



PATIENT

Chef Chhoun

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

6 Years

WEIGHT

26 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

36347

DATE

3/22/22

PRESENTING CLINICAL SIGNS

1. Icteric, Hepatopathy, hyperbilirubinemia P has had dark urine for the last 2 weeks, O doesn't know if P has been exposed to toxins, P got into the trash Monday and threw up absorbant pad from meat, P goes out to the woods frequently - Approximately 5x/week, P hasn't been drinking water much since she has owned him

Abnormal PE/Chem/CBC/UA Results: rDVM BW: CBC: WBC 10.36 RBC 5.10 HGB 11.8 Plts 90
Chem: ALP 440 ALP 777 Tbili 2.7 Creat 1.5 BUN 16 Gluc 121 PCV/TS: 38/6.0 UA: Yellow, USG: 1.010 pH 7.0 0.5+ bilirubin, 1+ WBC no RBC, crystals or bacteria Lepto witness: Negative

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 1.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable.

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 measures 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The **left adrenal gland** measured 0.50 cm, visualized obliquely. The **right adrenal gland** was not visualized.

Spleen

The **spleen** was uniformly enlarged with swollen contour, consistent with reactive spleen. Subtle micronodular changes noted. Mild potential for round cell neoplasia.

Liver

The **liver** was mildly enlarged with increased portal markings. Slight areas of free fluid noted. The gallbladder was double layered. Hepatic lymph nodes were slightly enlarged.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

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

- Swollen, irregular liver with cholangitis pattern – potential for round cell neoplasia.
- Swollen spleen



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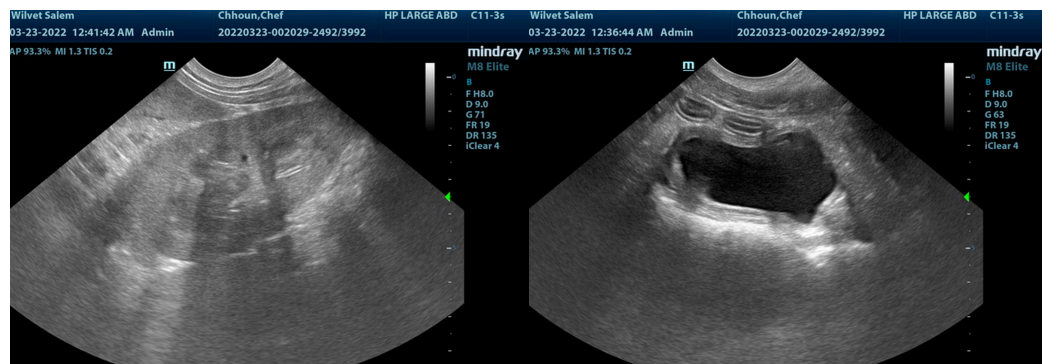
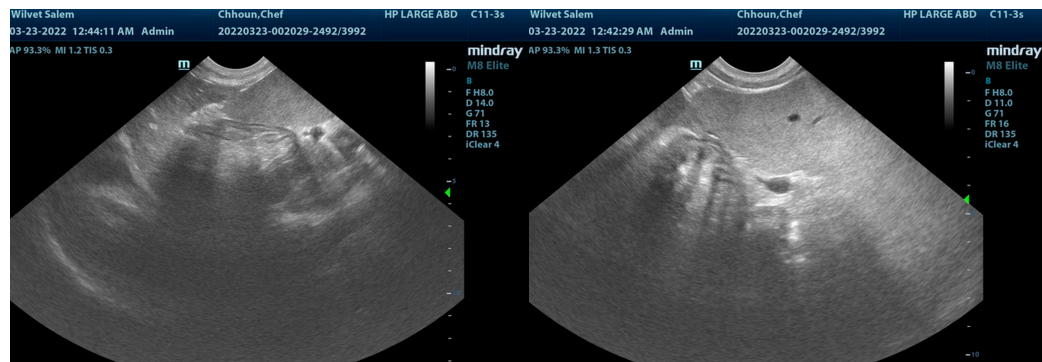
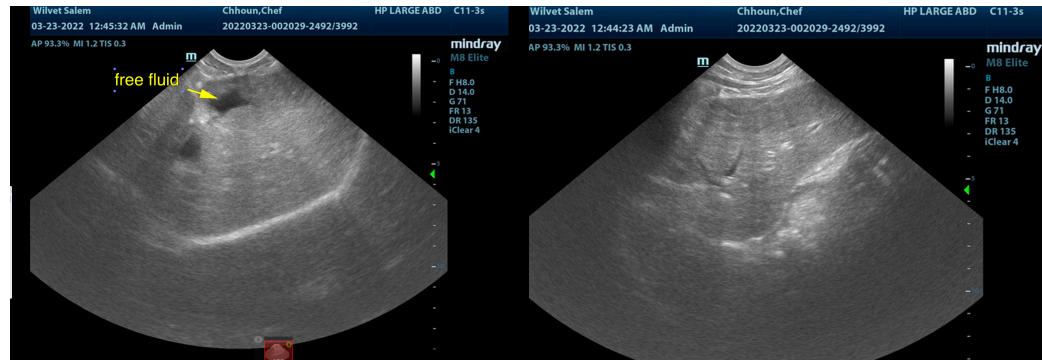
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for infiltrative disease in this patient. Coagulation panel and FNA of the spleen and liver strongly recommended to assess for underlying lymphoma versus reactive spleen and cholangiohepatitis. Leptospirosis titers indicated.



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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