



PATIENT

Chianti Dipaolo

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

6 Years

WEIGHT

52.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

46004

DATE

3/17/23

PRESENTING CLINICAL SIGNS

P presented today for losing weight (8#) over past couple weeks, appetite on and off, diarrhea once last week, normal since then, no vomiting. Ran fecal and P was loaded with hookworms even though P is on Heartgard religiously. P has potbellied appearance, radiographs showed enlarged liver and spleen. P uncomfortable to lay on right side for scan.

Abnormal PE/Chem/CBC/UA Results: UA normal, Bloodwork revealed pcv = 22%, TP = 3.87g/dl, Retic count 508.6K/uL, Platelets - 129, Ca - 7.8g/dl, Albumin - 1.9g/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** was uniformly thickened. A minimal amount of urine was present. Pseudohypertrophy likely along with minor chronic changes. Assessment for any evidence of UTI indicated.

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 left kidney measured 7.0 cm. The right kidney measured 6.3 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.60 cm at the cranial pole and 0.64 cm at the caudal pole.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was folded upon itself. The cranial fold created a swelling/mass type effect deriving from the cranial pole. This is a combination of uniformly enlarged spleen with cranial swelling. The cranial pole of the spleen revealed a nodule measuring 2.5 cm.

Liver

The **liver** presented hypoechoic nodular changes up to 2.0 cm with disrupted architecture. The gallbladder and common bile duct were unremarkable. Irregular swelling present and hepatomegaly. Gallbladder appeared somewhat deviated. Hepatic lymph nodes were enlarged.

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



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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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ULTRASONOGRAPHIC FINDINGS

BREED

Pit Bull

- Concerning hepatosplenomegaly with nodular changes and concurrent hepatic lymphadenopathy
- Thickened urinary bladder

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver recommended to assess for round cell neoplasia. General hepatic parenchyma and nodules should be sampled. Prognosis is extremely guarded to poor depending upon cytology results.

