



PATIENT PRESENTING CLINICAL SIGNS

Harley Barczy

History: Previous history of acute liver disease that resolved with hospitalization, antibiotics & liver protectants (several years ago). On Galliprant for arthritis. Acute history of weakness, excessive panting and decreased appetite on 3/6.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 3/8- non-regenerative anemia with mild neutrophilia. Normal blood chemistry.

BREED

Labrador Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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 was noted. Ureteral papillae were normal.

AGE

12 years

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 7.6 cm. The right kidney measured 7.5 cm.

WEIGHT

114 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The right **adrenal gland** was 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 0.8 cm at the cranial pole and 0.5 cm at the caudal pole. The region of the left adrenal gland was visualized with no evidence of pathology.

IMAGING PERFORMED BY

Chaley Hunt

HOSPITAL NAME

Columbia AC

Spleen

The **spleen** revealed a slight, hypoechoic 0.3 cm nodule was noted at the mid splenic body with other minor heterogenous changes. The larger nodule in the mid cranial body measured 0.4 cm.

REFERRING VET

Dr. Baker

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Hypoechoic, non-disruptive nodular changes were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

INVOICE

96703

DATE

3/9/22



PATIENT

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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.

SPECIES

Canine

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Labrador Mix

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.

SEX

Neutered male

Heart

Rapid view of the heart revealed no evidence of pathology.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

114 lbs

Nodular splenic changes likely hyperplasia.

Subjectively benign hepatopathy with undefined splenic nodular changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver would be ideal. However, subjectively the changes appear benign. The changes are largely expected for this age patient.

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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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