



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bailey Wallace

SPECIES
Canine

Persistent neutropenia and progressive thrombocytopenia since March. No clinical signs at home. Concurrent significant periodontal disease. Doxycycline course from mid-April to mid-May. Thoracic rads 5/24/22 unremarkable.

Abnormal PE/Chem/CBC/UA Results: 3/2/22 - Neu 1.86k, PLT 142k, ALT 195, ALP 935 3/22/22 - Neu 1.64k, PLT 60k, MPV 16.7 - confirmed via slide review at Idexx 5/16/22 - Neu 2.32k, PLT 44k, MPV 16.5

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Beagle Urinary System

SEX
Spayed Female

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.

AGE
11 years

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 kidneys measured 5.0 cm each.

WEIGHT

31 lbs

INTERPRETED BY Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **adrenal glands** were not visualized.

IMAGING PERFORMED BY Spleen

Dr. DeNuzio

The **spleen** revealed mild uniform enlargement and swollen, irregular contour. A hypoechoic nodule was noted at the cranial pole measuring 1.0 cm.

HOSPITAL NAME Liver

Kings VH

The **liver** was uniformly swollen. Occasional, non-disruptive nodular change was noted. A left medial liver nodule was noted. This particular nodule measured 3.2 cm. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. DeNuzio

INVOICE

30736

Gastrointestinal

DATE

5/25/22

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



PATIENT

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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SPECIES

Pancreas

Canine

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.

BREED

Beagle

ULTRASONOGRAPHIC FINDINGS

SEX

Subjectively benign hepatopathy with nodular hyperplasia pattern.

Spayed Female

Minor splenic nodule.

Otherwise, age related abdominal changes.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

31 lbs

Ultrasound-guided FNA of the hepatic and splenic changes are recommended. If adrenal disease is suspected then further imaging of the adrenal glands, perhaps under sedation, is recommended. Nodular hyperplasia, abscessation, granuloma and carcinoma are all possible regarding the hepatic nodules.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. DeNuzio

HOSPITAL NAME

Kings VH

REFERRING VET

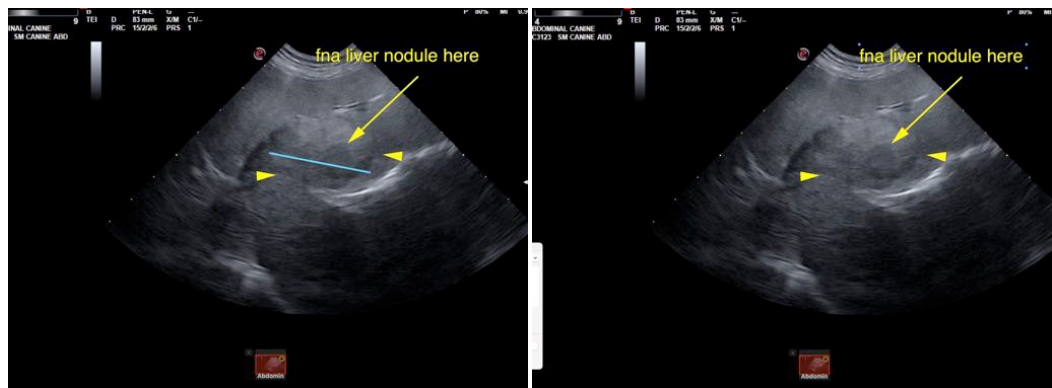
Dr. DeNuzio

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SPECIES

Canine

BREED

Beagle

SEX

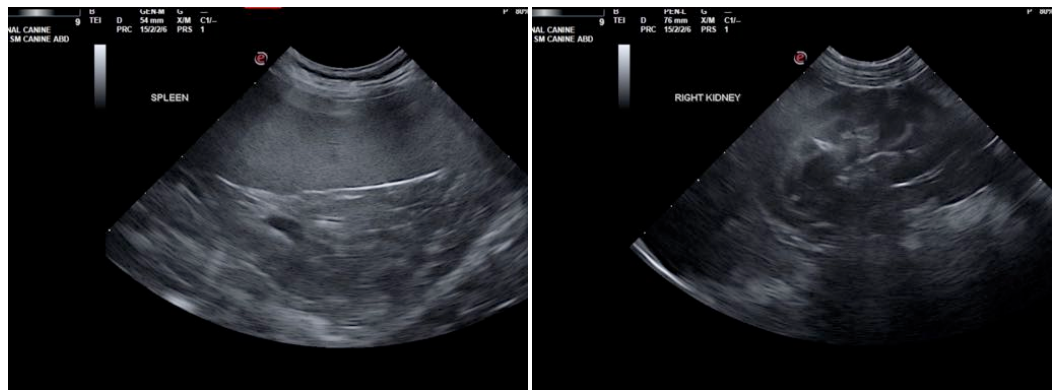
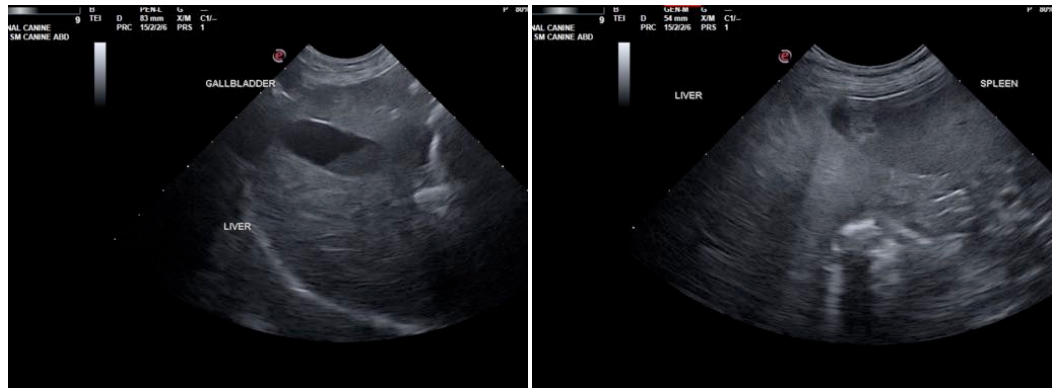
Spayed Female

AGE

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WEIGHT

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INTERPRETED BY

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IMAGING PERFORMED BY

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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.

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