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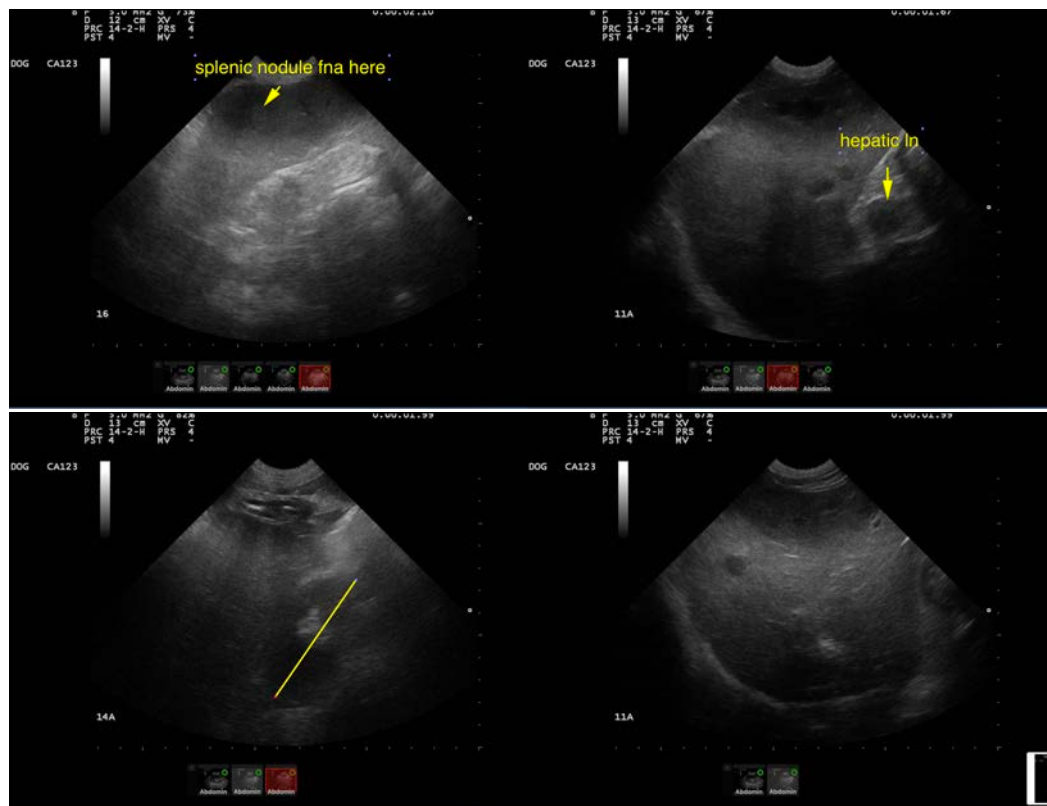
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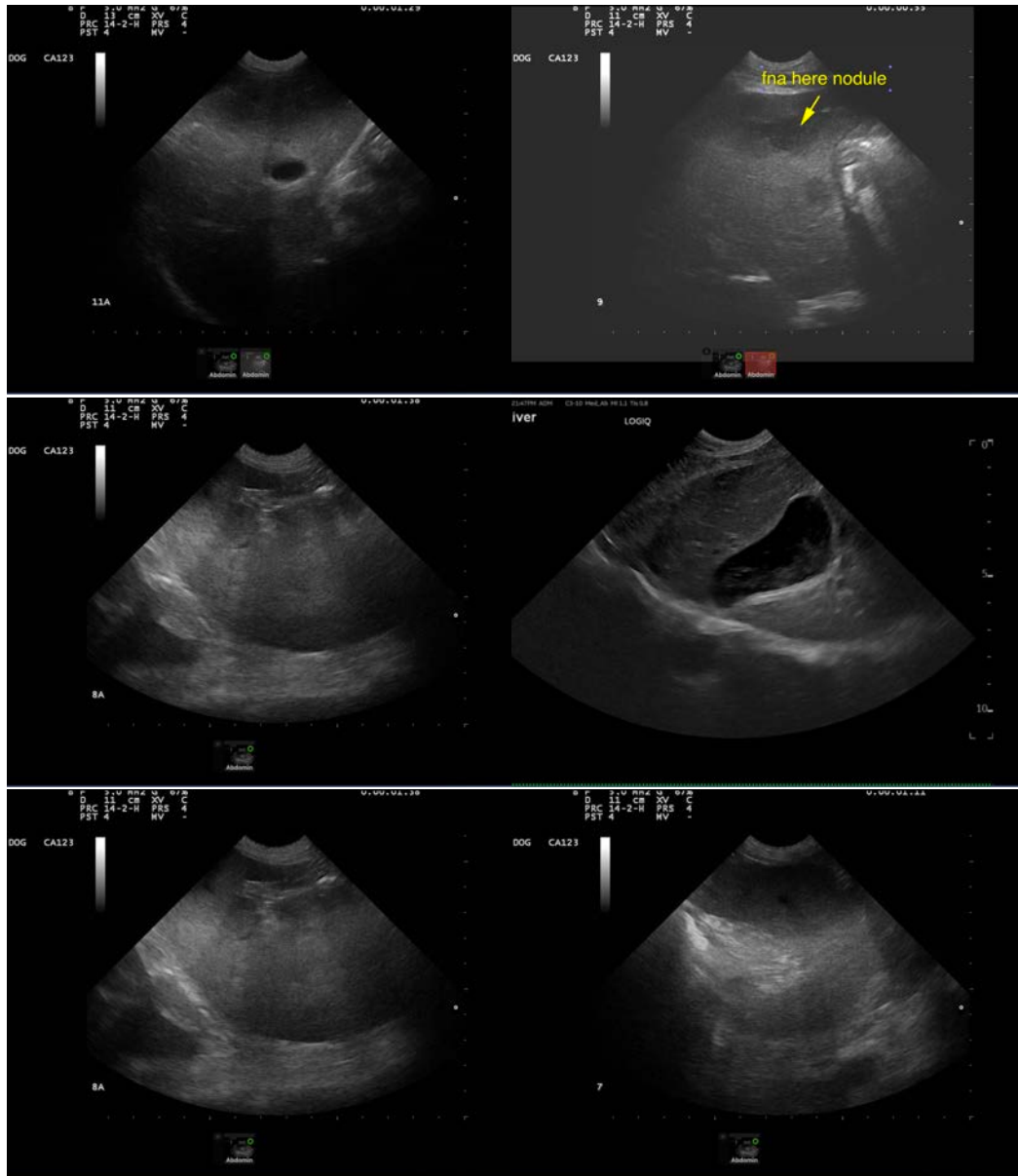
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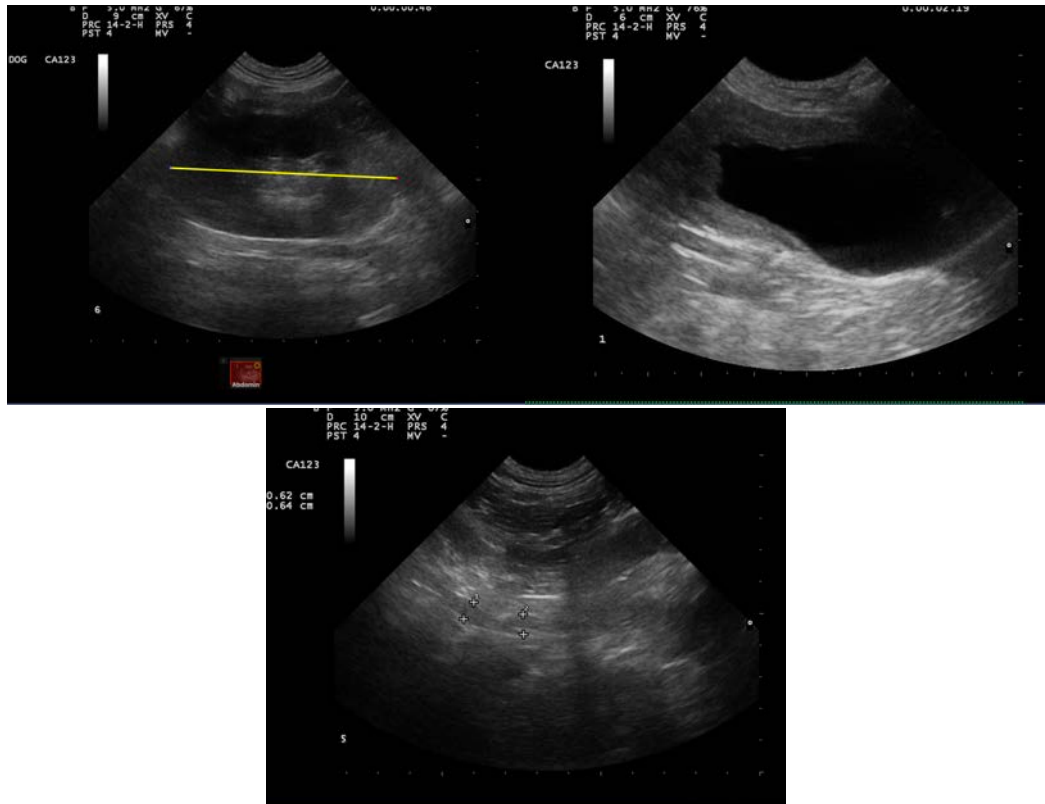
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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