



PATIENT

Missy Lindner

SPECIES

Canine

BREED

Maltese Mix

SEX

Female

AGE

12 years

WEIGHT

18.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Abdul-Chani

INVOICE

30143

DATE

5/4/22

PRESENTING CLINICAL SIGNS

History: Persistently elevated WBC's with no response to clavamox
Abnormal PE/Chem/CBC/UA Results: Chem > normal, CBC > WBC 30.1, neutrophils 24,682
Urinalysis > normal Urine specific gravity: 1.018

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 uterus was mildly thickened and measured 0.6 cm in width. The lumen was empty.

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 left and right kidney measured 3.73 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 2.18 x 0.47 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 2.12 x 0.4 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic, 5.0 cm parenchymal mass that was deriving from the cranial splenic body. Minor heterogenous changes were noted elsewhere in the spleen.

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. Comet tail lung pattern was noted through the diaphragm.



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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.

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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

Cranial abdominal lymph node is enlarged and measured 2.0 x 1.0 cm. The lymph node is somewhat rounded, hypoechoic and irregular.

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Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

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ULTRASONOGRAPHIC FINDINGS

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Cranial abdominal lymphadenopathy.

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Splenic mass.

Otherwise, age related abdominal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There was no overt evidence of metastatic disease. Three view chest radiographs are recommended to assess for metastasis followed by splenectomy and lymph node removal or biopsy.

REFERRING VET

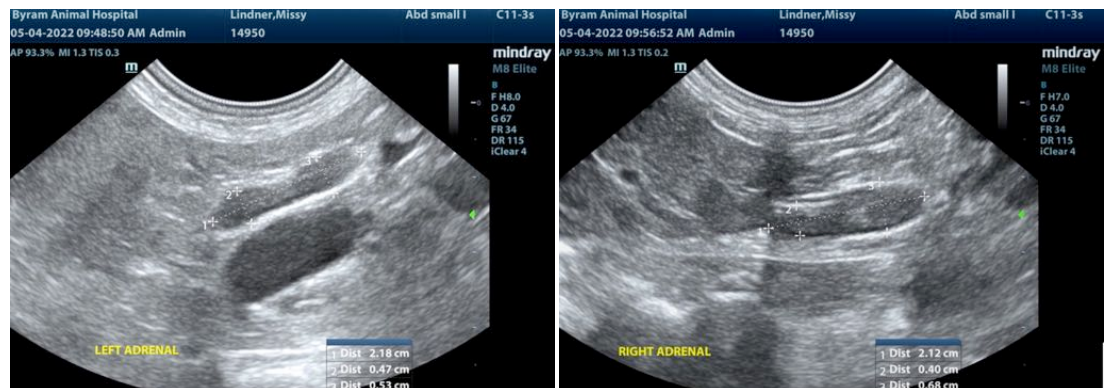
Dr. Abdul-Chani

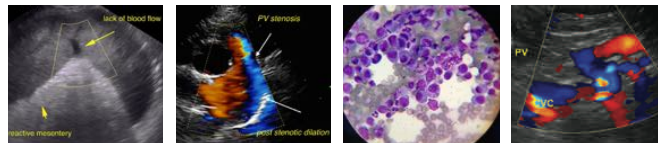
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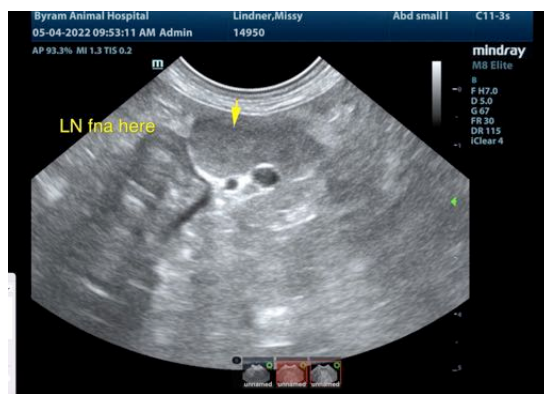
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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