



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lucca Gilbert
History: Is on 40mg prednisone twice daily; very painful with large elbow mass that appears to be a hygroma
SPECIES
Abnormal PE/Chem/CBC/UA Results: ALT 248; alk phos 1373; WBC 25k

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

10 years

WEIGHT

118 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

43799

DATE

4/11/23

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 was 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.5 cm. The right kidney revealed slight pyelectasia noted. The right kidney measured 9.5 cm.

Adrenal Glands

The left **adrenal gland** was flattened and likely owing to Prednisone therapy at 0.5 cm. The left adrenal gland was isoechoic to the surrounding fat. The right adrenal gland was flattened.

Spleen

The **spleen** was mildly enlarged with subtle, heterogenous parenchymal changes. A hypoechoic nodule was noted and measured 1.5 cm. The spleen was folded upon itself cranially.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.



PATIENT

Pancreas

Lucca Gilbert

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Normal abdomen.

German Shepherd

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

There was no evidence of pathology other than the splenic nodule. The prednisone therapy may be suppressing the more significant splenic presentation. FNA and/or direct splenectomy is indicated. NFA of the spleen and liver is warranted given the liver enzyme elevations and the splenic nodule or direct splenectomy. Liver biopsy can be considered. Differentials on the splenic nodule include emerging hemangiosarcoma, partially suppressed round cell neoplasia, nodular abscessation, emerging hyperplasia or abscessation.

Neutered male

AGE

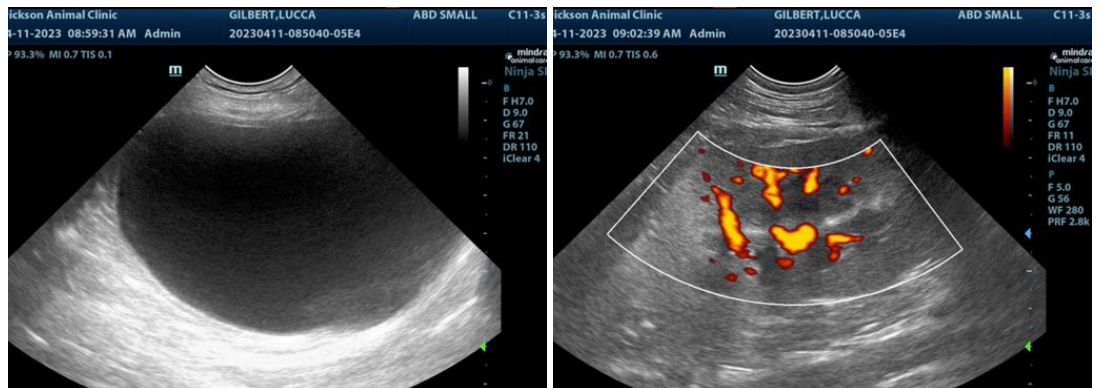
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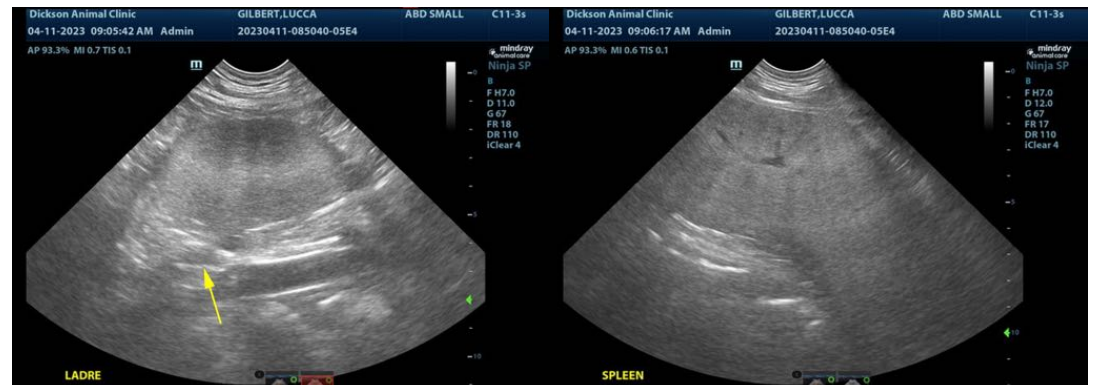
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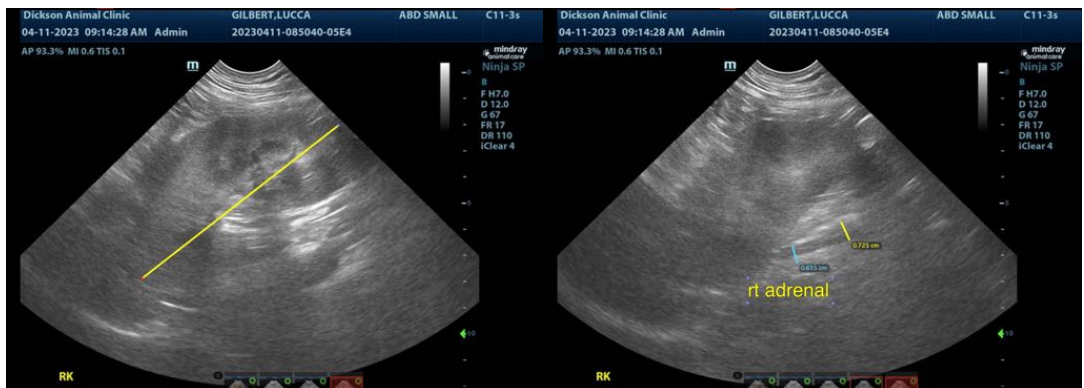
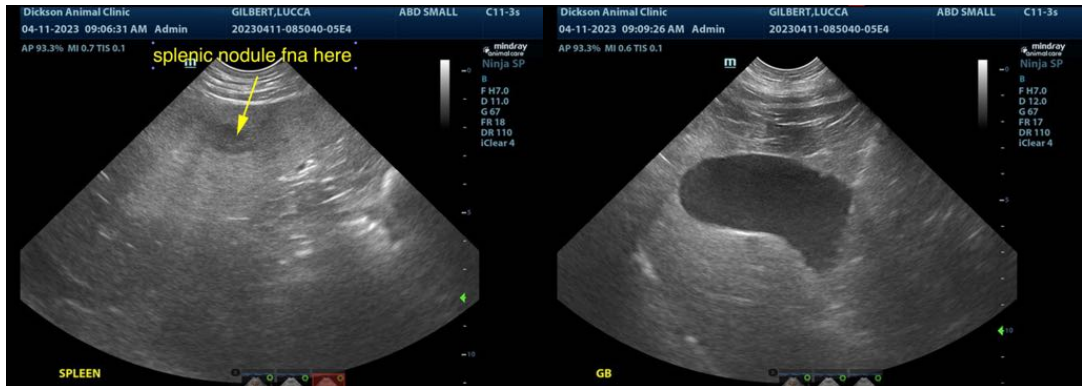
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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