

PATIENT

Bernie Dunchus

PRESENTING CLINICAL SIGNS

Last AUS 4/13/21 – Benign hepatopathy, ALP elevated since 1177.

SPECIES

Canine

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.

BREED

Mixed

SEX

Spayed Female

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 7.38 cm.

AGE

10 Years

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 2.0 cm x 0.75 cm. The right adrenal gland measured 2.72 cm x 1.3 cm at the cranial pole and 0.92 cm at the caudal pole.

WEIGHT

Spleen

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The **spleen** revealed a focal hypoechoic mid splenic body nodule with disrupted architecture. The nodule measured 1.4 cm, adjacent to the branching of the splenic vein. The remainder of the spleen was unremarkable and uniform.

Liver

IMAGING PERFORMED BY

Eric Lindquist, DMV

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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 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 component. There was no overt suspicion of neoplasia.

HOSPITAL NAME

Franklin Lakes AH

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.

REFERRING VET

Dr. Ward

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

INVOICE

37285

DATE

4/29/22



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ULTRASONOGRAPHIC FINDINGS

- Splenic nodule

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the breed predisposition, concern for hemangiosarcoma. Monitoring of the splenic nodule over two weeks for any growth or direct splenectomy would be appropriate after echocardiogram and chest radiographs to screen for metastatic disease. Nodular hyperplasia possible. Abscessation, complication cyst or hemangiosarcoma possible. Minor potential for round cell neoplasia.

BREED

Mixed

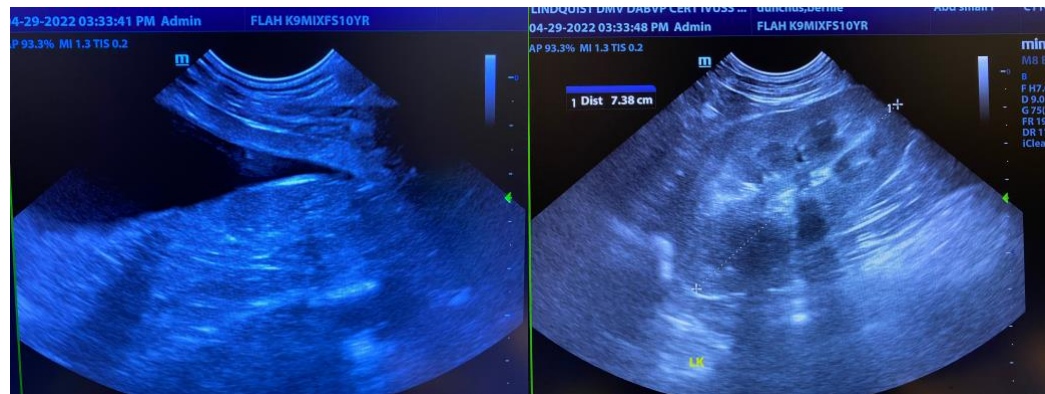
SEX

Spayed Female

AGE

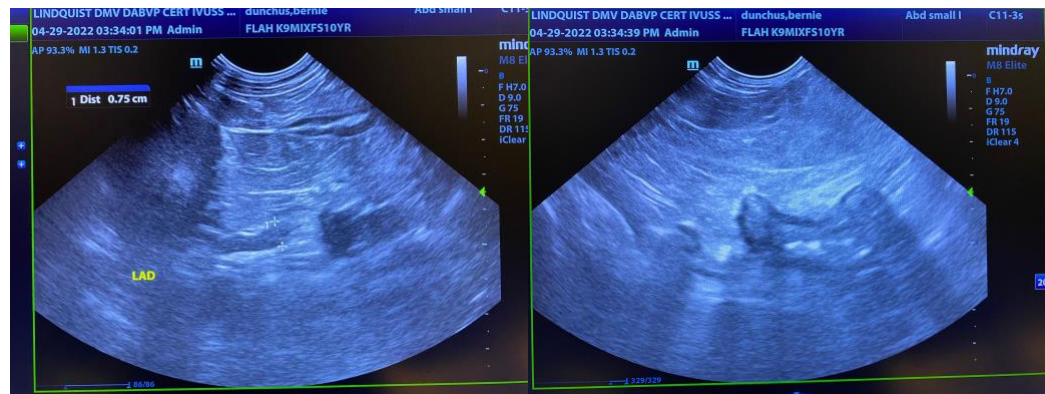
10 Years

WEIGHT



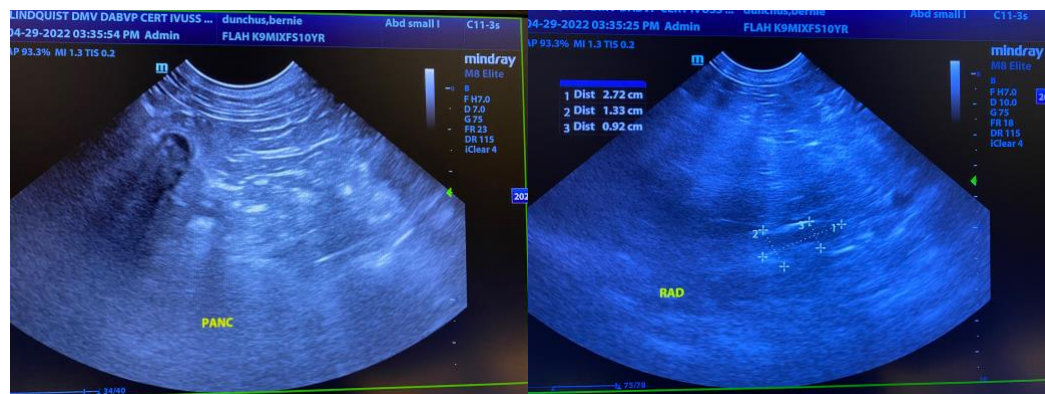
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

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