



PATIENT

Balsam Silberman

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

10 years

WEIGHT

59.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Brenda King VMD

REFERRING VET

Dr. King

INVOICE

30238

DATE

5/9/22

PRESENTING CLINICAL SIGNS

Episode of gastric distention / bloating; irregular splenic contour on rads Current meds: Metoclopramide 1T PO TID 30min prior to meal, Denamarin
Abnormal PE/Chem/CBC/UA Results: Chronic liver enzyme elevation ALT 588, ALKP 306, AST 93, GGTP 22

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.07 cm. The left kidney measured 6.71 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.38 x 0.56 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.19 x 1.27 cm at the cranial pole and 0.63 at the caudal pole.

Spleen

The **spleen** revealed a heterogenous nodule in the mid caudal body and measured 2.05 cm with capsular expansion noted. Heterogenous nodular changes were noted throughout the spleen. A slight splenic thrombus measuring approximately 0.5 cm was noted at the bifurcation of the splenic vein within the splenic body.

Liver

The **liver** revealed heterogenous parenchymal changes with increased portal markings. The liver was subnormal in size, irregular in contour and increased portal markings. Isoechoic to hypoechoic nodular changes were noted. This is strongly consistent with hepatic cirrhosis and fibrosis. There is a mild potential for neoplasia. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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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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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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ULTRASONOGRAPHIC FINDINGS

Hepatic cirrhosis, fibrosis pattern with nodular splenic changes and small splenic thrombus. Differentials on the spleen include round cell neoplasia, pronounced hyperplasia or less likely splenitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is indicated in this patient. Full coagulation panel is warranted to assess hypercoagulable state. FNA of the spleen +/- core liver biopsy is indicated for further definition. Leptospirosis titers are warranted. The prognosis long term is guarded to poor given the extent of the hepatic changes.

