

DATE

3/8/22

PATIENT

Lizzy Freeburger

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

9/14/2010

WEIGHT

25 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

35991

PRESENTING CLINICAL SIGNS

Vomiting, moderately increased liver enzymes. Hepatosplenomegaly on US.

Current Medications: Buprenorphine, Denamarin, Vitamin B, Protonix, Cerenia.

Lab Results: ALT 755, ALKP >2000, GGT 49, Tbili 3.1.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 left kidney measured 5.8 cm. The right kidney measured 5.87 cm. Anechoic cyst noted at the cranial pole of the right kidney measuring 0.87 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 2.38 cm x 0.67 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 2.12 cm x 0.70 cm at the caudal pole and 0.86 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with mild heterogeneous parenchymal changes.

Liver

The **liver** presented increased portal markings and multifocal hyperechoic nodules. The gallbladder was unremarkable. A hepatic lymph node was enlarged, rounded and hypoechoic, measuring 2.94 cm x 2.44 cm. Enhanced surrounding mesentery noted. The common bile duct was at upper limits of normal at 0.34 cm.

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. Reactive mesenteric lymph nodes noted, the largest measuring 1.92 cm x 0.88 cm. Other small nodes also present.

Pancreas

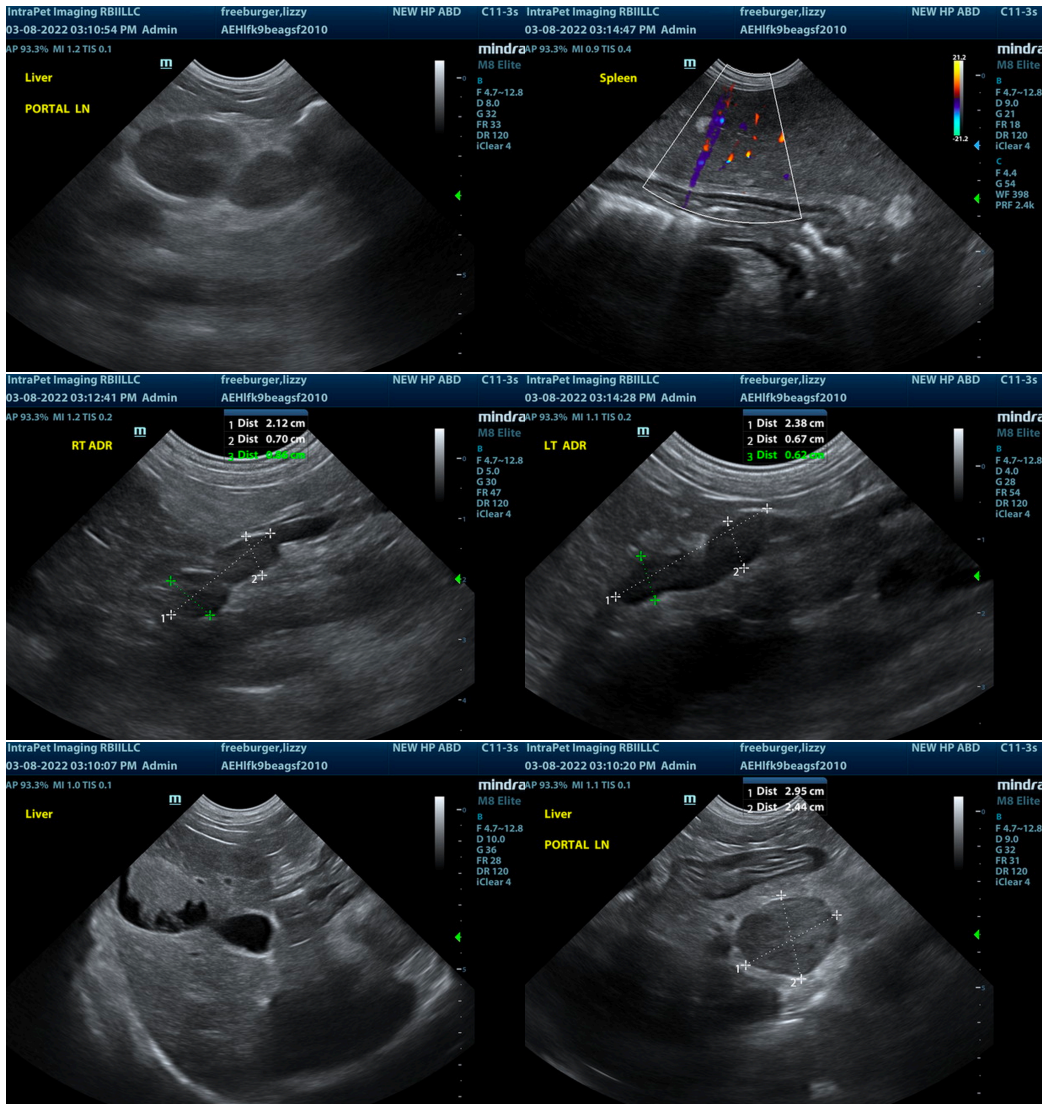
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

