



**PATIENT**

Sunny Krah

**SPECIES**

Canine

**BREED**

Fox Terrier

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

33 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mychajlonka

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Mychajlonka

**INVOICE**

36518

**DATE**

3/28/22

**PRESENTING CLINICAL SIGNS**

O concerned about elevated ALP, u/s done to evaluate GI tract for chronic enteropathy, splenic nodule accidentally finding. Increased IBD values while on Hydrolyzed diet. Chronic diarrhea. Chronic allergies. Abnormal PE/Chem/CBC/UA Results: 3/21/11 Alk Phosphatase 547 HIGH 5-131 IU/L TRIGLYCERIDE 482 HIGH 29-291 mg/dL Anti-Porin IgA 122.9 HIGH <15 EU/mL Anti-Calprotectin IgA 58.0 HIGH <6 EU/mL Anti-Gliadin IgA 196.2 HIGH <50 EU/mL 2/26/22 Anti-Porin IgA 85.7 HIGH <15 EU/mL Anti-Calprotectin IgA 29.1 HIGH <6 EU/mL Anti-Gliadin IgA 100.3 HIGH <50 EU/mL

**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 **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 kidneys measured 4.5 cm each.

**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 1.0 cm at the cranial pole and 0.50 cm at the caudal pole. The left adrenal gland measured 0.60 cm at the cranial pole and 0.50 cm at the caudal pole.

**Spleen**

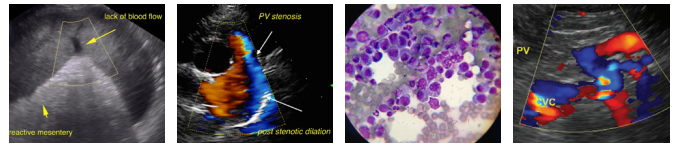
The **spleen** revealed a hypoechoic expansive undifferentiated nodule measuring 1.2 cm with capsular expansion and disrupted architecture.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed normal lumen. Minor areas of increased submucosal echogenicity noted.



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**Pancreas**

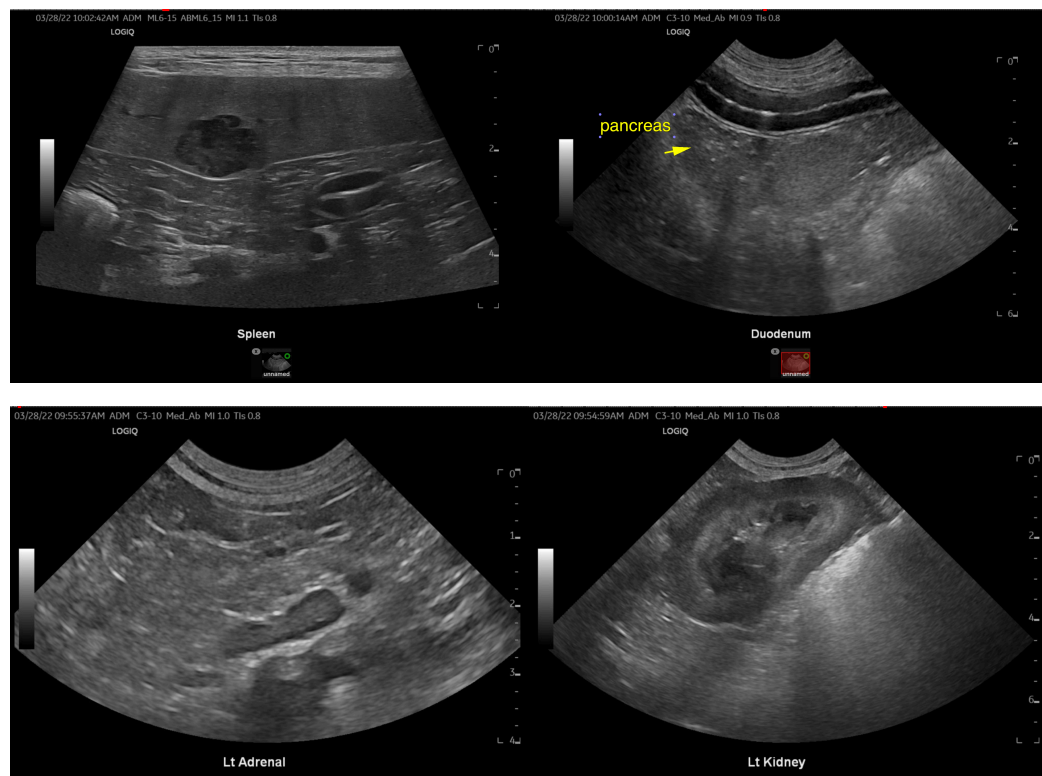
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Focal splenic nodule – concern for round cell neoplasia versus hemangiosarcoma or nodular hyperplasia. FNA indicated.
- Mild chronic GI changes
- Mild hepatic remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the splenic nodule or direct splenectomy with GI and liver biopsies would be indicated. The splenic lesion appears isolated.



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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

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