



PATIENT

Toby Sweigart

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

9 Years

WEIGHT

42 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

22116

DATE

4/22/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting overnight last night, hasn't eaten today, increased drinking. O noticed a red mark in left eye. Very lethargic today. P ate a large amount of siblings RX hills liver care dry food on Tuesday. Previous Health Concerns: none Current Medications: Dasaquin Appetite/When did they eat last: last night 4/20

Abnormal PE/Chem/CBC/UA Results: Oral-Nasal-Throat: petechiae and ecchymosis throughout mouth with ulceration at left medial canthus Ears: AU petechia Eyes: Anisocoria; OS mydriasis, hyphema, retinal hemorrhage Abdominal: Tender on palpation Musculoskeletal: Swelling of RF Integument: Ecchymosis across abdomen, on hindlimbs Lymphatics: Submandibular lymphadenopathy Flex 4 - negative x 4 cbc-wbc 17.37 H, neu# 16.13 H, lym# 0.79 L, neu% 92.9 H, lym% 4.6 L, eos% 0.3 L plt 12 L, mpv 5.7 L epoc-K+ 3.4 L, lact 3.29 H chem: alp 252; vamy 1818; vlip 957 PT 16.8 seconds aPTT 90.3 seconds Rads: splenomegaly, otherwise wnl

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 8.2 cm. The left kidney measured 8.64 cm.

Adrenal Glands

The **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 left adrenal gland measured 3.45 cm x 0.65 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive hypoechoic parenchymal mass, measuring 4.0 cm. Other subtle heterogenous parenchymal changes were noted throughout the spleen. Free fluid was noted adjacent to the splenic mass, consistent with paraneoplastic effusion or hemorrhage.

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. The gallbladder wall was echogenic and nodular/polypoid. 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



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component. There was no overt suspicion of neoplasia. This is a mild change. Slight free fluid was noted between the liver lobes.

Gastrointestinal

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The **gastrointestinal tract**, per se, was unremarkable.

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Pancreas

Heterogenous changes were noted in the right limb of the **pancreas** with envelopment of the duodenum. Enhanced surrounding mesentery was noted. This change is consistent with chronic active pancreatitis.

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- Splenic mass and free fluid, likely hemorrhage or paraneoplastic effusion, possible focal manifestation of diffuse parenchymal disease. No obvious metastatic disease to the liver.

AGE

9 Years

- Echogenic, nodular gallbladder wall

WEIGHT

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- Mild age-related renal changes

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Eric Lindquist, DMV
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I recommend chest radiographs and rapid echocardiogram to assess for pericardial effusion and right auricular masses. If chest rads and echo are free of evident pathology, then exploratory splenectomy with liver inspection and biopsy is indicated, as well as inspection of the right pancreatic limb and possible appropriate debridement. Differentials include round cell neoplasia vs hemangiosarcoma and benign hyperplasia (less likely).

