



**PATIENT**

Jasmine Bain

**SPECIES**

Canine

**BREED**

Queenslander Heeler

**SEX**

Spayed Female

**AGE**

12 Years 11 Months

**WEIGHT**

18.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dallas Reynolds, LVT

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Lilliana Munoz, DVM

**INVOICE**

21708

**DATE**

3/18/23

**PRESENTING CLINICAL SIGNS**

History: P has a history of seizures. Has been on Levetiracetam long term. Seizures happen once in a while but not often. P also has a history of elevated liver values.

Abnormal PE/Chem/CBC/UA Results: Chem - ALT 307, ALP 1900, AMY 1361, BUN 28 cbc - increased platelets 901+ Xrays show hepatomegaly

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The right kidney measured 6.7 cm. The left kidney measured 6.1 cm.

**Adrenal Glands**

The **right adrenal gland** was mildly enlarged, measuring 1.2 cm at the cranial pole and 0.8 cm at the caudal pole.

The **left adrenal gland** was mildly enlarged, measuring 9.0 mm.

**Spleen**

The **spleen** revealed a mixed hypoechoic cystic mass, measuring 2.6 cm.

**Liver**

The **liver** was enlarged/swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is a moderate change, consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Increased portal markings. The gallbladder and common bile duct were unremarkable. A 0.4 cm nodule or cyst was noted in the left liver. Nodular changes were noted elsewhere in the liver, subjectively benign.

**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

- Splenic mass with undefined nodular hepatic changes, subjectively benign, however, metastatic disease cannot be completely ruled out.

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- Swollen adrenal glands- potential PDH

## SEX

Spayed Female

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic lesion and hepatic nodules are warranted for screening purposes, or direct splenectomy and liver biopsy could be considered. Splenic differentials include abscessation, hyperplasia, complex cyst, or hemangiosarcoma. Hyperplasia of the liver is likely with mild potential for metastatic disease. Chest radiographs are warranted to assess for comorbidities.

