**DATE**

5/20/22

**PRESENTING CLINICAL SIGNS**

Owner had been camping the last few days. Nothing remarkable. Ate last night but not this am. Vomited this morning. Difficulty urinating then and did not pass any urine. Once inside passed urine with blood. History of Ehrlichia positive since he was a puppy. Has never been treated.

**PATIENT**

Charlie Hawkins

Current Medications: None listed.

Labs: pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Labrador mix

**SEX**

Neutered male

**AGE**

5/20/13

**WEIGHT**

60.1 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 7.0 cm. The right kidney measured 6.7 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 3.21 x 0.86 cm at the caudal pole and 1.03 cm at the cranial pole. The left adrenal gland measured 2.52 x 0.69 cm at the caudal pole and 0.74 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**Spleen**

The **spleen** revealed a hyperechoic ill-defined, 5.0 cm mass with multi-focal, hyperechoic lipogranulomatous type changes. This may be benign.

**REFERRING VET**

Dr. Ruby

**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, 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.

**INVOICE**

30555

### **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.

### **Free Abdomen**

Popliteal lymph node was enlarged, hypoechoic and irregular measuring 1.96 x 1.51 cm with loss of length to width ratio. The lymph node was rounded.

### **Heart**

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. Contractility and volume were normal.

## **ULTRASONOGRAPHIC FINDINGS**

Popliteal lymphadenopathy, concern for emerging round cell neoplasia.

Hepatic remodeling.

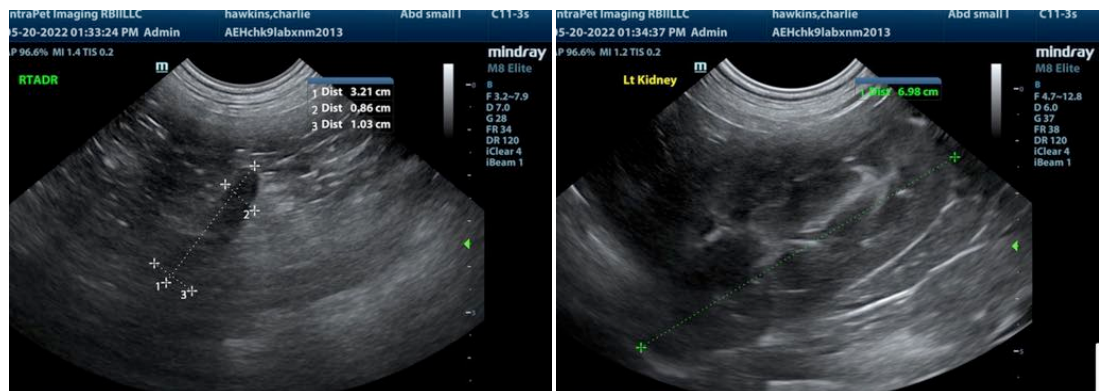
Hyperechoic splenic mass and nodular changes, may be benign. Stromal tumor versus lipogranulomas are possible.

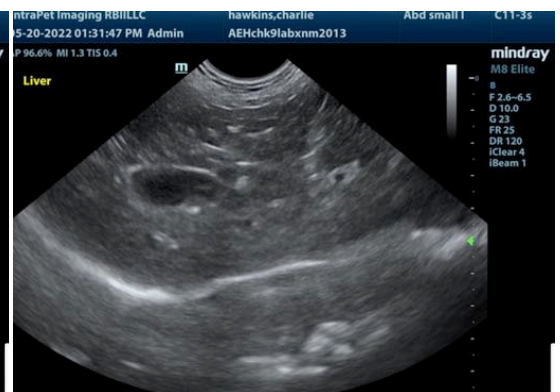
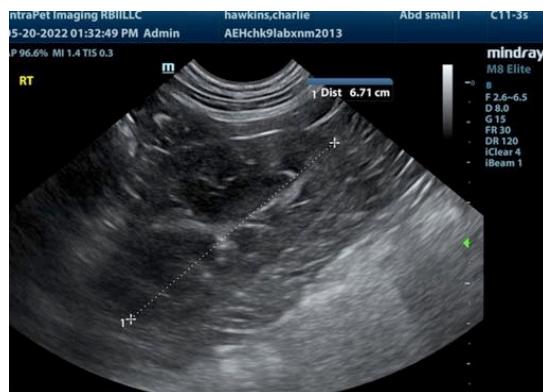
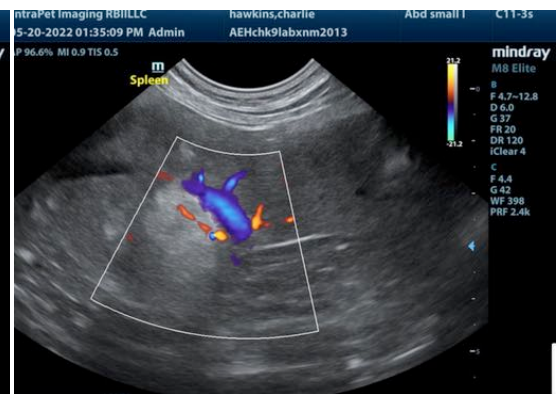
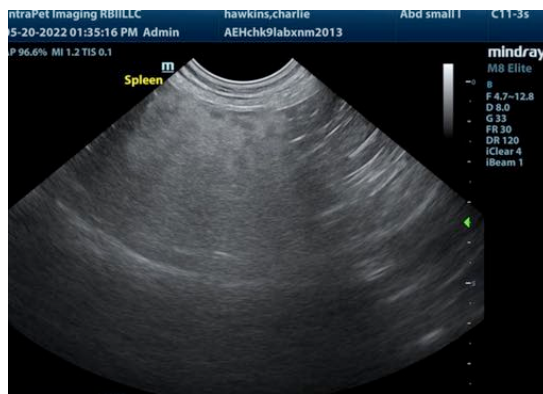
Minor bladder thickening.

