



PATIENT

Sadie Dotter

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

11 Years

WEIGHT

34.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Richard Morgan

INVOICE

35909

DATE

3/3/22

PRESENTING CLINICAL SIGNS

Presented for ultrasound due to progressively increased ALP. Had dentistry performed in December 2021. Primary reason for ultrasound referral: Look for underlying cause for ALP elevation
Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: 2/10/21 - ALP 424 12/11/21 - Basophils 0.23, ALP 589 2/22/22 - ALP 852 Other diagnostics available (ie. Blood pressure, radiographs, etc): Thoracic radiographs WNL, Position 3 Echo RA Clear Abnormal physical exam findings: BCS 7/9

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 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 7.0 cm. The left kidney measured 8.2 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 left adrenal gland measured 2.0 cm x 0.55 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measured 1.5 cm x 0.79 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** revealed a mixed hypoechoic, incidental 4.7 cm disruptive mass with loss of structural detail and minor capsule expansion.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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.



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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.

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ULTRASONOGRAPHIC FINDINGS

- Incidental splenic mass – strong concern for hemangiosarcoma, possibility of round cell neoplasia, less likely hyperplasia or abscessation.
- Benign hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

I strongly recommended splenectomy after screening echocardiogram for metastatic disease in the right auricle and pericardium as well as 3-view chest radiographs.

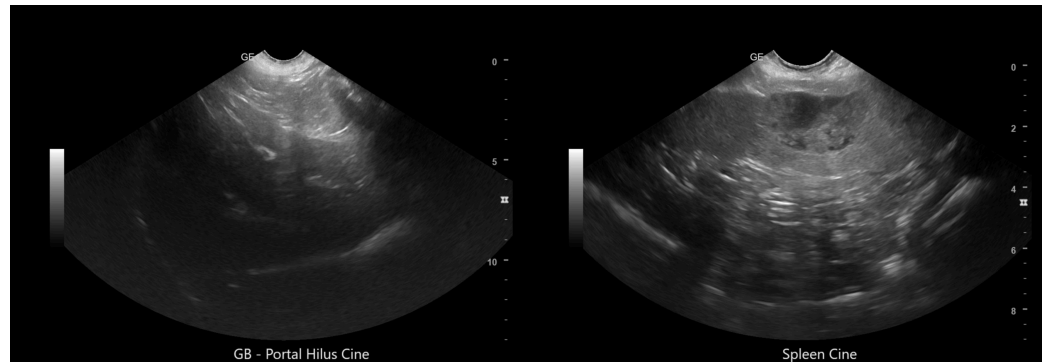
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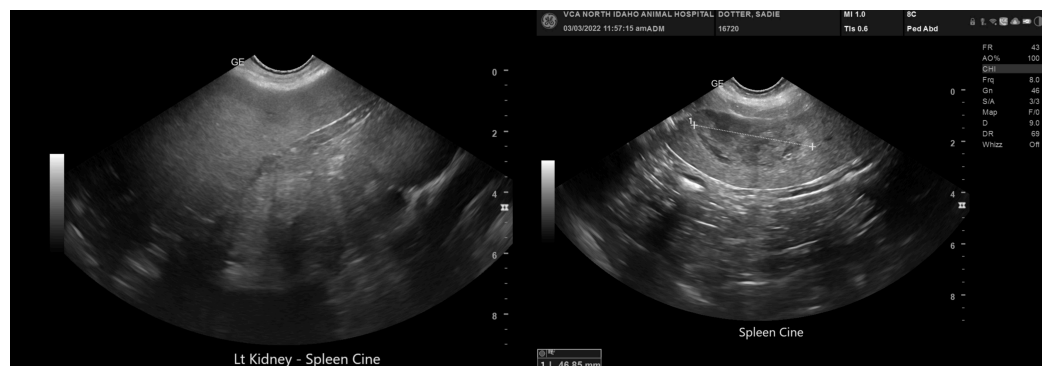
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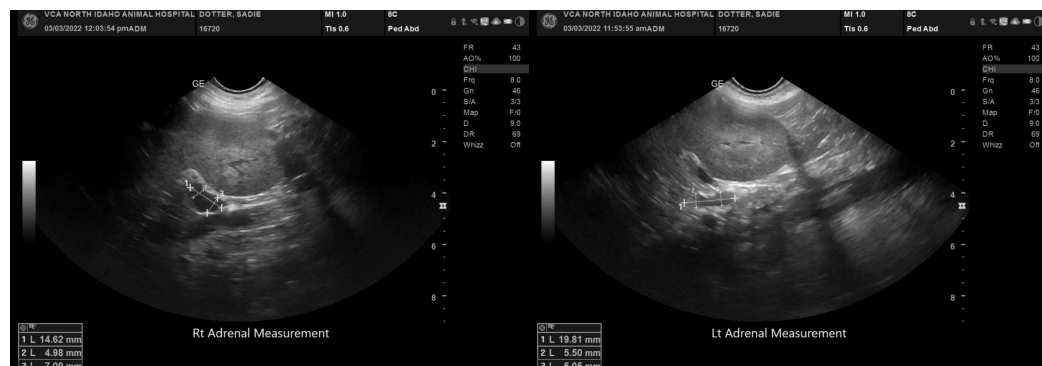
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

info@SonoPath.com

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