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Clinical Sonography & Telecytology
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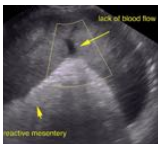
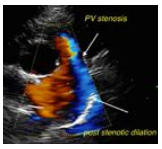
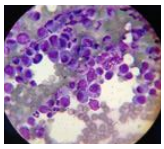
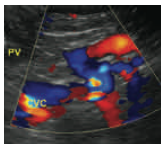

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mercedees Hodsdon

SPECIES
Canine

BREED
Shepherd Mix

SEX
Spayed Female

AGE
8 years

WEIGHT
70 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Wilson

INVOICE
98131

DATE
4/6/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, asymptomatic. First noted in July 2020 when came in for a lameness exam; ALT was slightly elevated. FNA of spleen and liver done.
Abnormal PE/Chem/CBC/UA Results: BW(2-24-22) ALT 475, ALP 171

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was 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 5.77 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 2.89 x 0.79 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured

Spleen

The **spleen** revealed multi-focal, hypoechoic nodules that measured up to 0.6 cm.

Liver

The **liver** revealed coarse architecture with mildly increased portal markings and non-specific heterogenous parenchymal changes without significant disruption of architecture. The gallbladder and common bile duct were unremarkable.

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.

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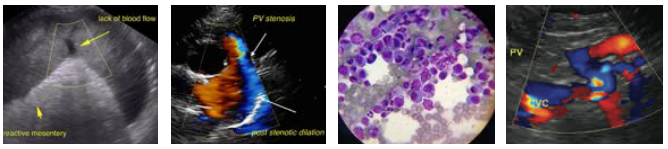

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Pancreas

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.

Heart

Rapid view of the heart revealed no evidence of pathology.

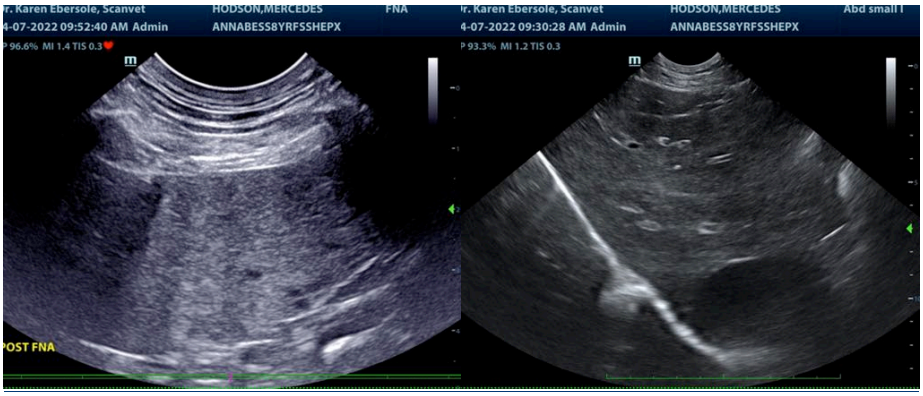
ULTRASONOGRAPHIC FINDINGS

Pronounced nodular hyperplasia splenic pattern. There is a potential for emerging round cell neoplasia or hemangiosarcoma.

Chronic inflammatory hepatopathy and nodular hyperplasia liver pattern. Subjectively this is benign; however, active inflammatory process is likely with the potential for neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA was performed upon the spleen without complication. Treatment is recommended based on FNA results. I recommend a recheck sonogram of the spleen and liver in 2-4 weeks to assess for any progression of the nodular changes. If any growth in the nodules occur then splenectomy is warranted. Otherwise, direct splenectomy and liver biopsy proactively could be considered given the breed predisposition to splenic neoplasia. However, the lesions may be completely benign. If any travel history to fungal areas is in this patient's history then fungal splenitis is a remote potential.