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## IMAGING PERFORMED BY

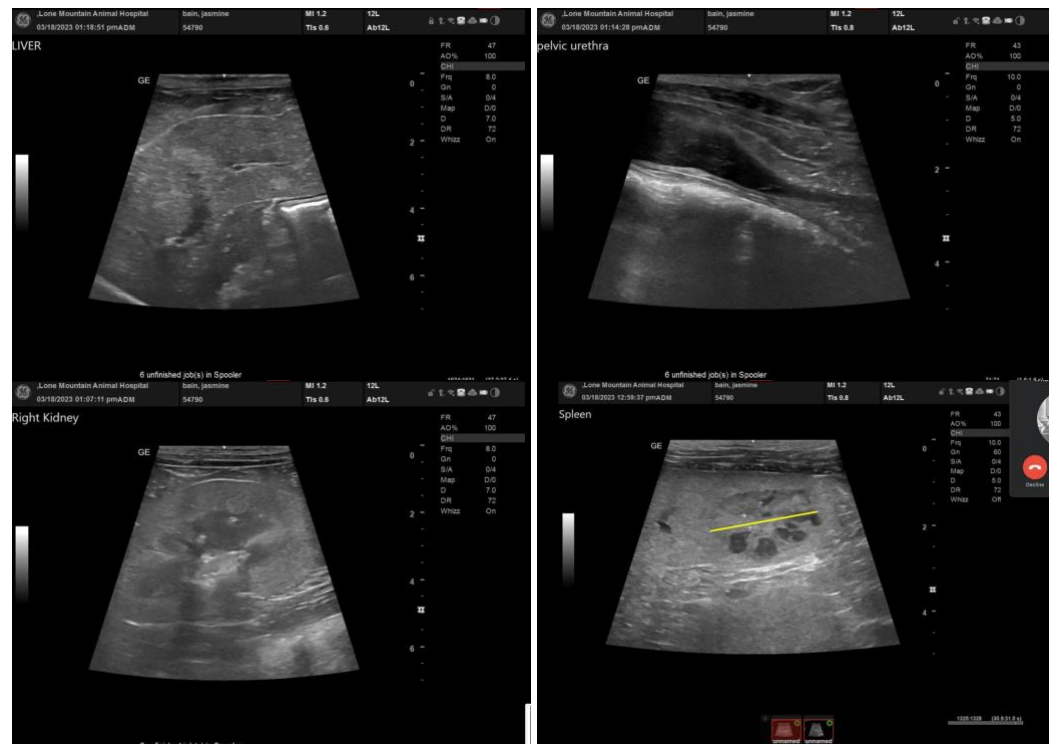
Dallas Reynolds, LVT

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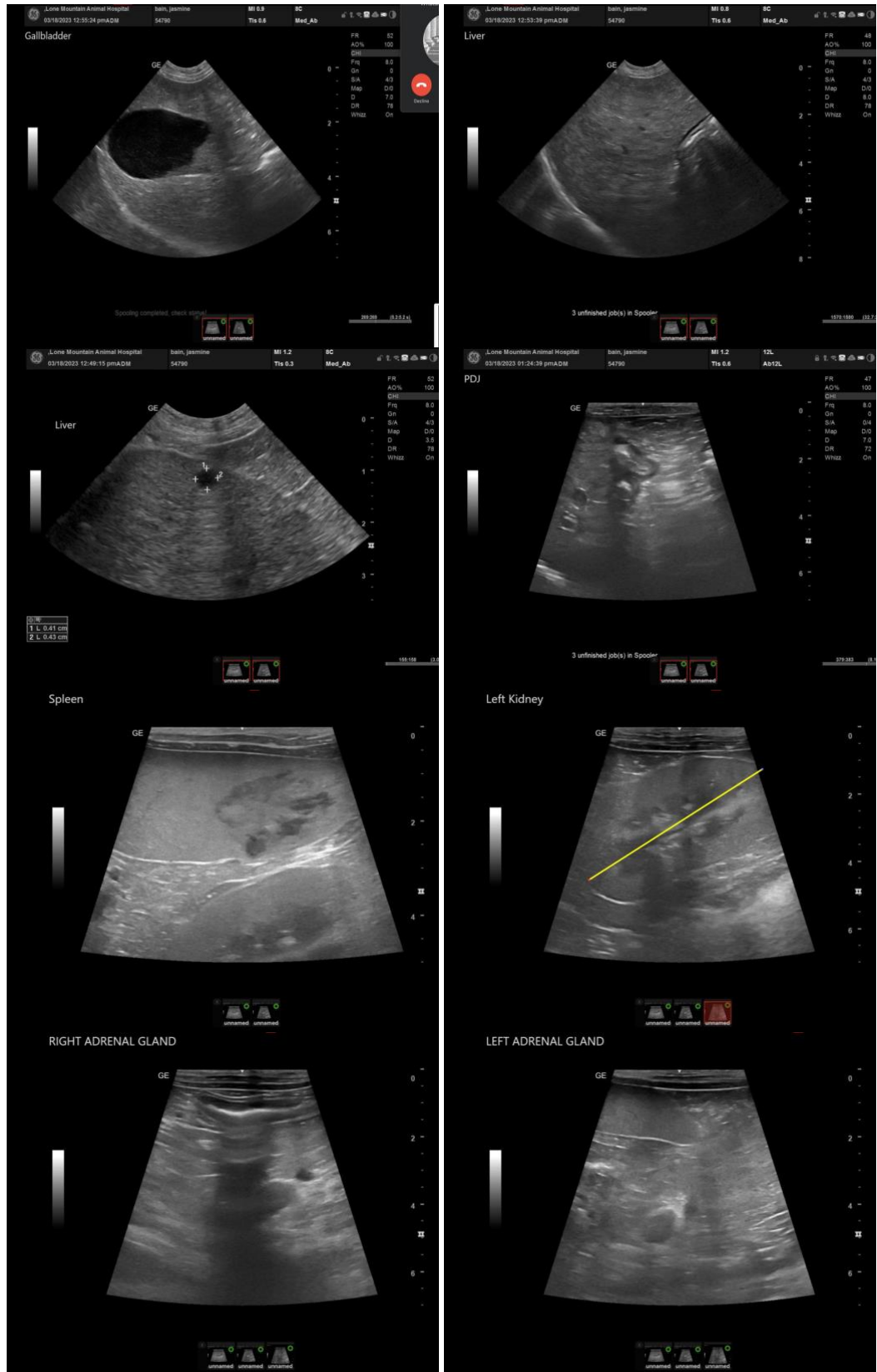
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

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Queenslander Heeler

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

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