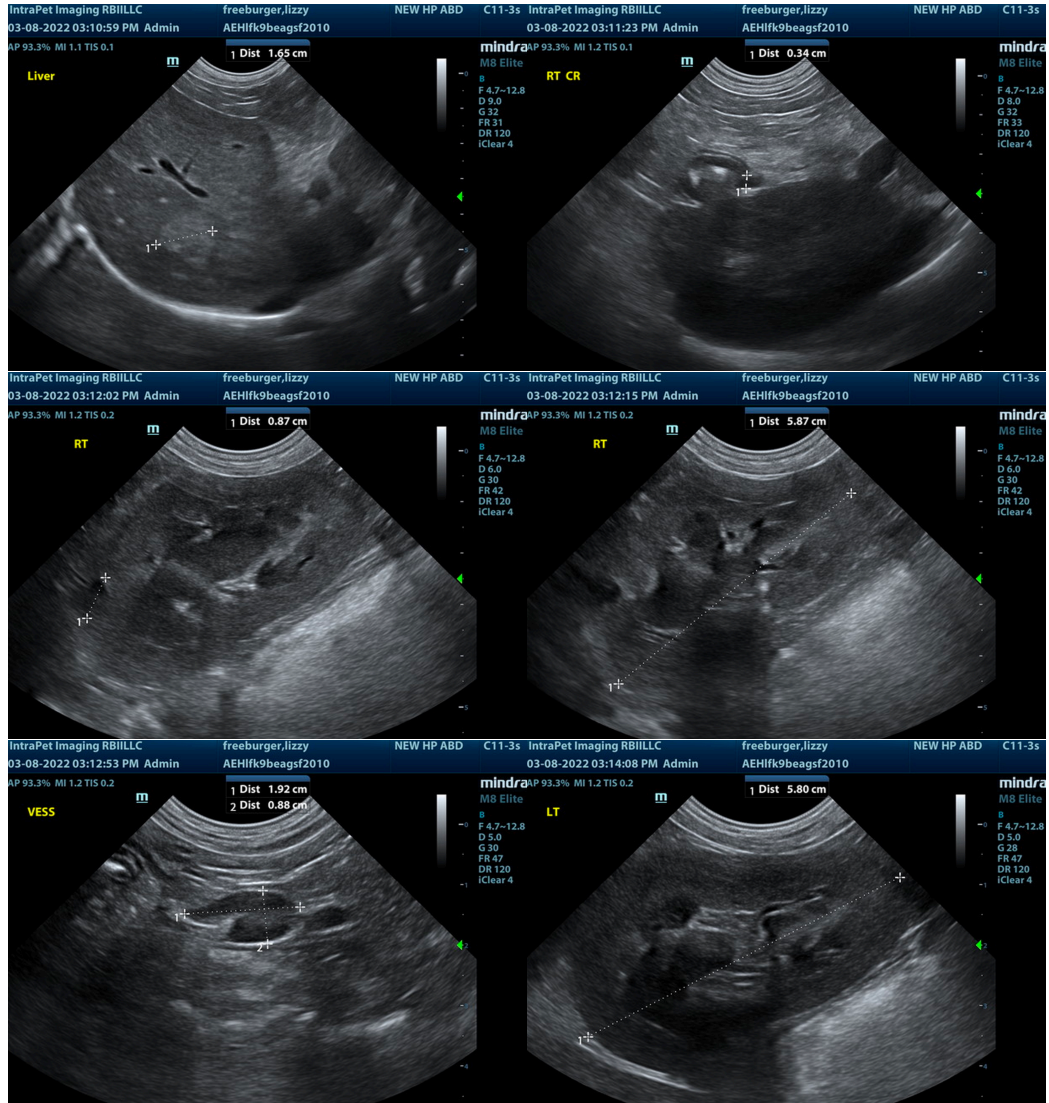
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling and lymphadenopathy with regional inflammation
- Splenic enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen, liver, and ideally hepatic lymph nodes (if accessible by the sonographer) recommended, as they envelop the portal vein. Strong concern for hepatosplenic round cell neoplasia. Guarded prognosis depending upon cytology results.





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