



PATIENT

Gemma Schust

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

56.5 lbs

PRESENTING CLINICAL SIGNS

April 7 routine dental and 4 lipomas removed truck. April 18 started anorexia, "walking around in a fog". Medication Adequan SQ every 3 weeks, oral immunotherapy. Treated with Cerenia April 19 and did eat whatever owners offered her, but still not normal per owners.

Abnormal PE/Chem/CBC/UA Results: April 19 afebrile, some drooling at hospital but not noticed at home. CBC normal, Chemistry elevated ALT 161 (10-125) was 91 April 7. Elevated ALKP 369 (23-212) has been 200-300 since Nov 2020. TT4 normal 1.2 (1-4). April 21 thoracic and abdominal radiographs unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 right kidney measured 7.0 cm. The left kidney measured 6.18 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

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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 2.0 x 0.67 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 2.06 x 0.51 cm at the cranial pole and 0.34 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. An isoechoic mass was noted at the cranial pole of the spleen measuring 3.1 cm. The mass does not appear particularly aggressive. However, it is distinct and present in multiple views. This may be benign. FNA could be considered for further definition.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future.



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This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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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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Pancreas

AGE

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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.

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ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with focal, subjectively benign splenic mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

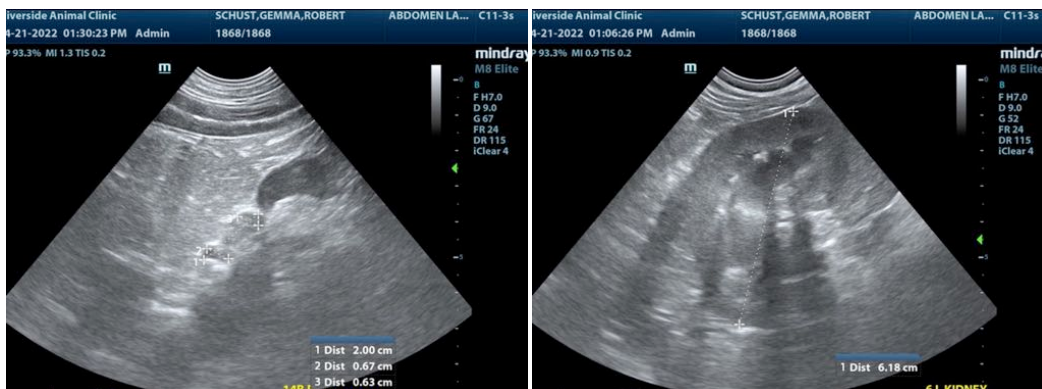
FNA of the splenic mass is indicated. There is no evidence of visceral pathology responsible for the clinical signs. Given the patient's age full CNS examination is warranted +/- brain CT. Minor retention of ingesta and a 1.5 cm, hypoechoic structure was noted in the pyloric outflow. FNA of the general spleen and splenic mass/nodule at the cranial pole is recommended. However, this is likely benign and an incidental finding.

