



PATIENT

Spirit Brocher

SPECIES

Canine

BREED

Black Lab

SEX

Neutered Male

AGE

9 Years

WEIGHT

46 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

McKnight 24 hr AH

REFERRING VET

Dr. Gavin

INVOICE

14885

DATE

4/26/22

PRESENTING CLINICAL SIGNS

History: Has had a TPLO dig hypothyroid and atypical Addison's. Lethargic hypoxic Suspect microhepatica on Ab X ray

Abnormal PE/Chem/CBC/UA Results: Severe elevation of liver enzymes

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 0.95 cm.

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 left kidney measured 8.5 cm. The right kidney measured 7.4 cm.

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 left adrenal gland measured 0.48 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 0.7 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Caudal folding of the spleen was noted, no evident pathology.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume and no evidence of congestion was noted. 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. The gallbladder was mildly overdistended. The gallbladder appears to be displaced cranially.

Gastrointestinal

The **gastrointestinal tract** revealed hyperperistalsis, consistent with gastroenteritis.



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Pancreas

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Moderate diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

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Free Abdomen

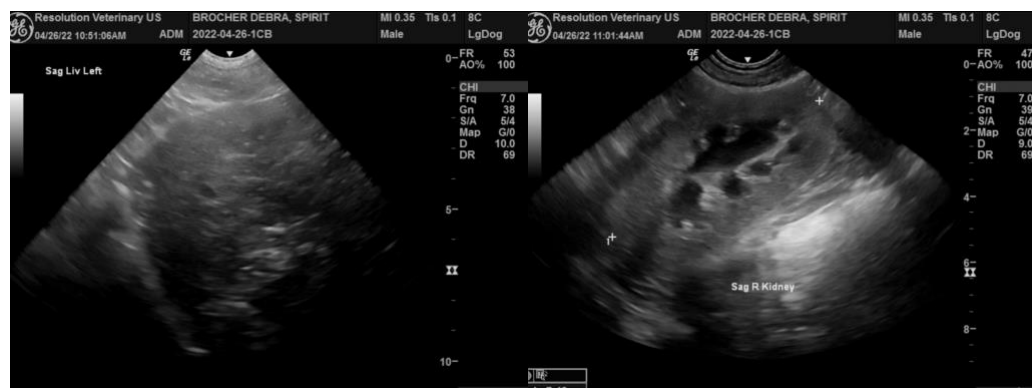
A sublumbar **lymph node** was enlarged, rounded and hypoechoic, measuring 1.62 cm with pericapsular inflammatory pattern.

ULTRASONOGRAPHIC FINDINGS

- Iliac lymphadenopathy
- Hyperperistaltic gastrointestinal tract
- Pancreatic remodeling/fibrosis pattern. Minor inflammation maybe present.
- Liver remodeling
- Gallbladder overdistended, appears to be displaced.
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some views of the ventral cranial abdomen did not allow for complete visibility of the diaphragm in the region of the falciform fat and the gallbladder appears to be displaced cranially. I cannot rule out congenital small diaphragmatic hernia in this patient. A moderate amount of remodeling was noted in the liver. Bile acid profile and FNA of the liver for further definition. FNA of the iliac lymph nodes recommended to ensure lymphadenitis as opposed to round cell neoplasia. Anal gland palpation also warranted to assess if any primary masses are present that may be metastatic to the iliac lymph nodes. Regarding the pancreas, minor inflammation maybe present, otherwise symptomatic care indicated.





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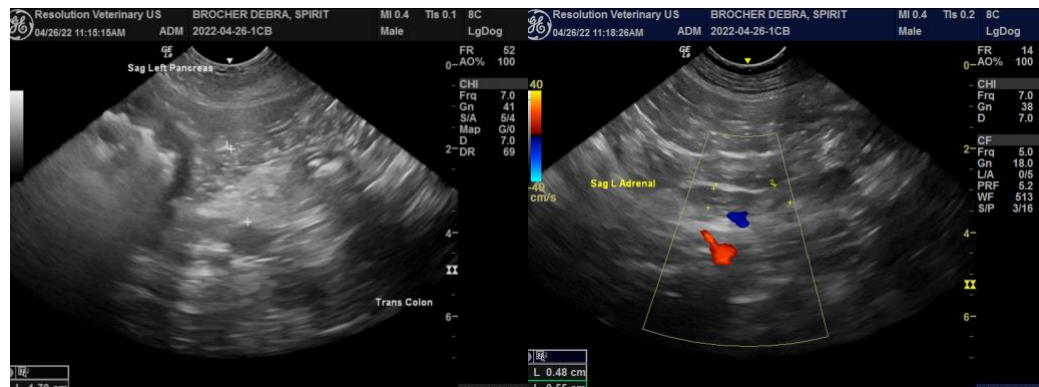
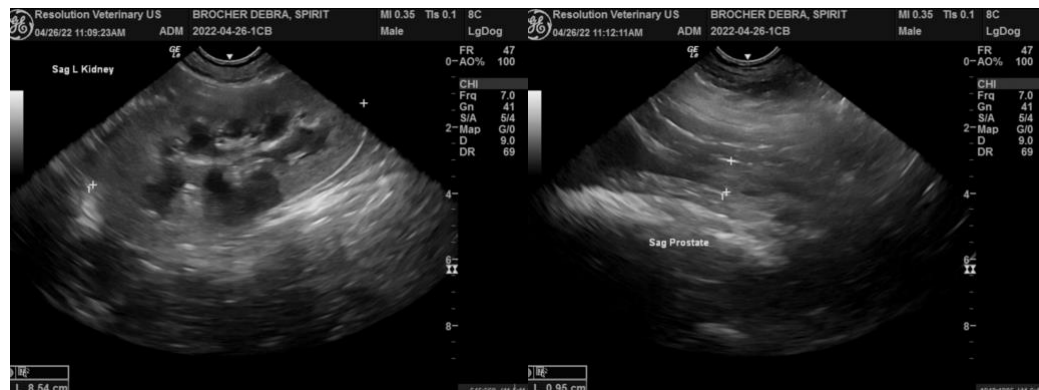
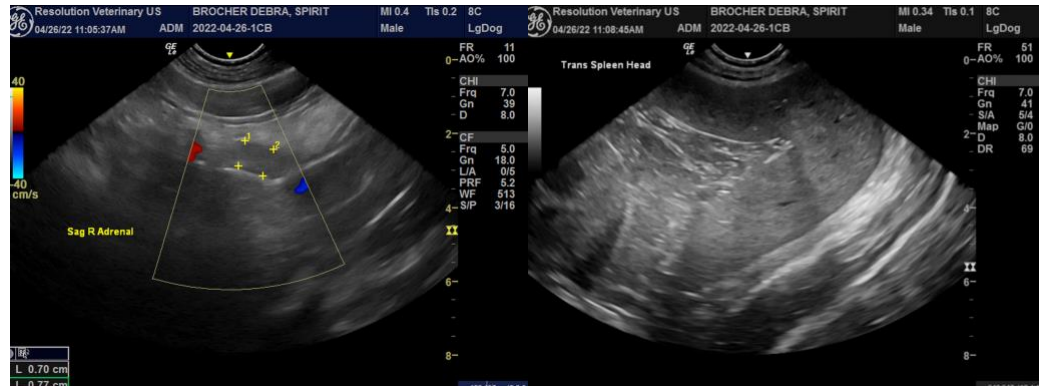
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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