



PATIENT

Abby Schlicker

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

8.5 + Years

WEIGHT

75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Gary Self

INVOICE

14400

DATE

3/21/22

PRESENTING CLINICAL SIGNS

History: Presented to RDVM for entropion repair. Preop assessment it was found that she had a 45,000 lymphocyte count. Hence, she presented to us for staging.

Abnormal PE/Chem/CBC/UA Results: Entropion L eye. Mild lymphadenopathy. Dermatitis. CBC = lym 45,000, neutrophils 13,000. Chemistry normal. UA unremarkable. 3 view chest films, no tumors noted.

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 3.0 cm beyond the cystourethral junction.

The **right kidney** 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 7.4 cm.

The **left kidney** revealed minor increased cortical echogenicity and slight irregular contour. The left kidney measured 7.0 cm in length. Blood flow to the left kidney appeared to be unremarkable.

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 0.4 cm.

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

Spleen

The **spleen** was mildly enlarged. The spleen measured up to 3.5 cm in width. A focal nodule (1.5 cm) was noted at the cranial pole of the spleen. Other smaller nodular changes were noted in the spleen.

Liver

The **liver** was uniformly enlarged. The parenchyma was unremarkable. The gallbladder and common bile duct were unremarkable.

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.

SPECIES

Canine

Free Abdomen

An iliac **lymph node** (1.3 cm in width) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

BREED

Goldendoodle

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Mild splenic enlargement with micronodular changes
- Mild, uniform hepatomegaly. Unremarkable, yet screening FNA indicated
- Left kidney, minor increased cortical echogenicity and slight irregular contour

AGE

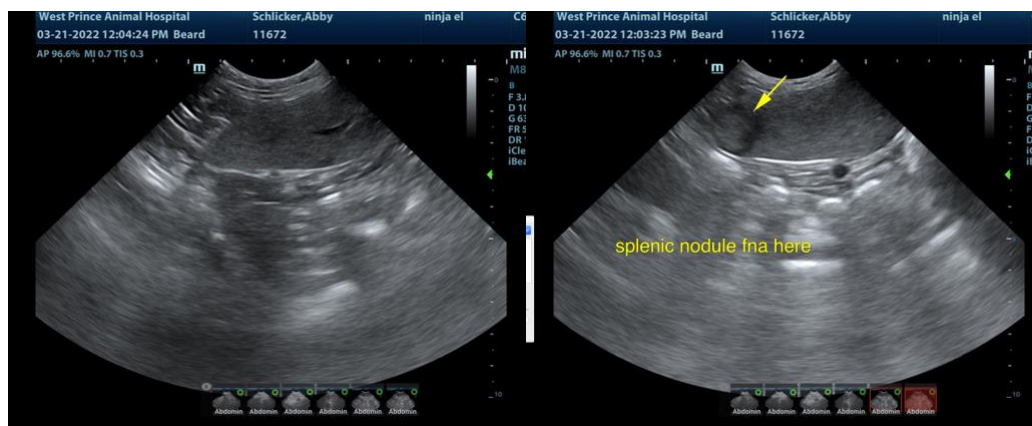
8.5 + Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, ultrasound guided FNA of the general splenic parenchyma and splenic nodule indicated to assess for early infiltrative disease. Splenic hyperplasia versus round cell neoplasia at an early stage. Mild potential for hepatic involvement.