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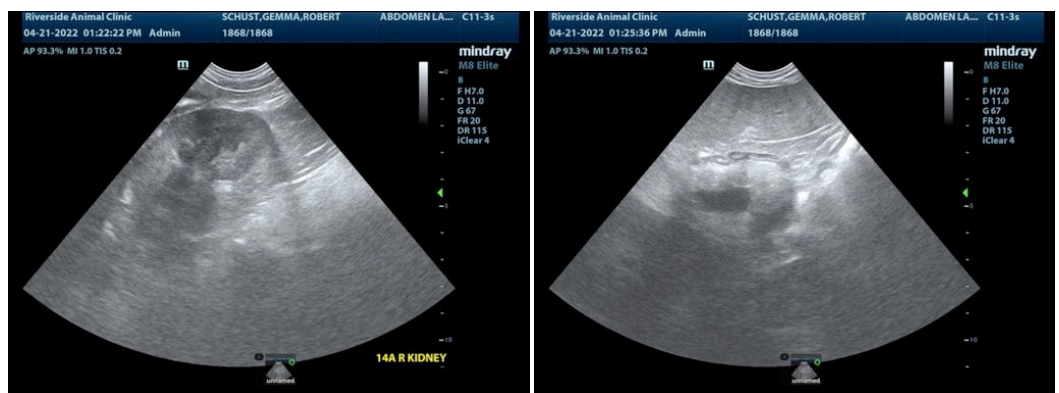
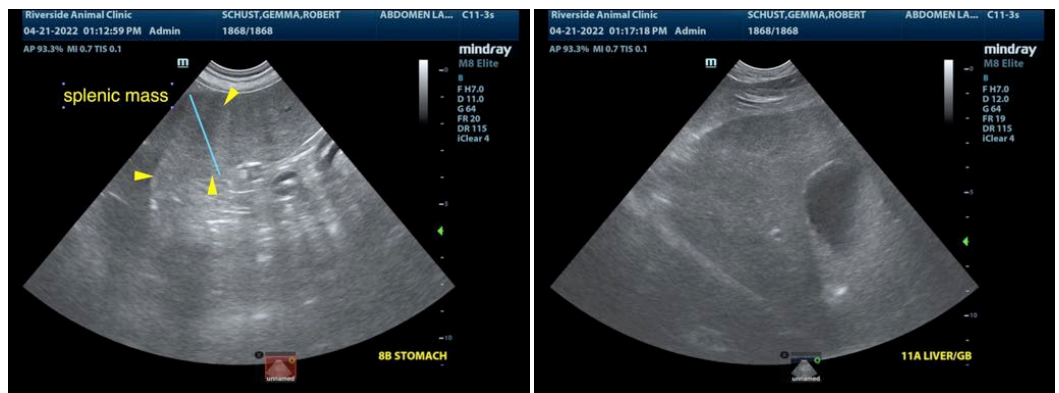
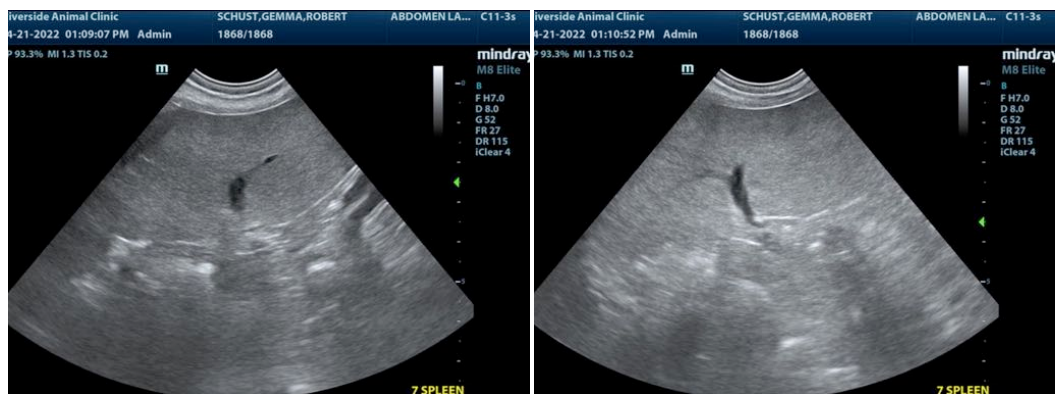
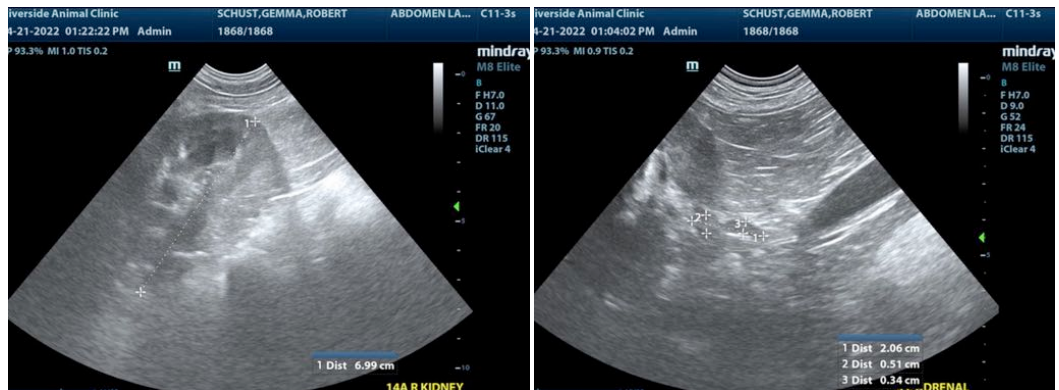
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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