



PATIENT

Max Arvatescu

SPECIES

Canine

BREED

Mini Dachshund x
Norfolk Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

12.9 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Vet
Ultrasound

REFERRING VET

Dr. Gira

INVOICE

36775

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Inappetence, significant weight loss
Abnormal PE/Chem/CBC/UA Results: Significant elevation of liver enzymes (ALP, ALT and GGT), elevated SDMA, normal USG and pH 5.0. Rest of the BW and UA unremarkable

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** presented moderate degenerative changes with cortical cysts, pyelectasia and cortical mineralization. The left kidney measured 5.8 cm. The right kidney measured 6.36 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 0.62 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measured 0.67 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 0.62 cm at the cranial pole and 0.73 cm at the caudal pole.

Spleen

The **spleen** presented multifocal hypoechoic nodular changes, some of which were disruptive. Micronodular changes and scalloping contour noted.

Liver

The **liver** was uniformly swollen. The gallbladder wall was slightly echogenic. Minor increased portal markings noted. Hepatic lymph nodes were enlarged, hypoechoic and irregular, measuring up to 2.0 cm in width.

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. 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.

Free Abdomen

Cystic sublumbar lymph nodes noted.



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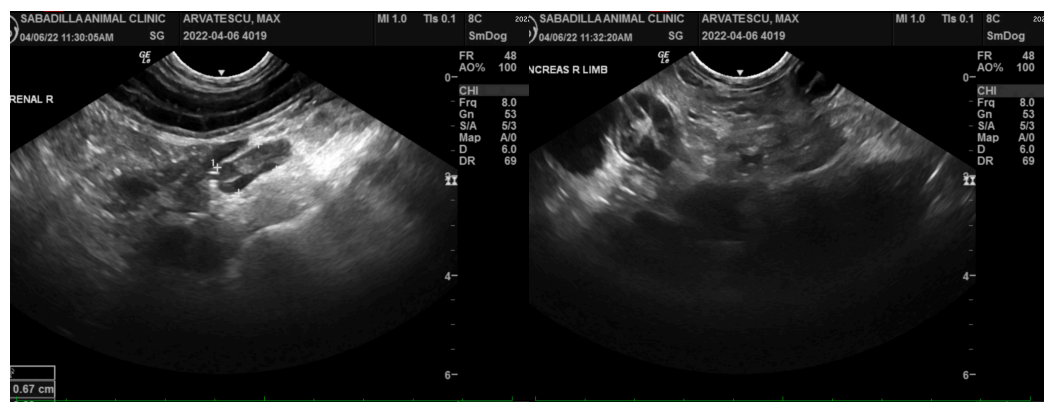
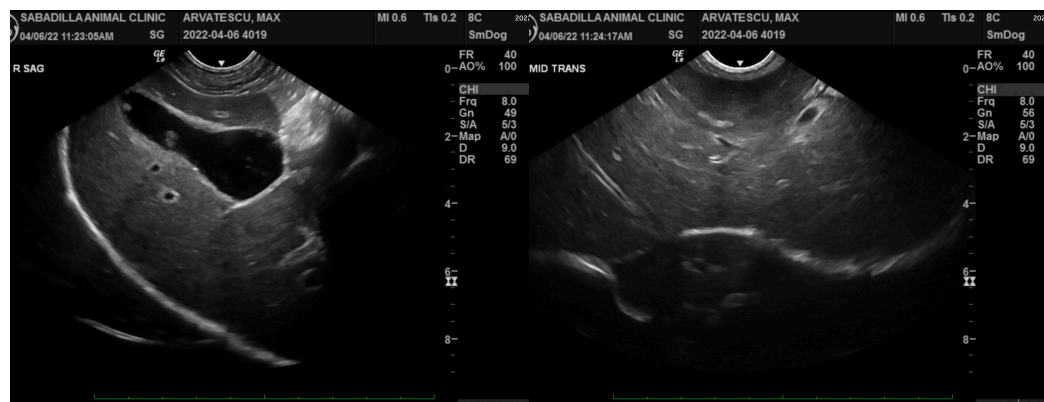
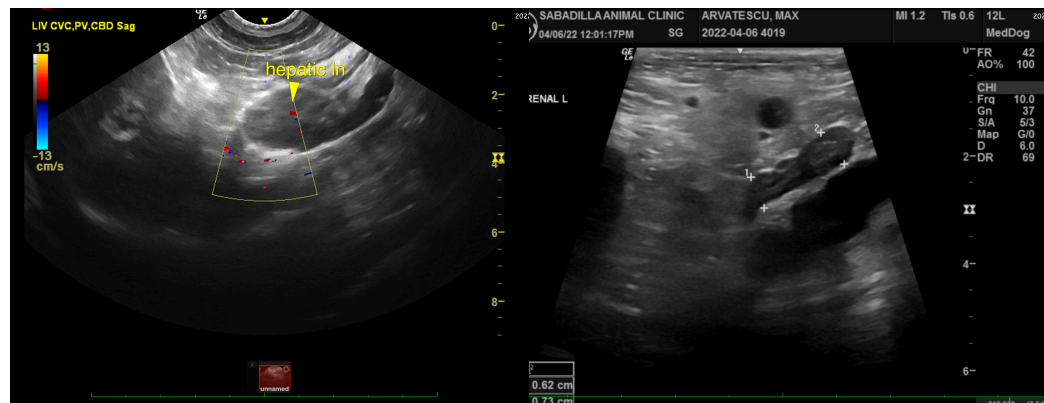
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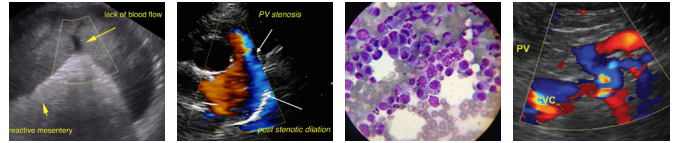
ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenic pattern with possible early hepatic infiltrative disease
- Hepatic lymphadenopathy and cystic lymph nodes elsewhere
- Polycystic renal changes with moderate degenerative pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for splenic +/- hepatic round cell neoplasia and hepatic lymphadenopathy. Treatment should be based on cytology results. Given the patient history, this is likely a newer presentation on top of a benign hepatopathy.





