



**PATIENT**

Miles Jacobs

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

FS

**AGE**

16yr

**WEIGHT**

40.6lb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Tudini

**HOSPITAL NAME**

East Aurora VH

**REFERRING VET**

Dr. Guenther

**INVOICE**

13128ag

**DATE**

03/06/2023

**PRESENTING CLINICAL SIGNS**

Patient had some diarrhea last week after O switched her food. She is back on her old food now and the diarrhea has resolved. The day after the diarrhea started, she also had some sudden onset weakness, especially in her hind end and she seemed a bit spacey. She was still eating and drinking. Referring Dr wishes for any evidence of intermittent internal hemorrhage to be assessed as part of her diagnostic workup of patient.

Abnormal PE/Chem/CBC/UA Results: - CBC - HCT 35.5 - mild anemia but improved from October - Chem - SDMA 18, creat 1.6, BUN 32, ALT 355, ALP 488, chol 541 - 4DX - negative - Fecal - negative - urine sample pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder revealed a polyploid apical wall measuring 2.8 cm x 1.32 cm suggesting chronic cystitis although carcinoma cannot be definitively ruled out. The 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.

The left kidney exhibited moderate dystrophic changes with thickened irregular cortices and pelvic mineralization. Echogenic debris noted in the renal pelvis of the left kidney. The left kidney measured 5.7 cm in length. The right kidney exhibited minor pyelectasia. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The left adrenal gland visualized obliquely was slightly enlarged, heterogenous and irregular. The left adrenal gland measured 2.7 cm in length by 1.0 cm caudal pole width. The region of the right adrenal gland was unremarkable.

**Spleen**

The spleen presented hypoechoic nodular changes as well as hyperechoic lipogranulomas. No overt masses present.

**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. Gallbladder polyps noted. 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**

- Mild to moderate chronic renal changes with potential pyelonephritis
- Nodular hyperplasia splenic pattern
- Chronic inflammatory hepatopathy/vacuolar hepatopathy-largely appears benign
- Apical bladder polyploid thickening/mass-appears resectable
- Enlarged left adrenal gland with minor remodeling

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The cause of the anemia in this patient is unclear. Cytospin of a free catch urine sample and/or BRAF assay warranted to assess for transitional cell carcinoma. FNA of the liver/spleen warranted. A urine C/S is warranted. 72 hour IVF protocol may be appropriate in this patient regarding the minor azotemia. BP measurements suggested. If adrenal disease is suspected, further imaging of the right adrenal gland under sedation is indicated.

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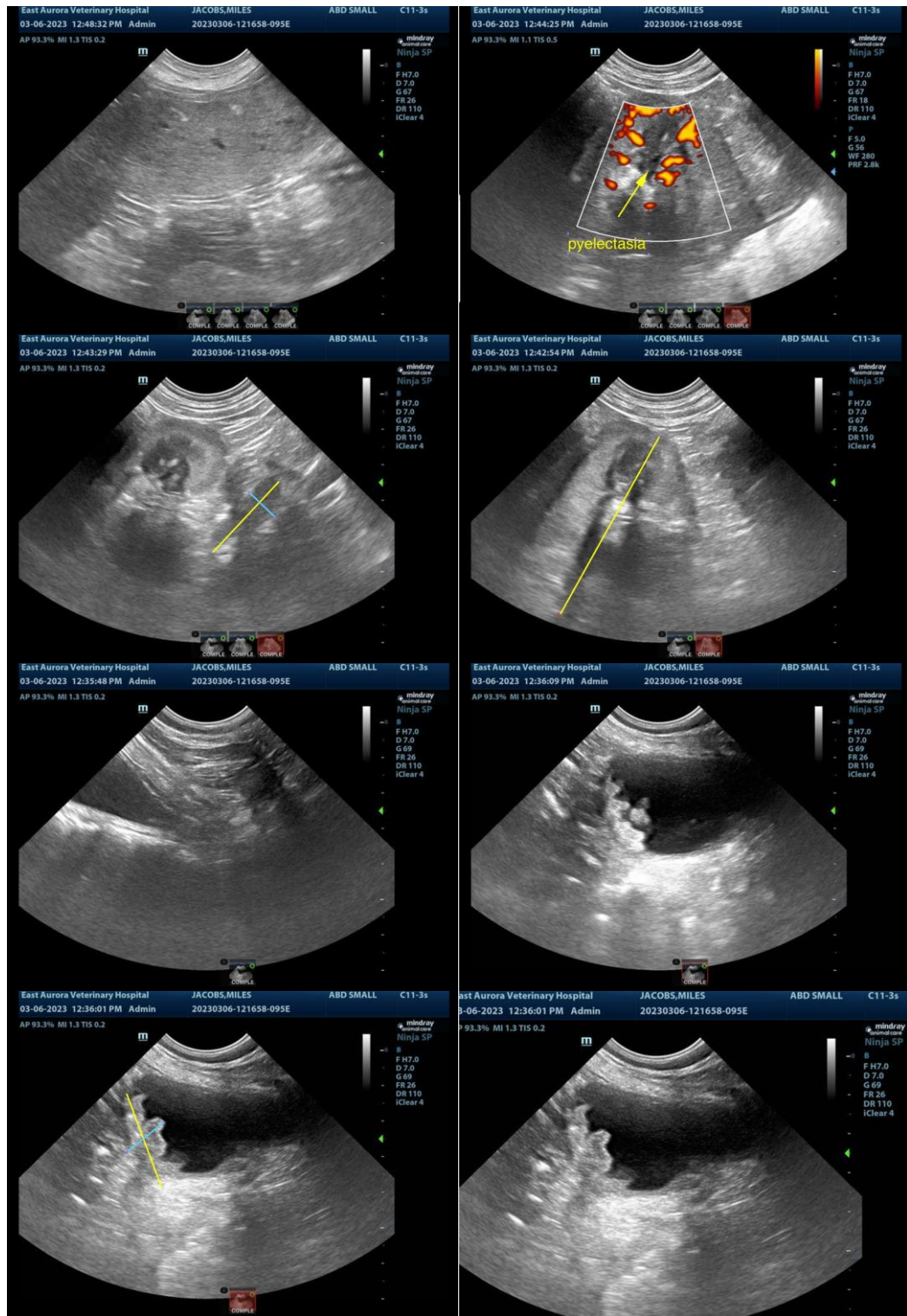
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

Miles Jacobs

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

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