WEIGHT

75 Pounds



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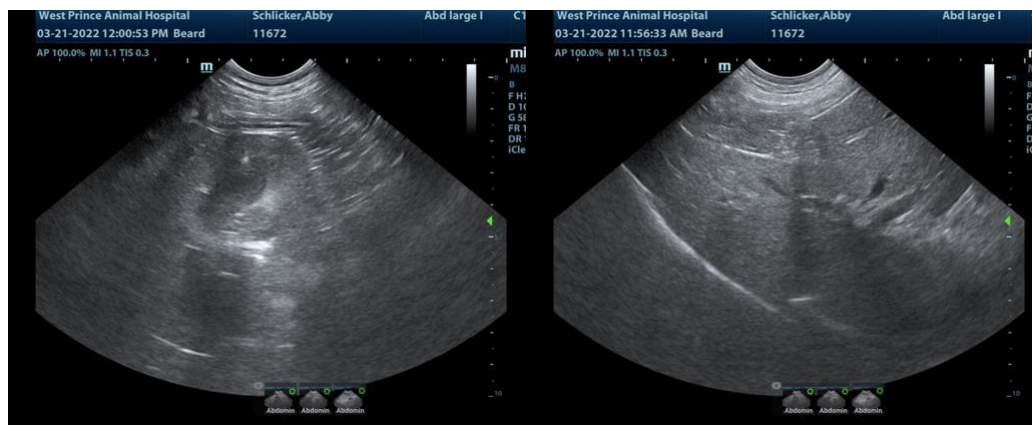
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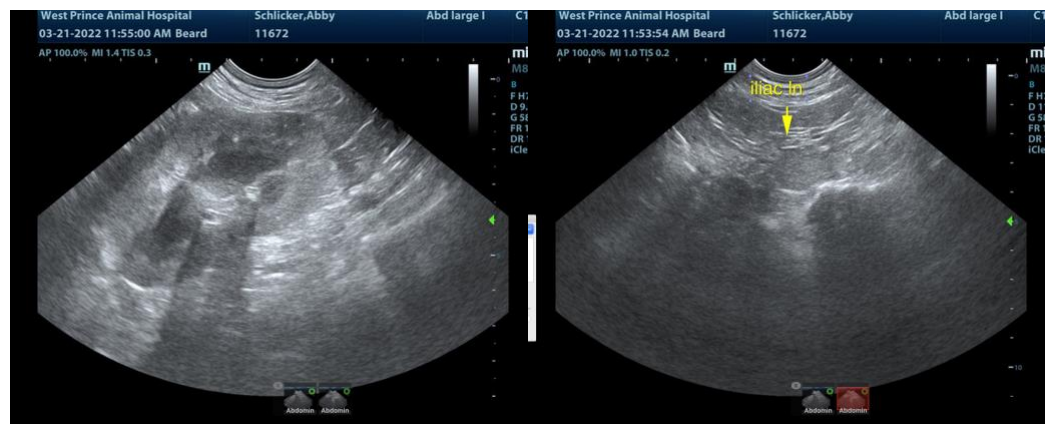
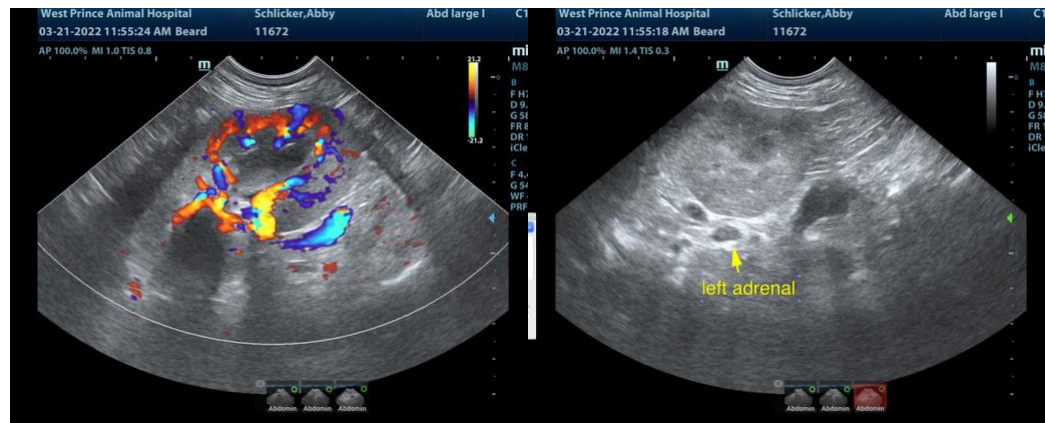
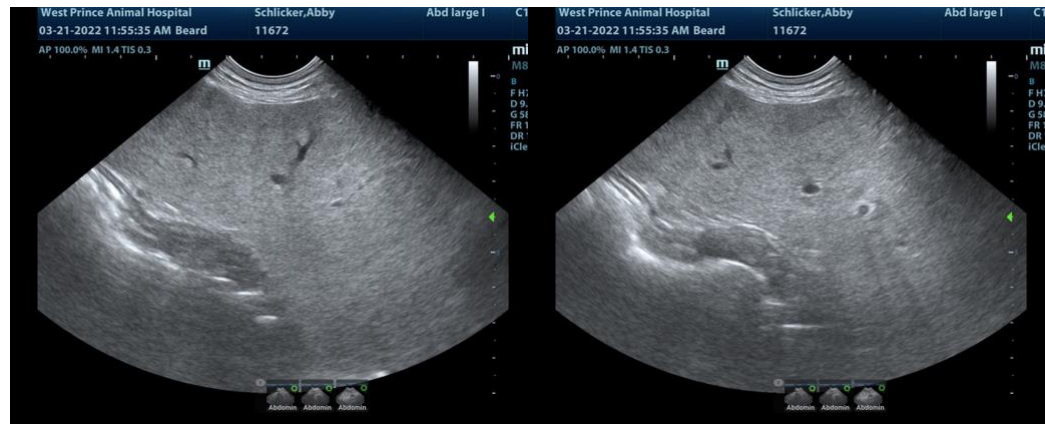
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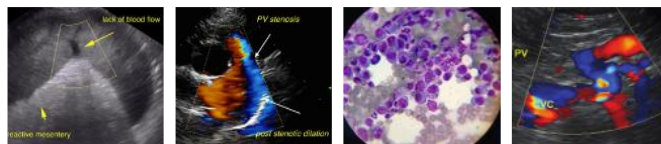
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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