



PATIENT

Bruno Nelson

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

63.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Matt Haghightat

HOSPITAL NAME

Beaches-Fallingbrook
VC

REFERRING VET

Dr. Matt Haghightat

INVOICE

15785

DATE

5/27/22

PRESENTING CLINICAL SIGNS

History: Bruno is a 6-year-old neutered male Poodle mix presented for decreased appetite and lethargy. He has had 2 blood work performed in almost a month apart that revealed severe elevation on ALT, moderate elevation on ALP, AST and mild hyperbilirubinemia. His Lepto PCR and Elisa were both negative. He started feeling better after he started on oral Doxycycline, although his second blood work did not show any changes in the liver indicators.

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 were noted. Ureteral papillae were normal. The residual prostate was uniform, measuring 1.07 cm.

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 right kidney measured 7.31 cm. The left kidney measured 6.54 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 0.58 cm. The right adrenal gland measured 0.64 cm.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with mild age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

Liver

The **liver** revealed coarse architecture and multifocal hypoechoic nodular changes, nondisruptive. Increased portal markings were noted. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic disease present.

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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Pancreas

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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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Free Abdomen

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The mesenteric **lymph node** (up to 0.69 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

SEX

Neutered Male

- Nonspecific chronic inflammatory hepatopathy. The changes were mild to moderate.
- Reactive mesenteric lymph nodes
- Micronodular spleen

AGE

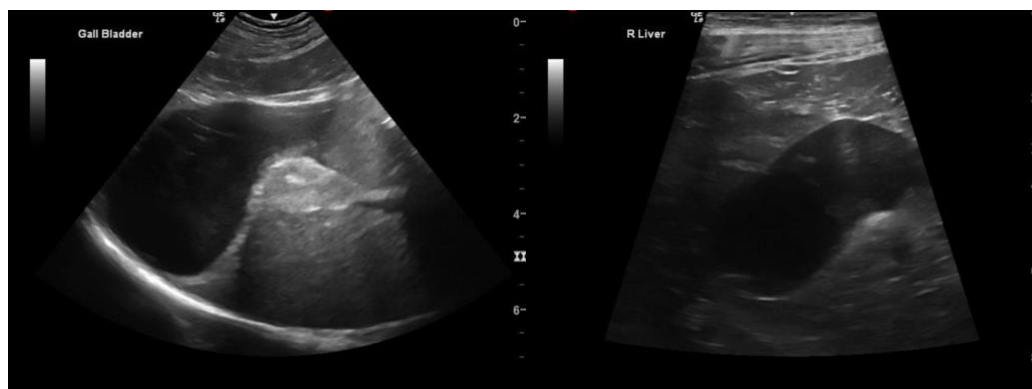
6 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for history of mushroom toxicity or similar warranted. Core liver biopsy would be ideal after coagulation panel for further definition. No suspicion or evidence of neoplasia.

