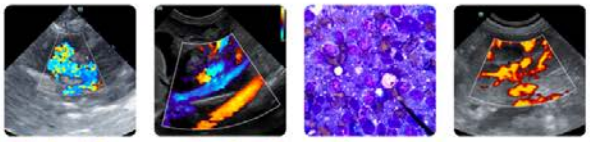


PATIENT

Buddy Paradise

SPECIES

Canine

BREED

Beagle x

SEX

Neutered Male

AGE

15 Years

WEIGHT

30 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Doehrmann/Dr. Schanche

HOSPITAL NAME

Totalbond Veterinary Hospital – Davidson

REFERRING VET

Dr. Doehrmann

INVOICE

75199

DATE

5/16/26

PRESENTING CLINICAL SIGNS

Buddy is a 14 yo MN Beagle Mix. 1 month ago presented to ER for vestibular signs, it was suspected at the time that he had old dog vestibular disease and was treated supportively. He did recover from the vestibular event about 1 week later he was normal. 1 week ago he was brought in by the owners for a seizure like event. They described what sounded like a grand mal seizure, we performed bloodwork which showed ALT 166 and mild decrease in Albumin at 2.4 but was overall unremarkable otherwise. We did an abdominal ultrasound which showed a very abnormal spleen. On physical exam he is normal, heart and lungs sound normal, his neurologic exam has been completely normal since the vestibular event recovery. Owners do report a mild wobbliness at home that could be secondary to vestibular side effects or gabapentin. Gabapentin is the only medication he is currently on, he was on Galliprant but we stopped this last week after the seizure event when we discovered the abnormal spleen on ultrasound. r/o splenic neoplasia vs other causes of abnormal spleen, any spread of neoplasia within abdomen

Abnormal PE/Chem/CBC/UA Results: We performed bloodwork which showed ALT 166 and mild decrease in Albumin at 2.4

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. Minimal amount of urine present. No evidence of inflammatory or neoplastic changes were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 5.9 cm. Right kidney measured 5.9 cm.

Adrenal Glands

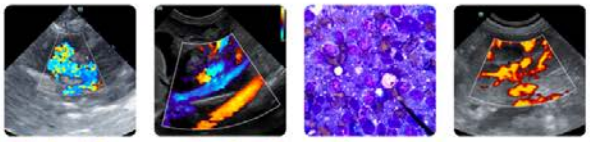
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.50 cm. The left adrenal gland measured 0.56 cm.

Spleen

The **spleen** presented a significant amount of multifocal hyperechoic parenchymal changes, likely lipid plaques or fibrous plaques.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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.

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.

ULTRASONOGRAPHIC FINDINGS

- Multifocal hyperechoic splenic changes – likely lipid or fibrous plaques, not likely a clinical issue.
- Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen indicated to ensure more significant disease is not present. The cause of albumin loss is unclear. If no significant proteinuria is present, then screening for Addison's indicated, even though the adrenals structurally appear normal. No overt evidence of mucosal striations or fogging noted, yet I cannot rule out occult lymphangiectasia or protein losing enteropathy. Parasite assessment also indicated. Liver enzyme elevations are likely reactive hepatopathy or non-specific low-grade inflammatory hepatopathy.

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, neutraceuticals (SAMe, Actigall…), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.

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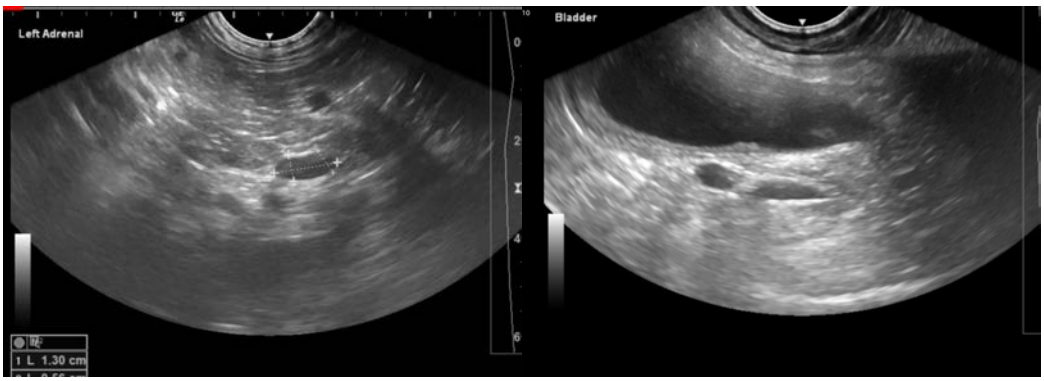

