



PATIENT

Smokey Luppnow

PRESENTING CLINICAL SIGNS

Met check (MCT dx via cytology)
Abnormal PE/Chem/CBC/UA Results: NSF

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Weimaraner

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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

Neutered male

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. The left kidney measured 6.7 cm. The right kidney measured 6.26 cm.

AGE

9 years

WEIGHT

88.6 lbs

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 right adrenal gland measured 2.75 x 0.81 cm at the cranial pole and 0.7 cm at the caudal pole. The left adrenal gland measured 2.87 x 0.63 cm at the cranial pole and 0.64 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The **spleen** revealed a focal, hypoechoic nodule noted and measured 0.8 cm at the cranial body with secondary nodule measuring 0.81 cm at the mid splenic body. The remainder of the spleen was unremarkable.

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Casulli

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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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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Weimaraner

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

ULTRASONOGRAPHIC FINDINGS

Splenic nodules. Round cell/mast cell metastatic lesions versus hemangiosarcoma are all possible.

AGE

9 years

Otherwise, the changes are consistent with a patient of this age.

WEIGHT

88.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA was performed without complication. Regardless of the cytology results a recheck of the splenic nodules is warranted in 10-14 days. Round cell neoplasia typically exfoliates adequately. Hemangiosarcoma may result benign on FNA despite structural malignancy.

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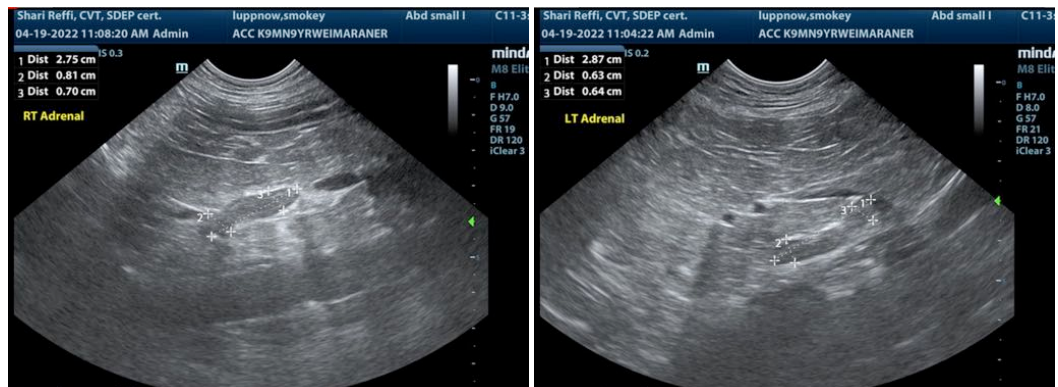
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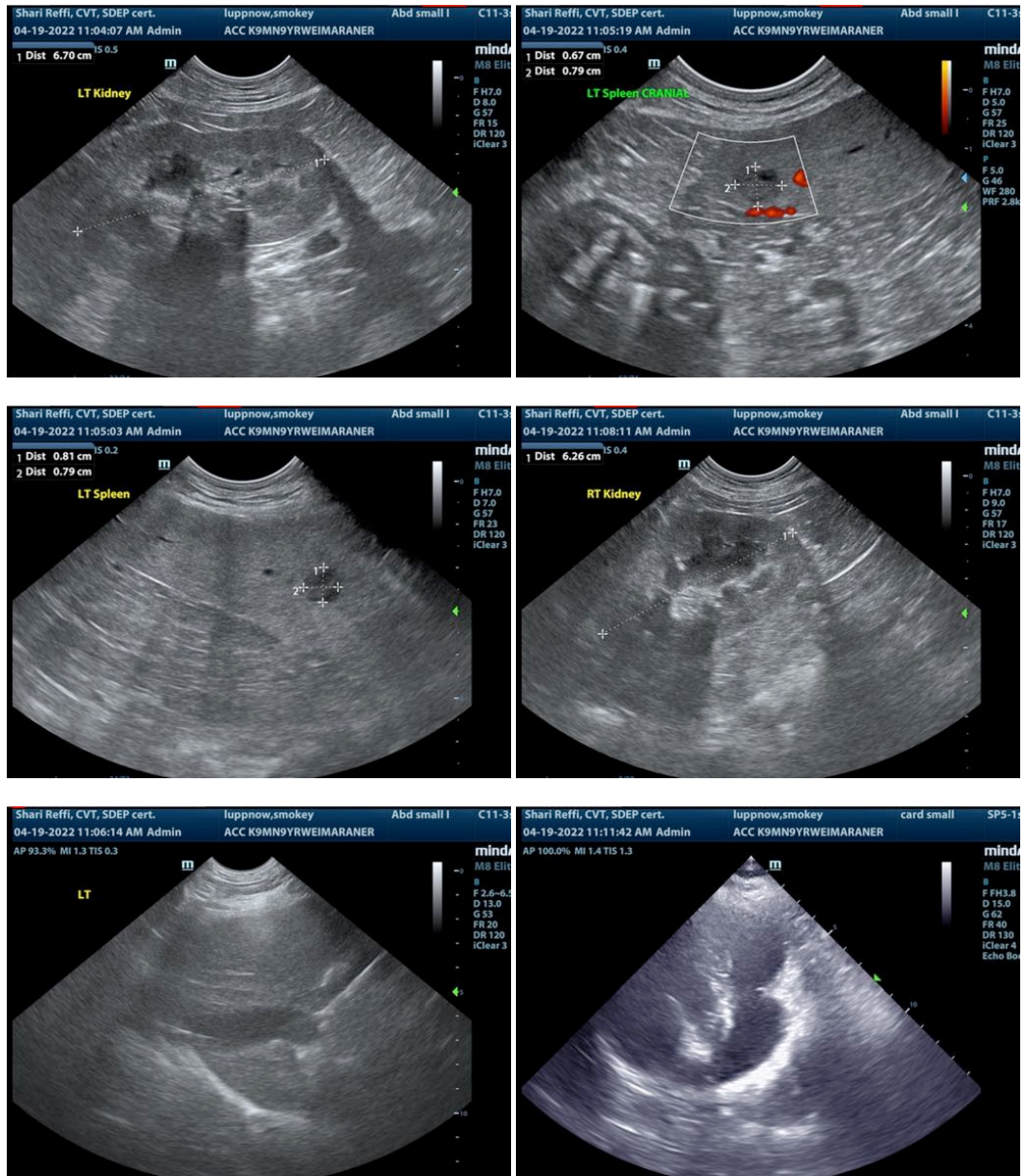
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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