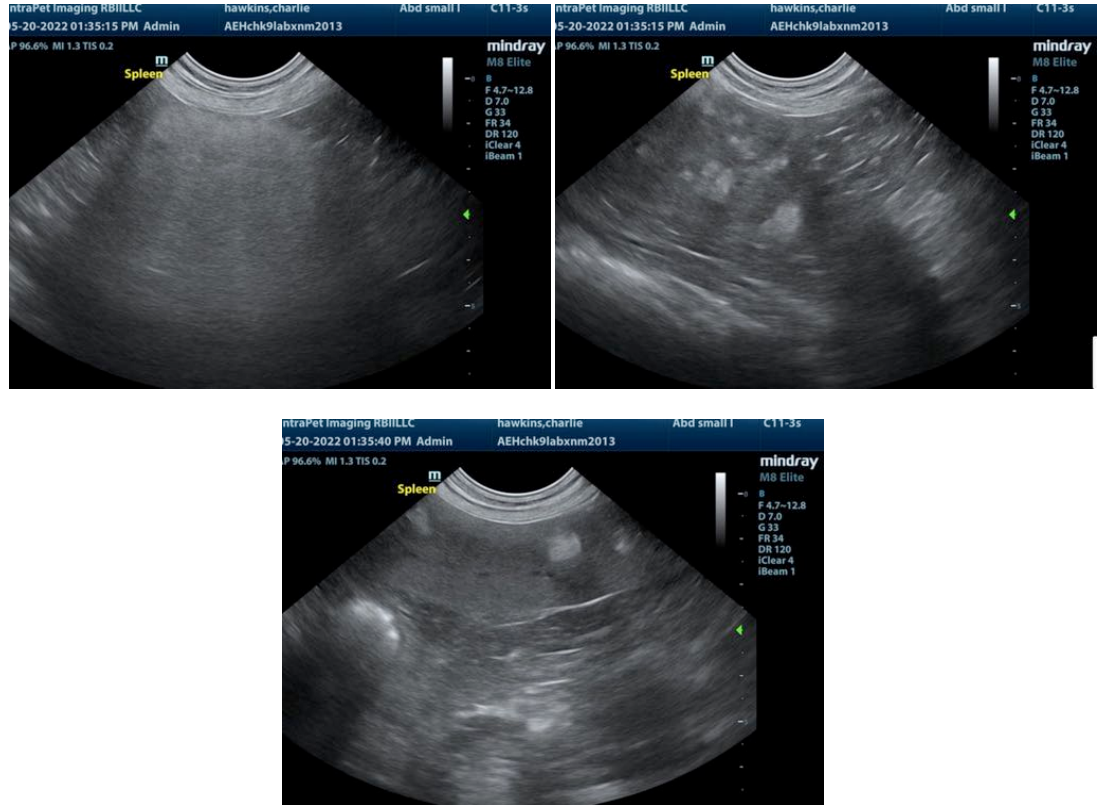
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA or direct splenectomy is recommended. This is likely unrelated to the popliteal lymphadenopathy.

Assessment for UTI is recommended if not already performed.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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