

**DATE**

5/6/22

PATIENT

Titan Barr

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5/16/14

WEIGHT

83 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Weichert

INVOICE

37492

PRESENTING CLINICAL SIGNS

Lethargy. Vaccines given 2 weeks prior to presentation. PE- pale mucus membranes, rest of exam WNL.

Current Medications: Prednisone 40mg BID since 4/26/22. Doxycycline 400mg SID since 4/26/22.

Lab Results: Anemia with no improvement. Lymphocytosis- improving.

Radiographs: NSF on abdominal and thoracic rads.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 **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 6.7 cm. The right kidney measured 6.66 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 1.9 cm x 0.61 cm at the caudal pole and 0.60 cm at the cranial pole. The right adrenal gland measured 2.74 cm x 0.60 cm at the caudal pole and 0.56 cm at the cranial pole.

Spleen

The **spleen** revealed multifocal hypoechoic nodules with target type appearance measuring up to 1.8 cm.

Liver

The **liver** was riddled with multifocal hypoechoic nodular changes with target type appearance. Swollen, irregular contour noted. Strongly suggestive for infiltrative disease. Passive congestion pattern also noted with hepatic vein dilation. The gallbladder was 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.

Free Abdomen

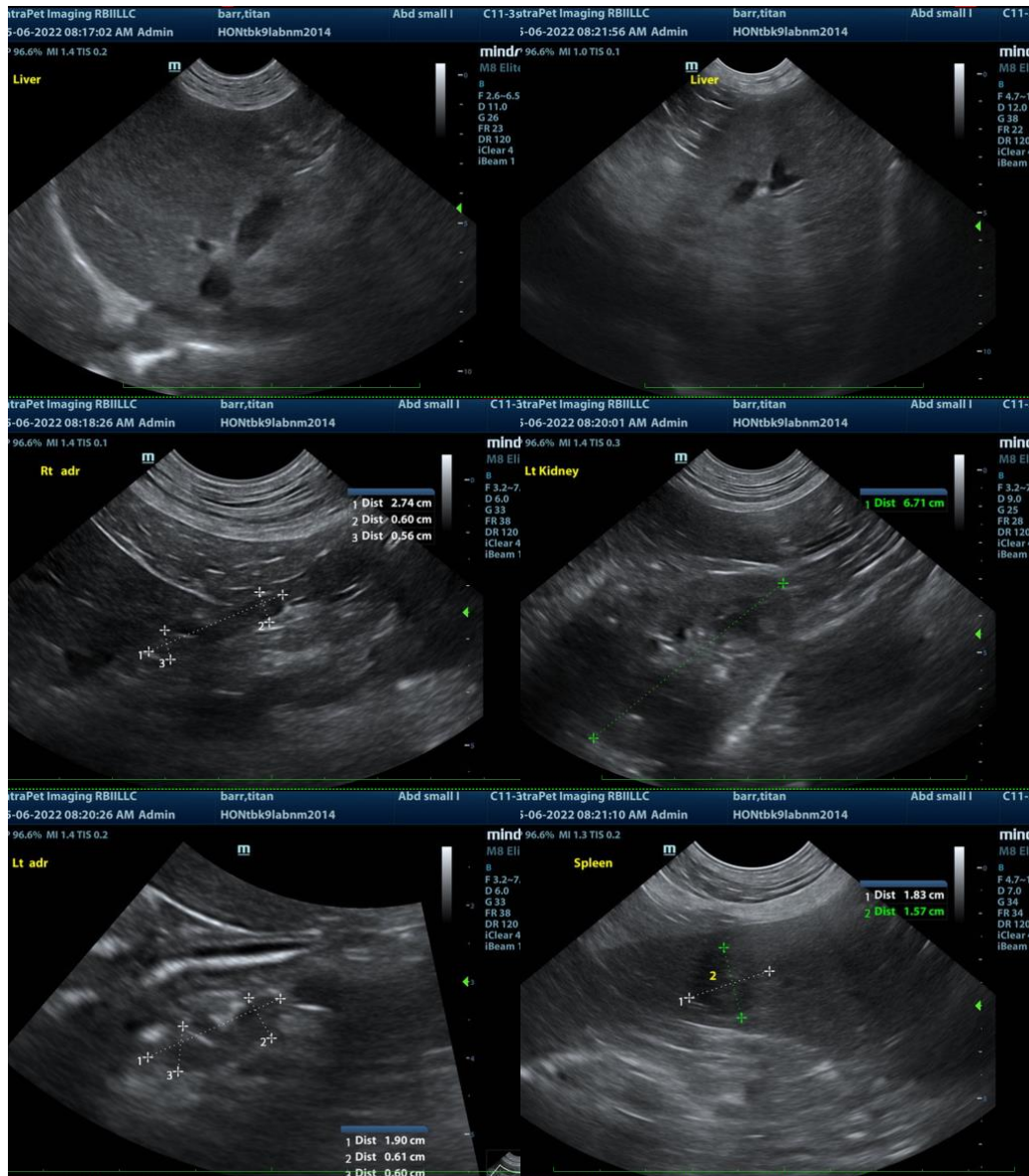
Free fluid noted in the abdomen.
Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Splenohepatic infiltrative pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prednisone is likely suppressing a more significant presentation. Bone marrow disease and possible hemorrhage may be playing a role. Prognosis is guarded to poor. FNA spleen and liver recommended with cytopsin of the free fluid.





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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