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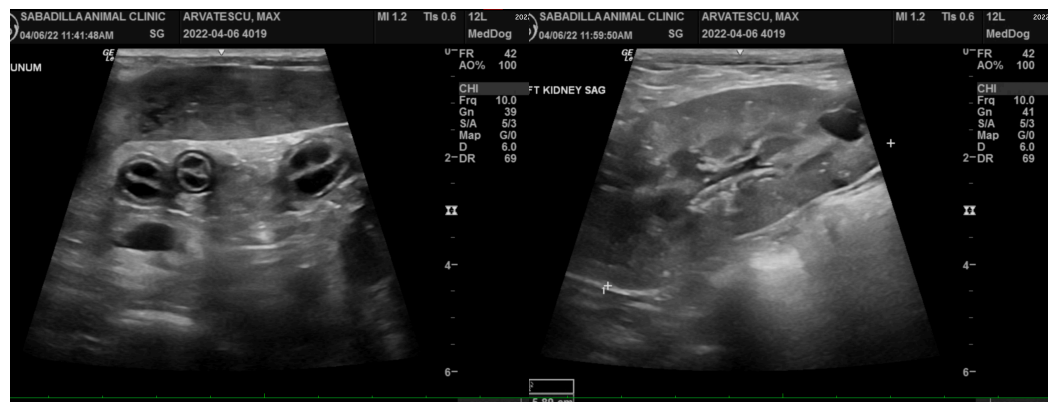
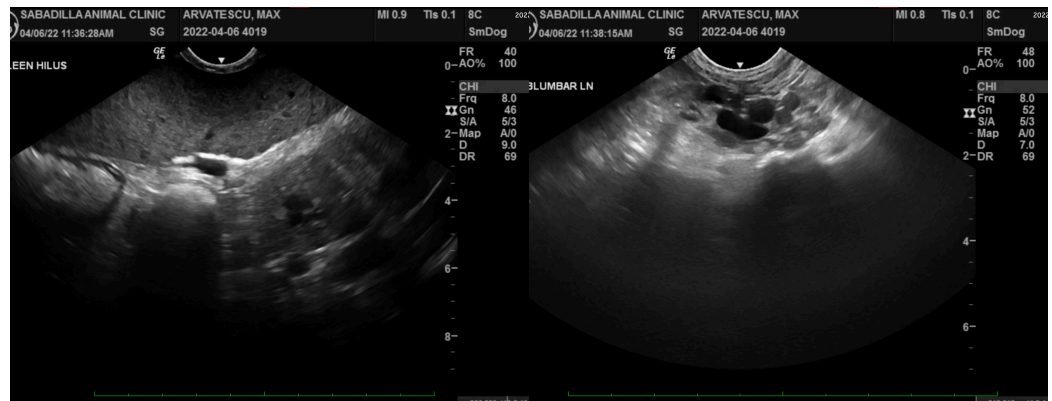
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com