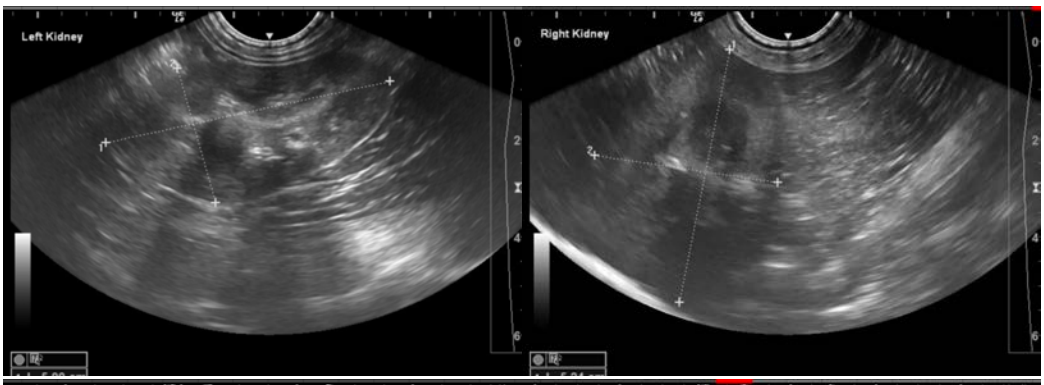

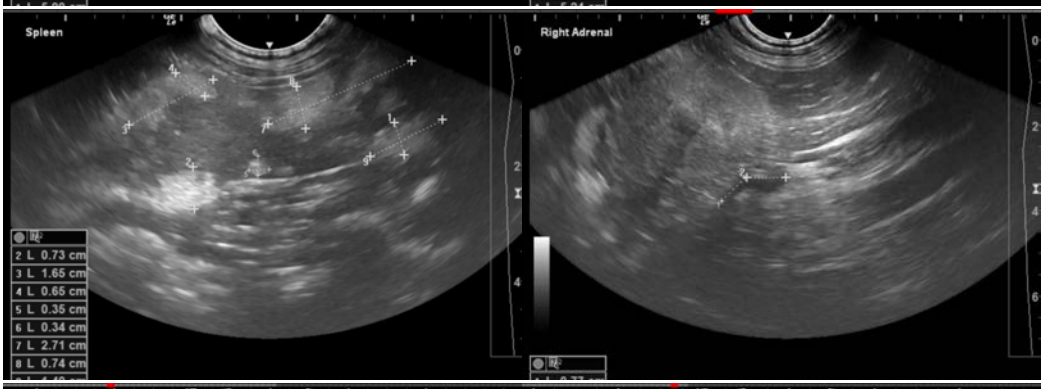

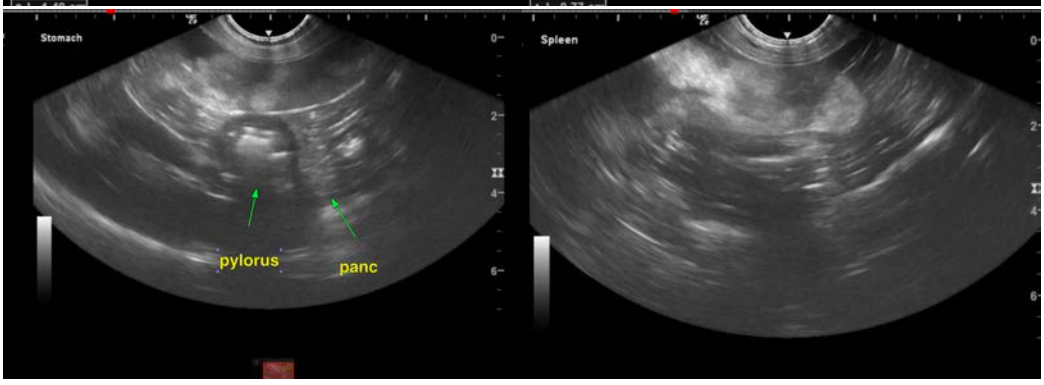

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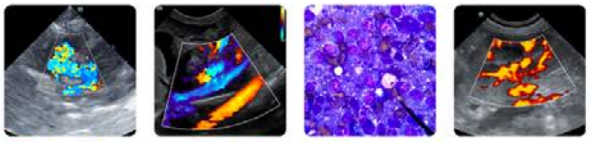

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com