



PATIENT

Hydrox Paolucci

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

10 Years

WEIGHT

49.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
on the Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

37233

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Recheck ultrasound from 1/26/22. History of splenic nodule and gallbladder debris. Current meds: Denamarin and Ursodial.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: NSF. ALT normalized 1 month post meds.

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 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 left kidney measured 6.0 cm. The right kidney measured 5.0 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 1.75 cm x 0.34 cm at the caudal pole and 0.35 cm at the cranial pole. The right adrenal gland measured 0.40 cm at the caudal pole and 0.60 cm at the cranial pole.

Spleen

The **spleen** nodule has increased in size to 1.05 cm, hypoechoic with loss of structural detail. Subjectively, the splenic nodule appears to have a more differentiated presentation than the prior sonogram. FNA indicated or direct splenectomy could be considered. However, the lesion is still exceedingly small.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed a moderate amount of persistent debris, yet considered physiologic at this point.

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.



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Free Abdomen

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Rapid view of the heart revealed no evident pathology.

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ULTRASONOGRAPHIC FINDINGS

- Splenic nodule – differentials include hyperplasia, round cell neoplasia, emerging hemangiosarcoma technically possible.

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Terrier X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA +/- recheck sonogram in one month to assess for any further progression, or direct proactive splenectomy could be considered, yet the lesion still may be benign.

SEX

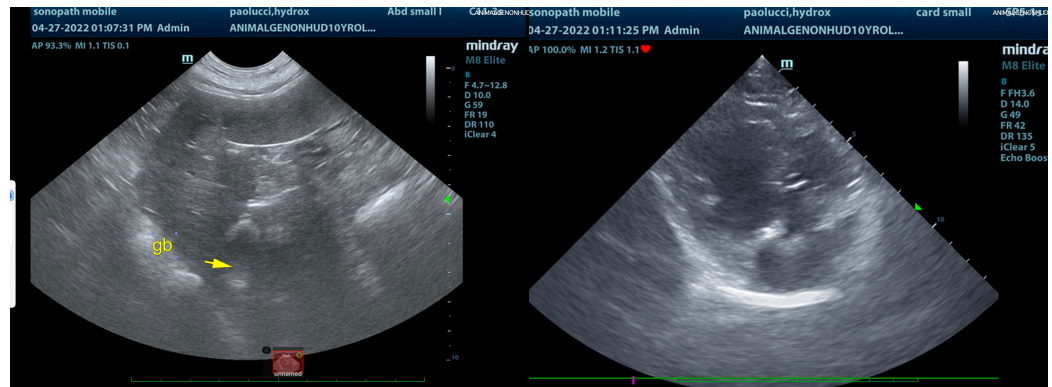
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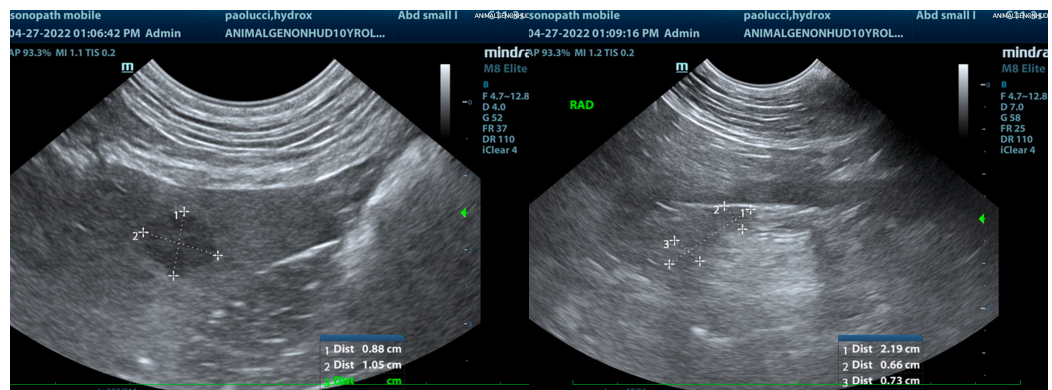
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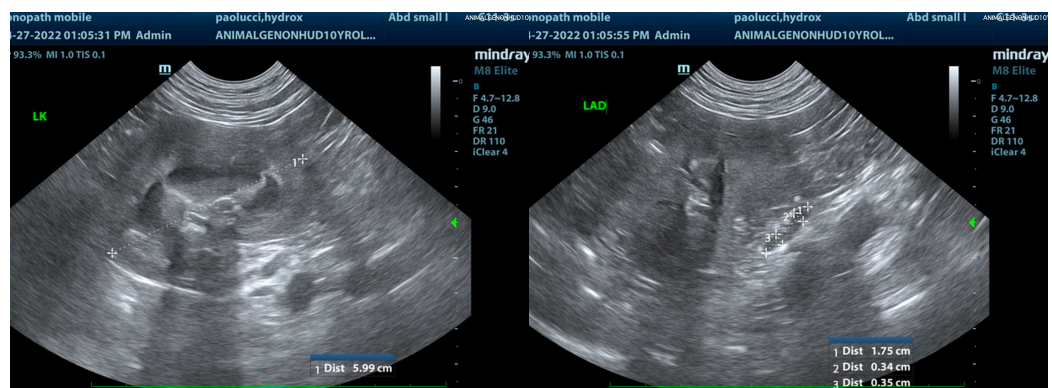


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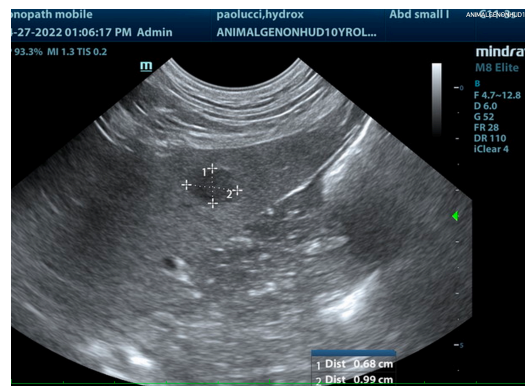
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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