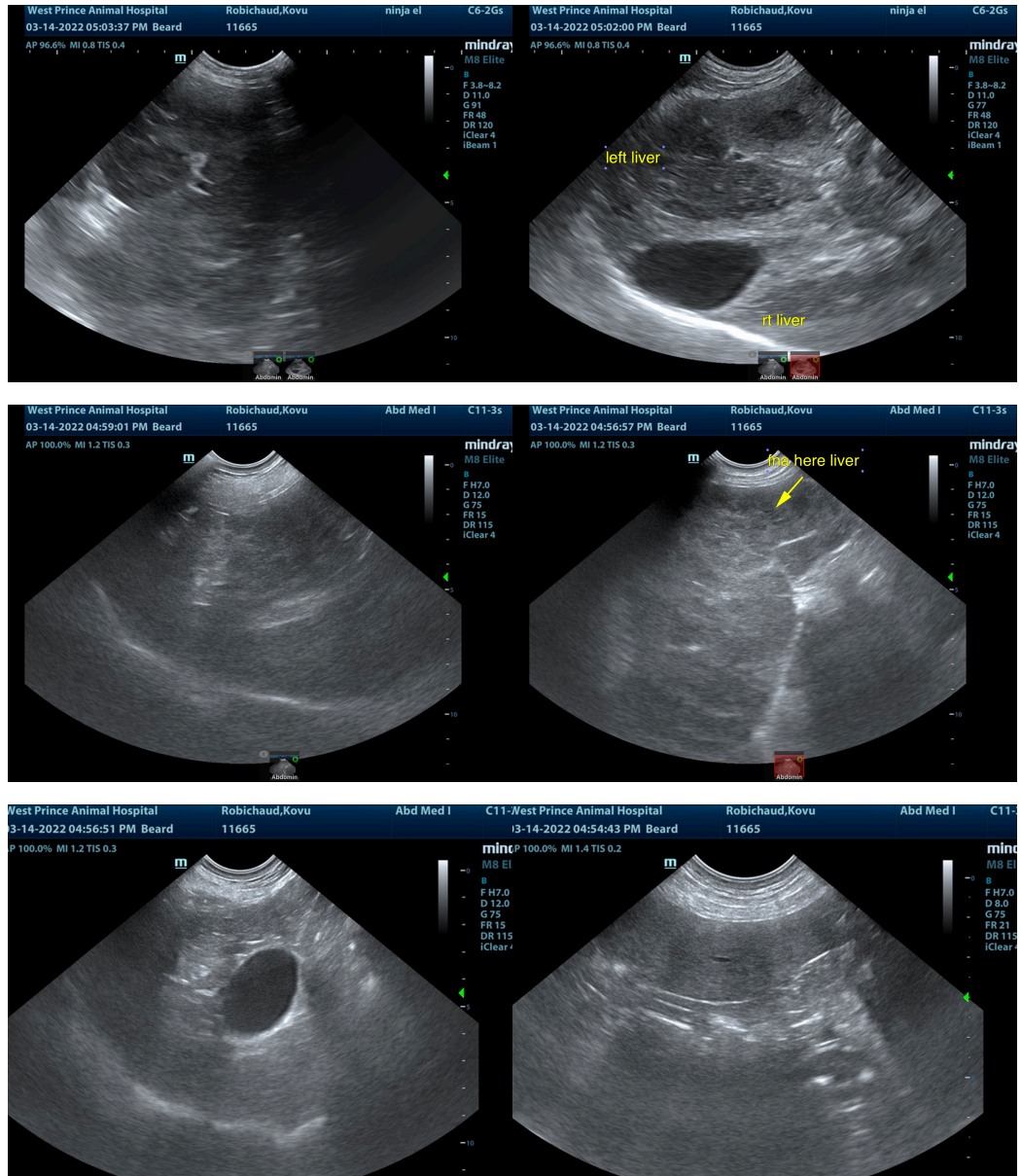
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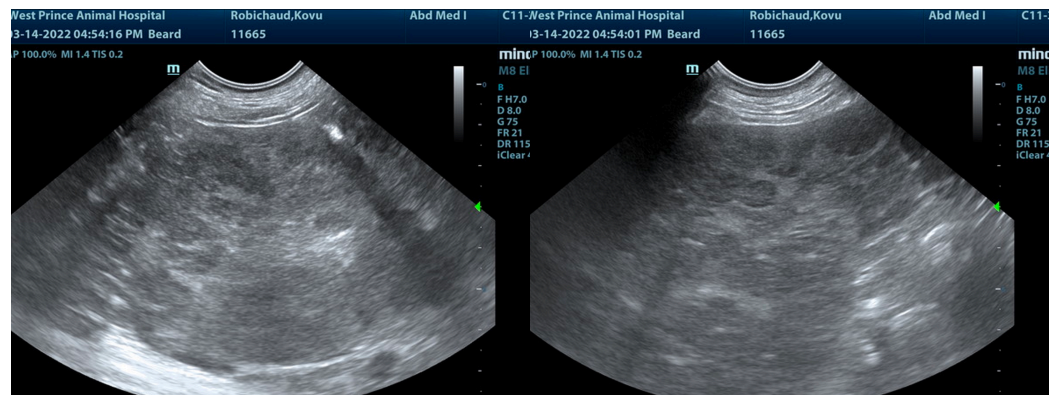
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)