



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lacey Kuhn

SPECIES
Canine

History: Intermittent hematochezia, vomiting, and anorexia since Oct 2022. No weight loss. History of sensitive GIT & seasonal allergies. Owner switched to Farmer's Dog diet in late September 2022. On metronidazole currently.

Abnormal PE/Chem/CBC/UA Results: Pet was Giardia antigen positive 12/27/22 - treated. Fecal neg 3/21/23. History of elevated BUN since July 2022 (40 to 60); other renal values WNL & urine well concentrated.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Jack Russell Terrier

Urinary System

SEX
Spayed female

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.

AGE

12 years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.4 cm. The right kidney measured 3.2 cm.

WEIGHT

8.31 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were 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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

IMAGING PERFORMED BY

Amy Priest

HOSPITAL NAME

Long Valley AH

Spleen

The **spleen** revealed mixed, hypoechoic, expansive nodule that measured 1.8 cm with swollen, irregular contour. Other nodular changes were noted in the spleen with disrupted architecture.

REFERRING VET

Dr. Semanchik

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

43455

DATE

3/22/23



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Gastrointestinal

The **gastrointestinal tract** revealed variable areas of spastic bowel and undulating submucosal contour with excessive thickness. This is consistent with chronic inflammatory bowel. Gastric stasis was present; however, the pylorus appeared to be patent.

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

Concerning splenic nodules with chronic inflammatory bowel presentation.

