



PATIENT PRESENTING CLINICAL SIGNS

Lilly St Pierre Acute onset poor appetite and lethargy since 3/13/22. O declined AUS initially, started Prednisone and Ursodiol. Lethargy improved but still hyporexic.
Abnormal PE/Chem/CBC/UA Results: BW (3/13/22): ALP 237, ALT 1082, T Bili 1.0. BW (today): ALP 1354, ALT 429, GGT 37, T. Bili 1.9, Alb 2.5. BUN 6. Bile Acids 96.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Beagle

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.

SEX

Spayed Female

AGE

12 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 5.19 cm. The right kidney measured 5.43 cm.

WEIGHT

28 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.17 x 0.78 cm at the cranial pole and 0.7 cm at the caudal pole. The right adrenal gland measured 1.1 cm at the cranial pole and 0.56 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Ebersole

Spleen

HOSPITAL NAME

Scanvet

The **spleen** was hypochoic and expansive revealing a 2.3 cm mass. The mass was undifferentiated with capsular expansion. The mass was deriving from the cranial pole. Other heterogenous splenic changes were noted with irregular contour and disruption of architecture.

REFERRING VET

Dr. Bonte

Liver

INVOICE

99324

The **liver** was swollen and irregular in contour with heterogenous parenchymal change and mild disruption of architecture. The gallbladder was deviated, yet there was no evidence of post hepatic obstruction present. Hepatic lymph nodes were enlarged and measured 2.0 cm.

DATE

4/18/22

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



PATIENT

Lilly St Pierre

demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were enlarged and hypoechoic.

SPECIES

Canine

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.

BREED

Beagle

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Splenohepatic infiltrative pattern with mesenteric and hepatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 years

This is strongly suggestive for round cell neoplasia. FNA of the spleen, lymph node and liver are all indicated. The prognosis is guarded to poor, but may be responsive to chemotherapy.