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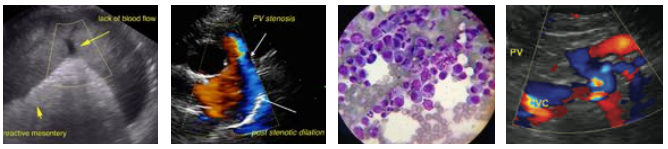

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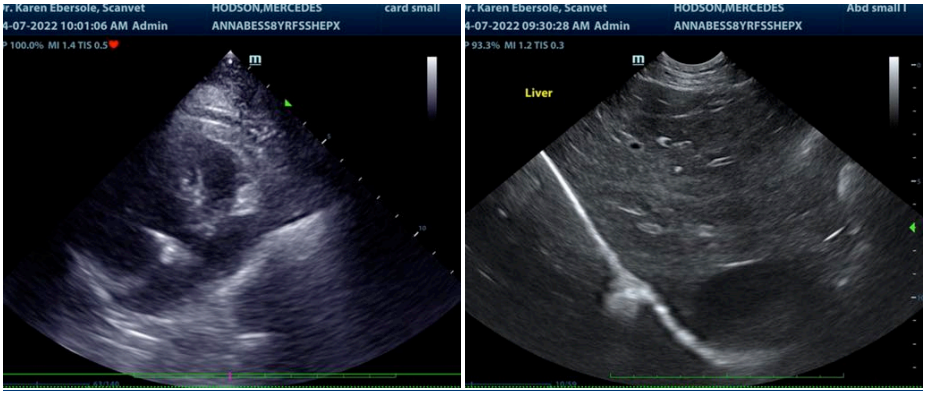

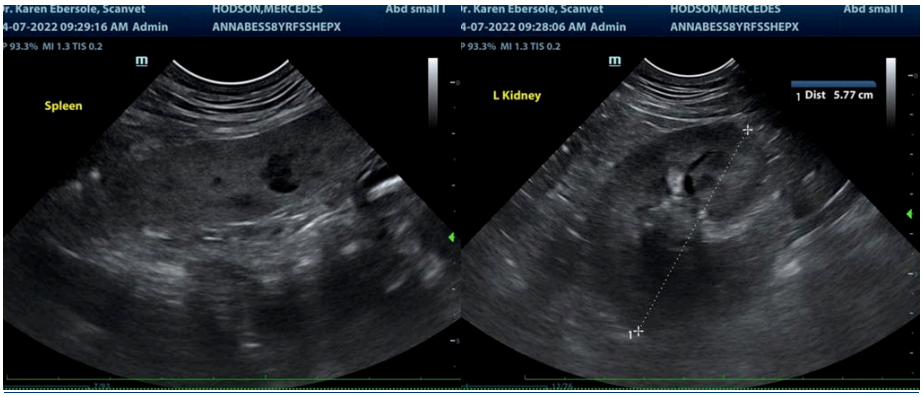

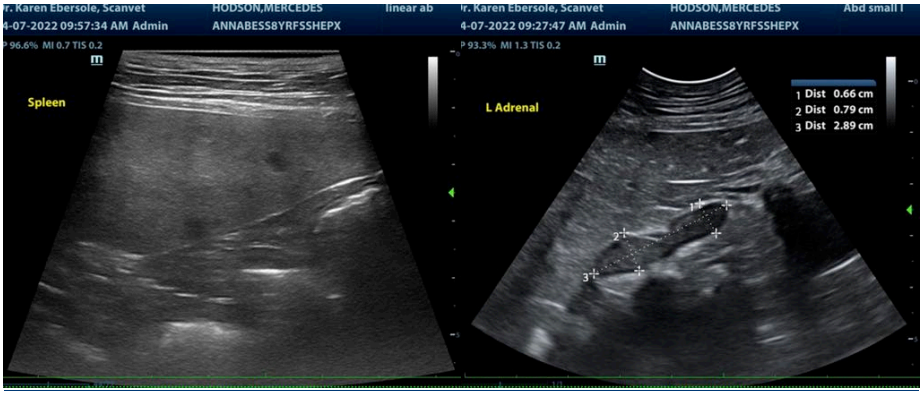

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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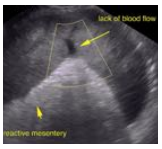

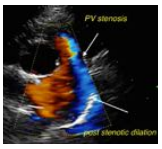

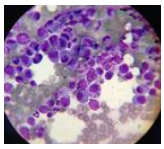
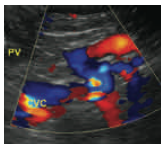

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