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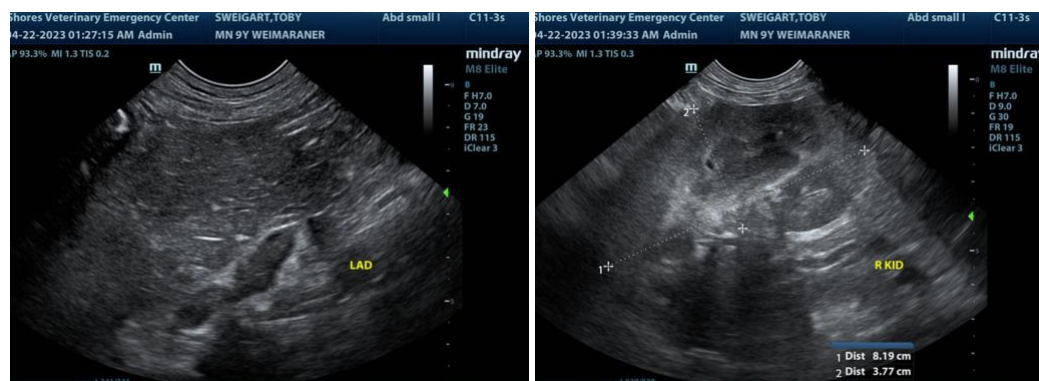
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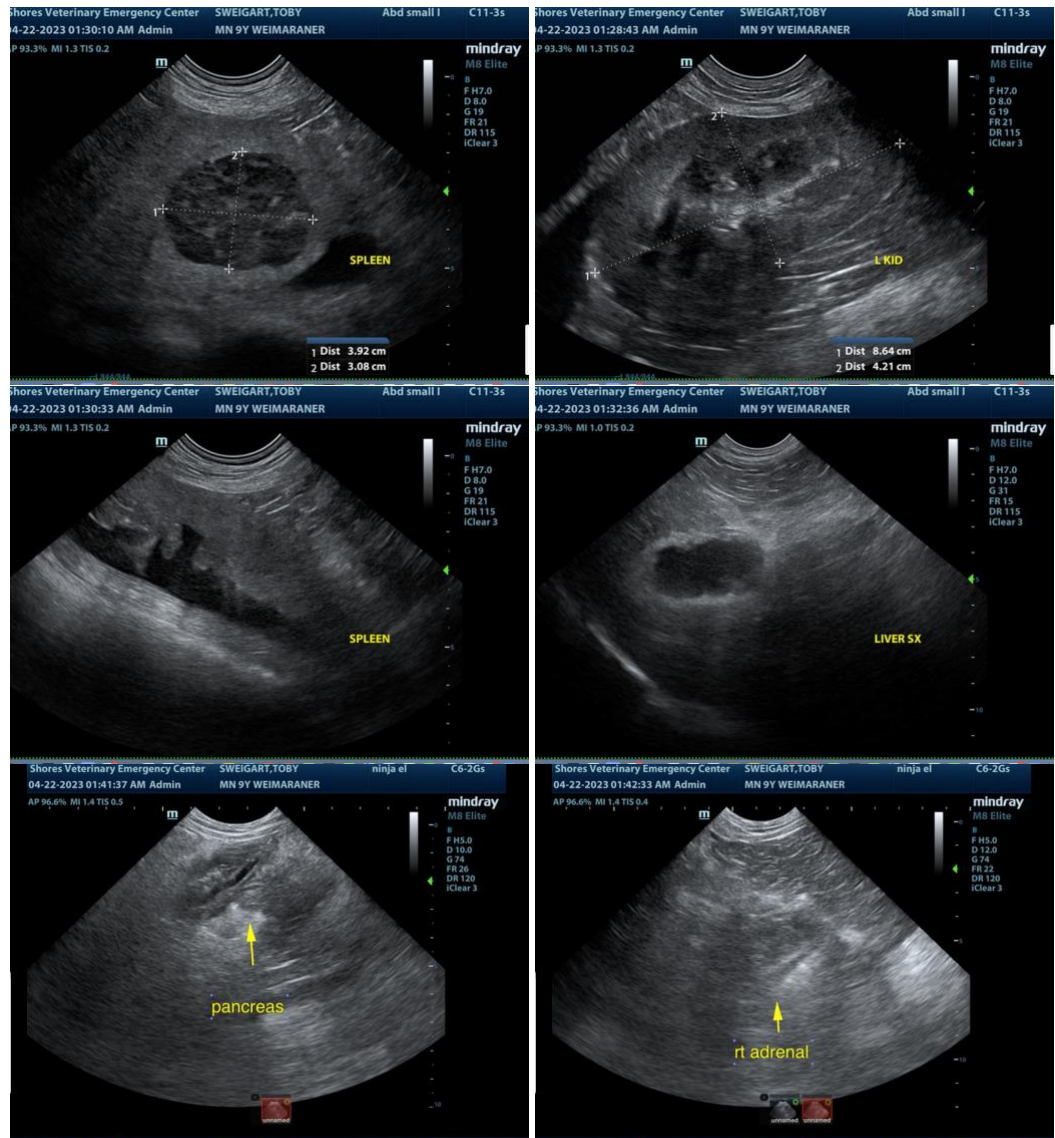
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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