WEIGHT

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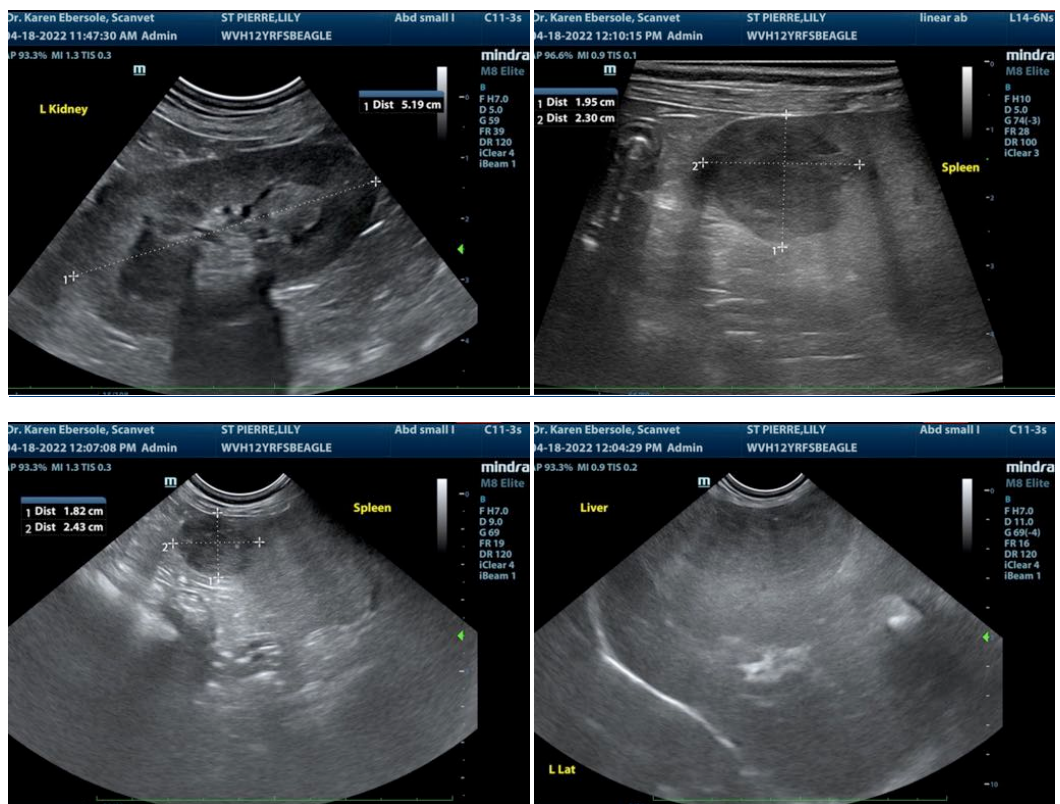
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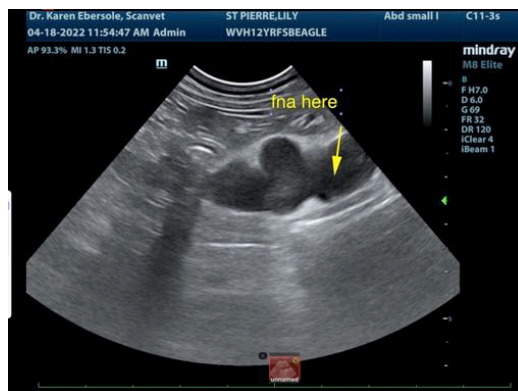
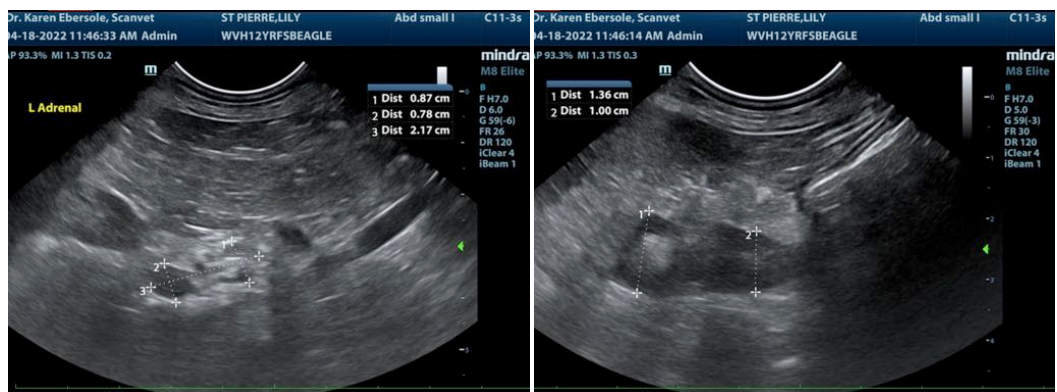
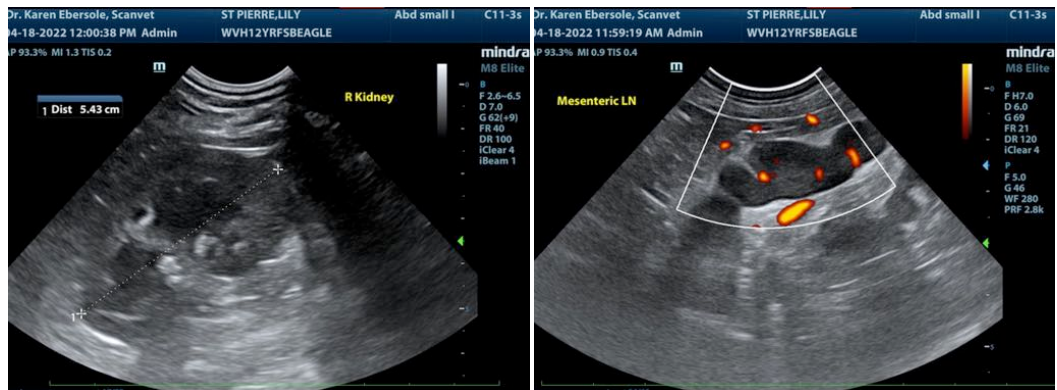
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Lilly St Pierre

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