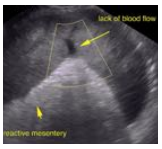

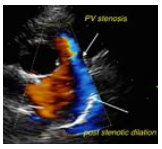

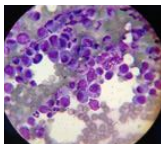
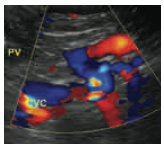

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1-800-838-4268 info@sonopath.com

PATIENT

Charlie Watt

SPECIES

Canine

BREED

Chihuhua Mix

SEX

Neutered male

AGE

10 years

WEIGHT

7.2 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Duncan AH

INVOICE

97737

DATE

3/23/22

PRESENTING CLINICAL SIGNS

History: Charlie presented on March 16 with a complaint of chronic weight loss and inappetence. He has lost over 1.5 kg in the past two months. On PE, he was febrile and had firm, enlarged submandibular lymph nodes. He also has a 3/6 heart murmur. FNA of the lymph nodes was consistent with reactive lymphoid hyperplasia.
Abnormal PE/Chem/CBC/UA Results: March 16, 2022 TP=86 (52-82) Globulin=50 (25-45) ALP=648 (23-212) WBC=20.59 (5.05-16.76) Neutrophils=14.91 (2.95-11.64) Monocytes=3.26 (0.16-1.12) MPV=13.8 (8.7-13.2) PDW=22.6 (9.1-19.4) UA usg=1.044 with trace proteinuria pH=9.0 UBG= 1 mg/dL U BIL=1 mg/dL Quiet sediment

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 was noted. Ureteral papillae were normal.

The residual prostate measured 0.69 cm.

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 4.43 cm.

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 right adrenal gland measured 0.66 cm. The left adrenal gland measured 1.24 x 0.39 cm at the caudal pole and 0.31 cm at the cranial pole.

Spleen

The **spleen** revealed hypoechoic target type nodule that measured 1.17 cm. Other nodular changes were noted in the spleen with target type appearance.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional, hypoechoic nodule was noted measuring up to 0.86 cm. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder calculi were noted and non-obstructed measuring up to 0.74 cm. Sand accumulation was also noted.

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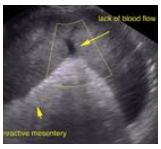
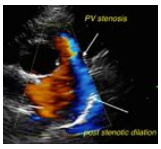
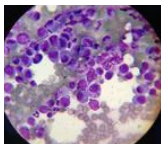
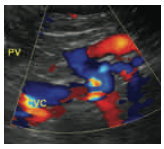

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Gastrointestinal

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.

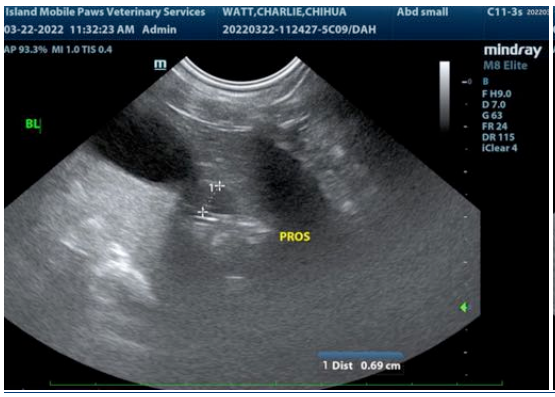
ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with gallbladder calculi.

Splenic nodule, strong concern for round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated. Hemangiosarcoma and hyperplasia are possible. I recommend PCR or PARR evaluation on the cytology obtained is recommended if the FNA is not diagnostic for round cell neoplasia. Three view chest radiographs and imaging of the cranial mediastinum is also warranted to assess for metastatic disease.



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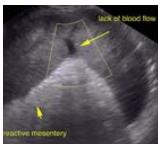
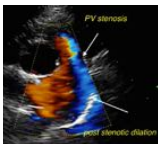
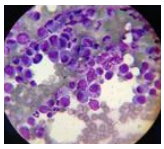
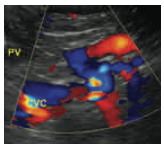

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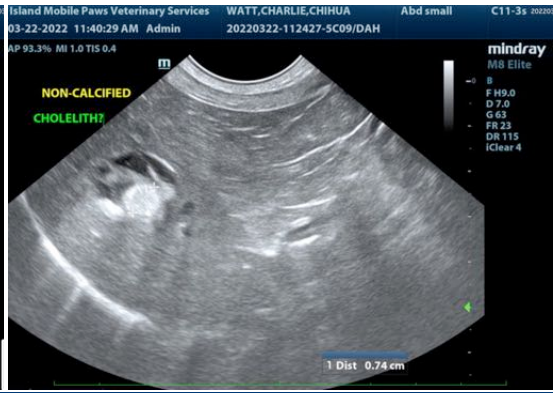

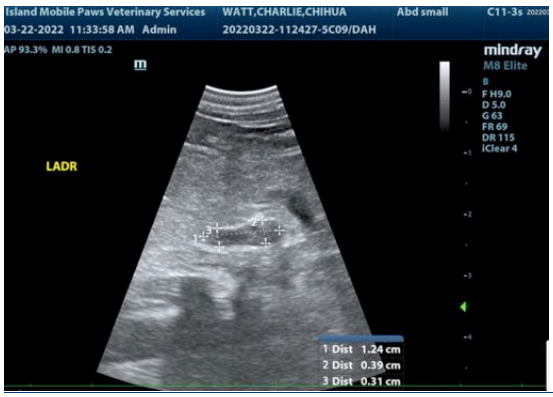

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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