Gastric stasis, consistent with ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic nodule differentials include hemangiosarcoma, abscessation, benign hyperplasia and less likely round cell neoplasia. I recommend chest radiographs and an echocardiogram in this patient to assess for metastatic disease from the spleen followed by splenectomy and GI biopsies for further definition.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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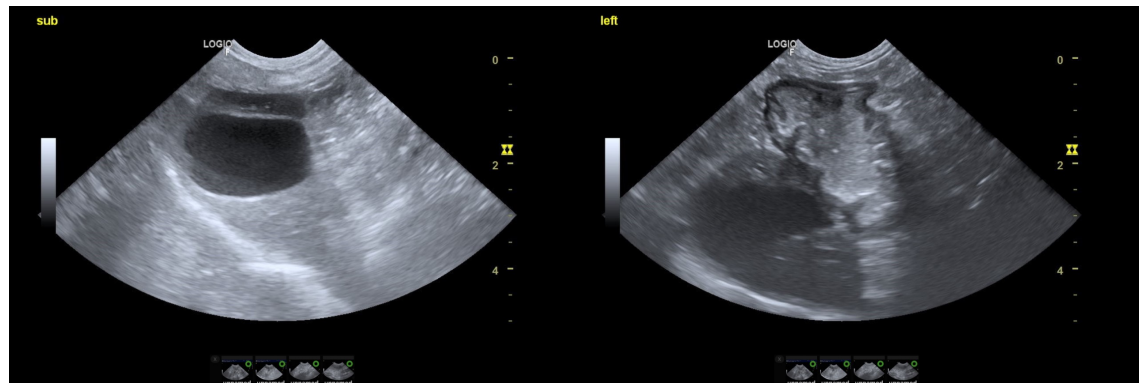
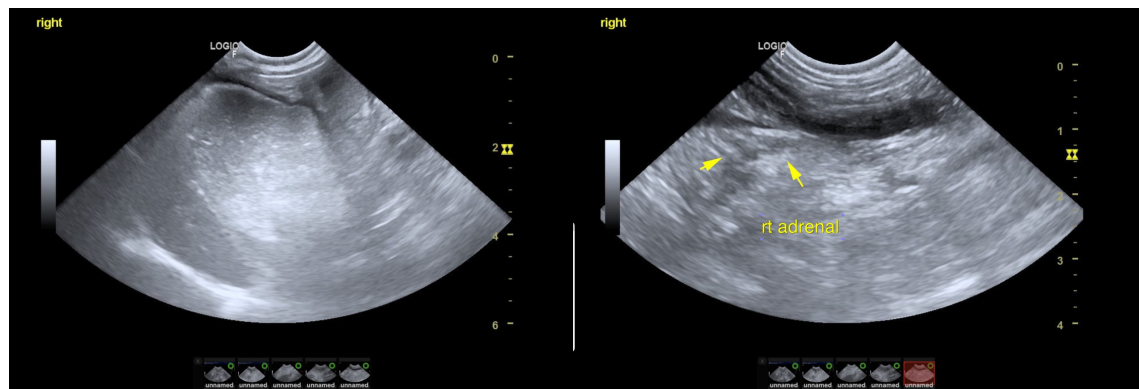
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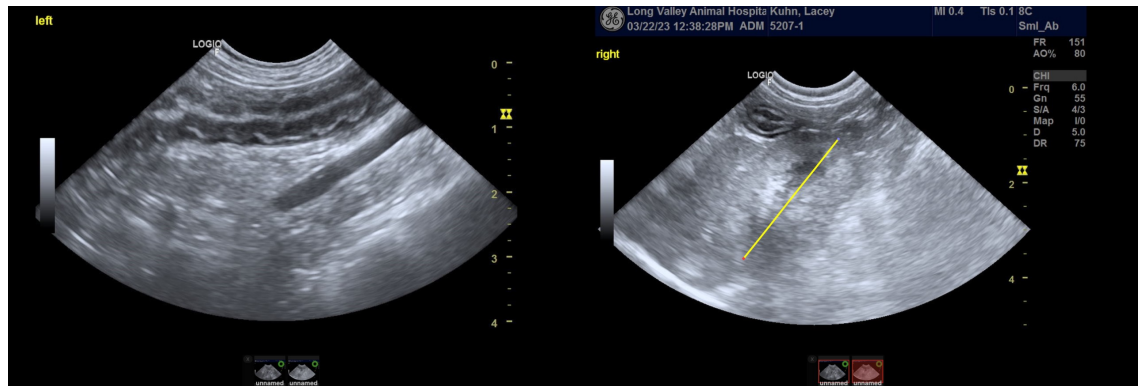
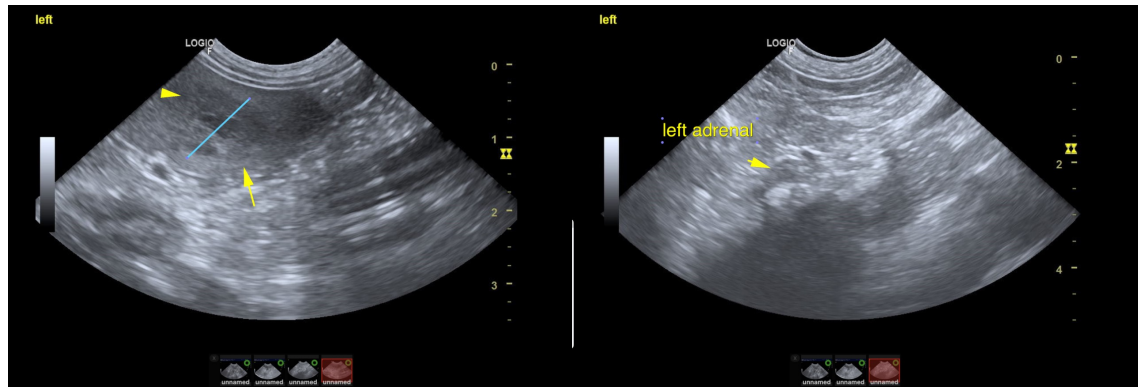
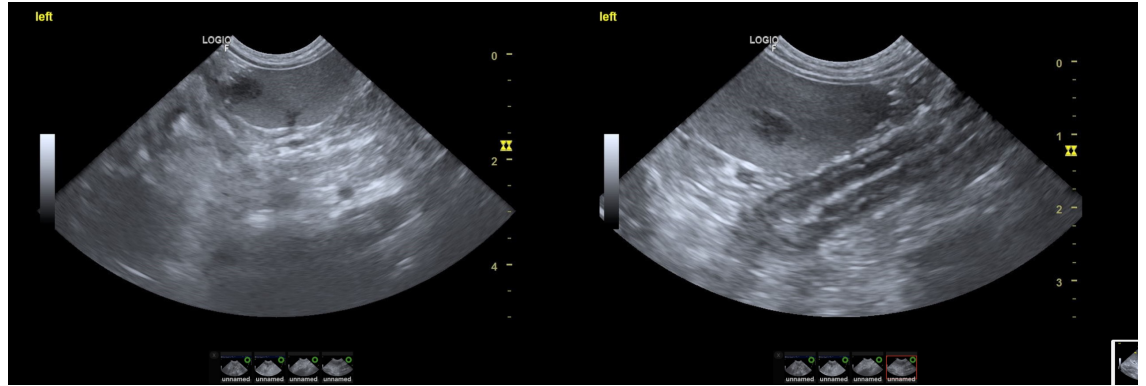
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Jack Russell Terrier

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

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