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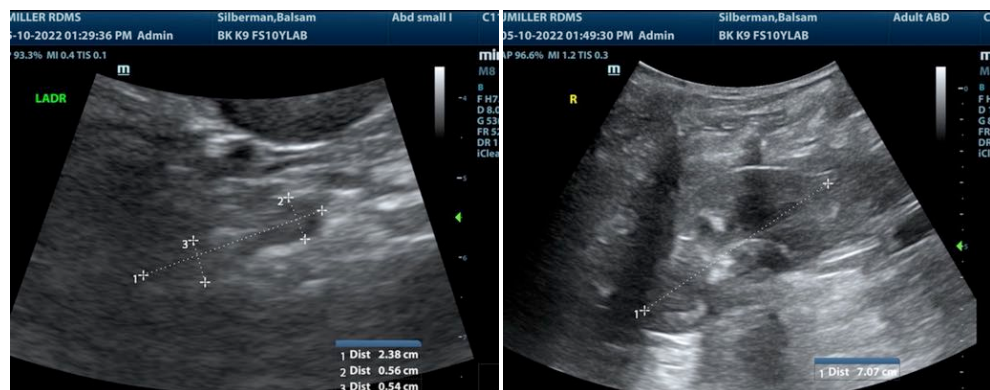
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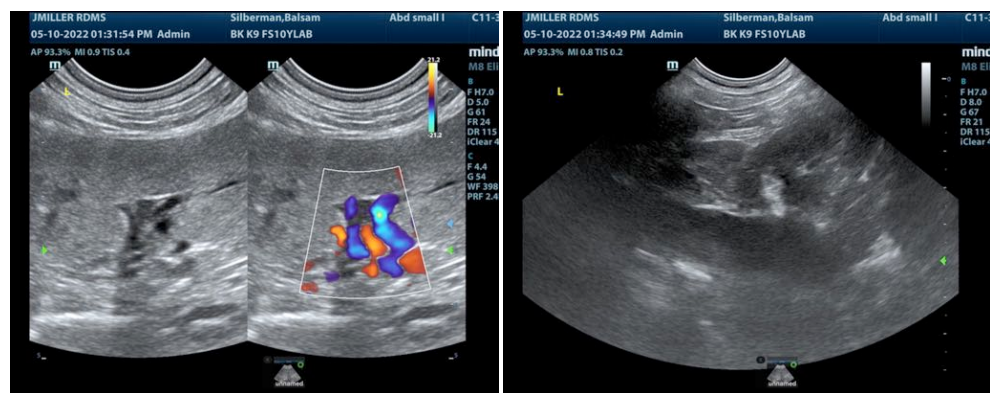
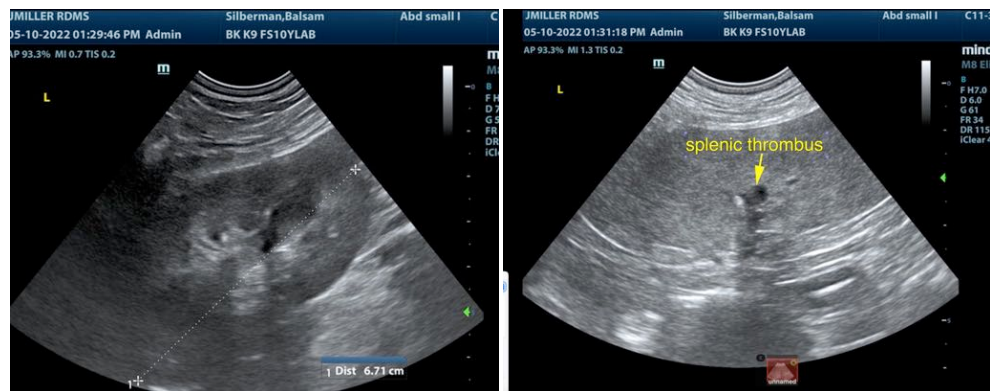
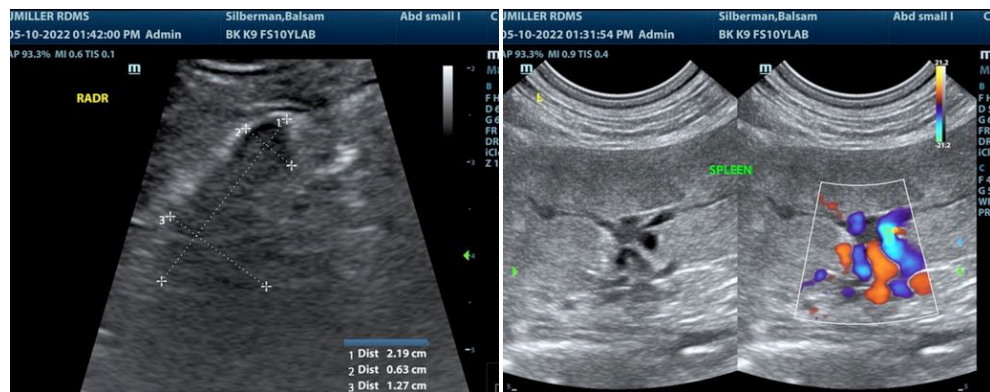
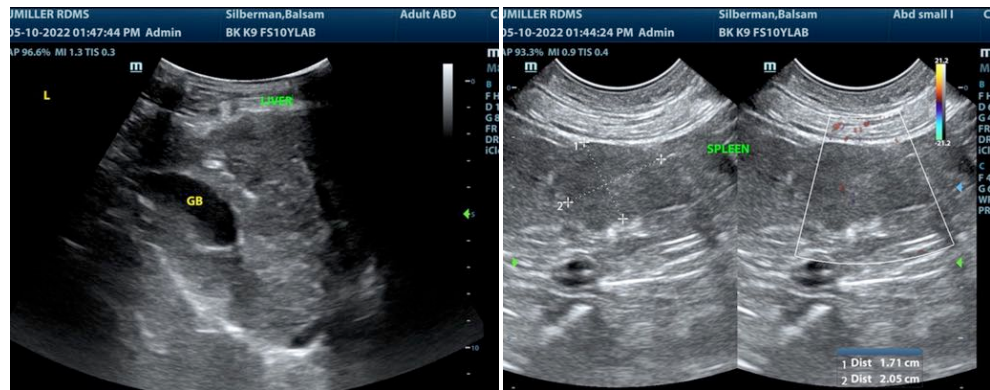
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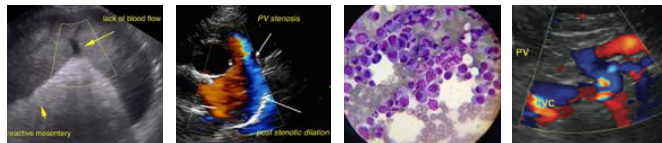
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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