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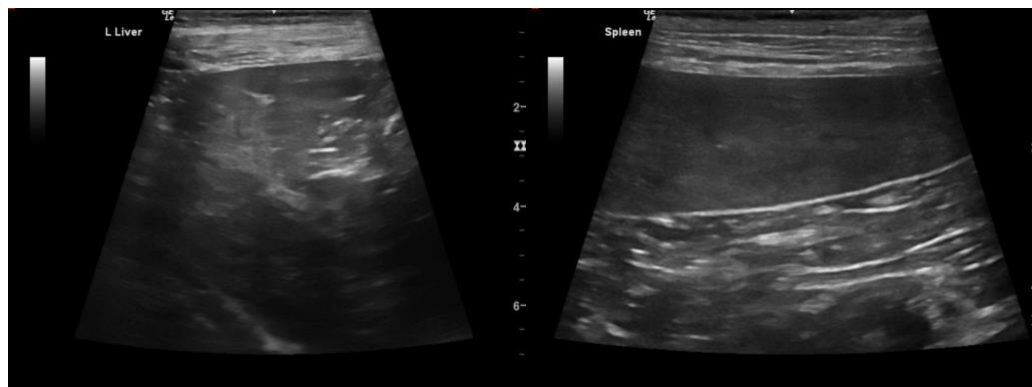
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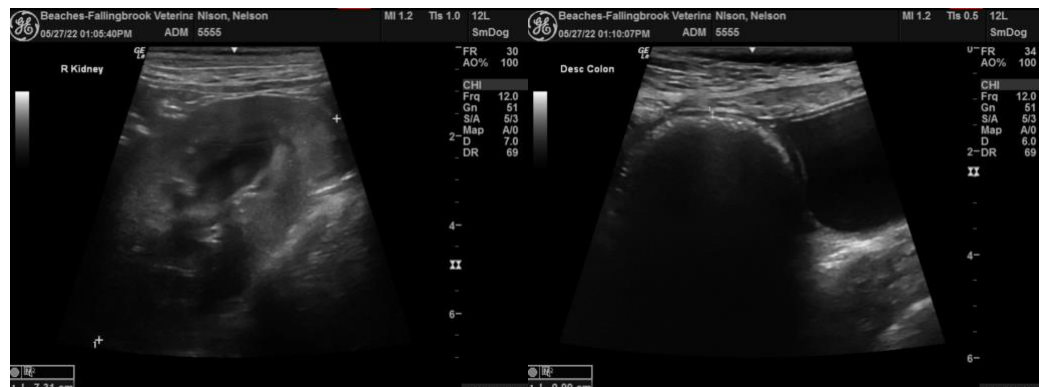
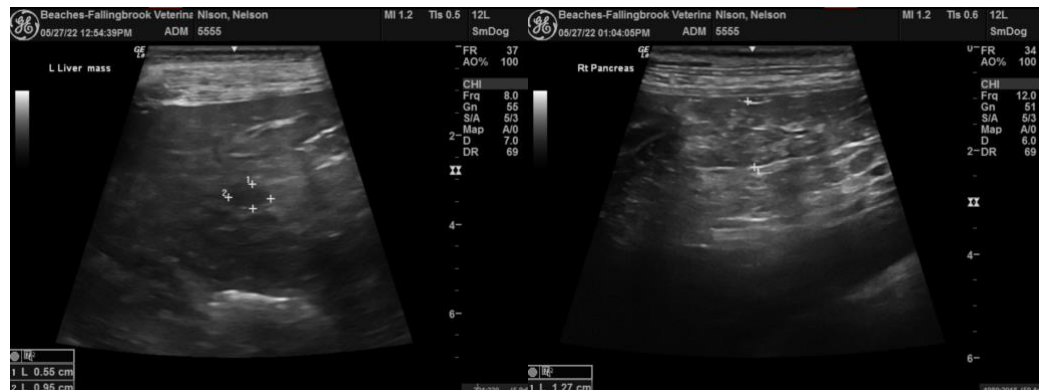
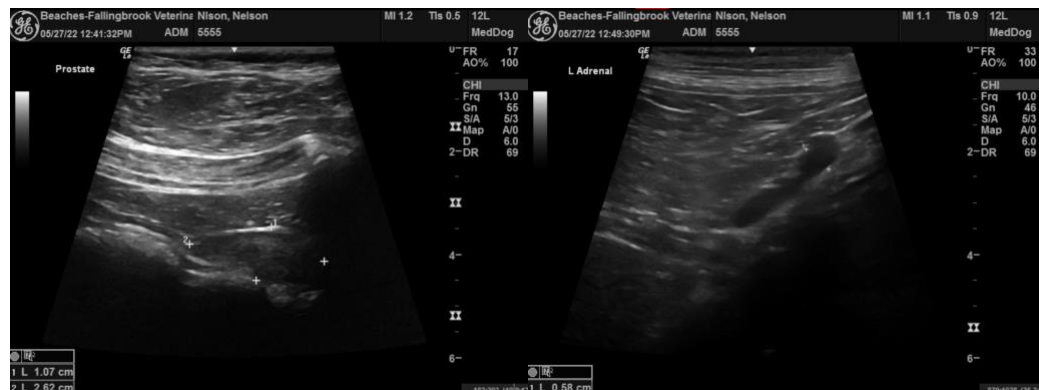
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Poodle Mix

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info@SonoPath.com

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