

**PATIENT**

Penny Lee 51127A

SPECIES

Canine

BREED

Blue Heeler

SEX

Spayed Female

AGE

10 Years

WEIGHT

21.1 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Vet
Specialists - Dr.
McCaughy**INVOICE**

38111

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Penny presents today for a history vomiting and lethargy. Last week she started urinating blood, and saw a veterinarian in NC who started her on Baytril. Symptoms resolved some, then last night she was lethargic and inappetent on the drive back to WI. In KY she developed loose stool and was given 200mg Gabapentin, withheld Baytril due to not eating. 2pm yesterday she vomited food and undigested Gabapentin in the car, about 4 hours after ingesting them initially. 2 hours later she vomited again, bile this time.

Abnormal PE/Chem/CBC/UA Results: BW was done yesterday at an ER in Indianapolis, elevated TBIL, AST, ALT, AMY, no XRAY done.

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 mixed hypoechoic, irregular nodular changes with varying microcapsular expansion. Irregular contour noted, more prominent pattern on the left kidney. Minor pericapsular fluid accumulation noted on the right kidney. The right kidney measured 6.65 cm. The left kidney measured 5.8 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 0.67 cm at the cranial pole and 0.56 cm at the caudal pole.

Spleen

The **spleen** revealed a mixed hypoechoic complex mass measuring 6.0 cm, extending into the regional omentum. Margins were ill-defined. The remainder of the spleen was slightly heterogeneous with mild scalloping irregular contour.

Liver

The **liver** was largely unremarkable with uniform parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

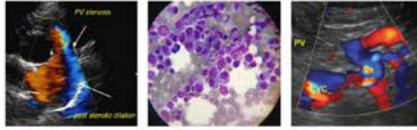
The **gastrointestinal tract** was largely unremarkable with some areas obscured owing to regional omental changes associated with the spleen.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain

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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

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- Splenic mass with rupture into the abdomen - possibly isolated with thromboembolic episodes, potentially involving the intestinal tract and kidneys. Otherwise, multicentric process involving the spleen, kidneys, liver and intestine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bilirubin, AST, ALT elevations, and assuming no hemolytic disease is present, I'm concerned for an infiltrative process involving the liver at an early phase. Recheck of the bilirubin indicated to assess if artifactual. If not artifactual, then FNA of the general spleen, splenic mass and, renal cortices and liver all indicated.

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This could be followed by exploratory surgery with splenectomy, liver inspection and biopsy. However, the splenic mass extends into the regional omentum. Therefore, clean resection may be difficult. However, given that this is essentially an isolate splenic mass, there is a possibility that histopathology would be benign.

AGE

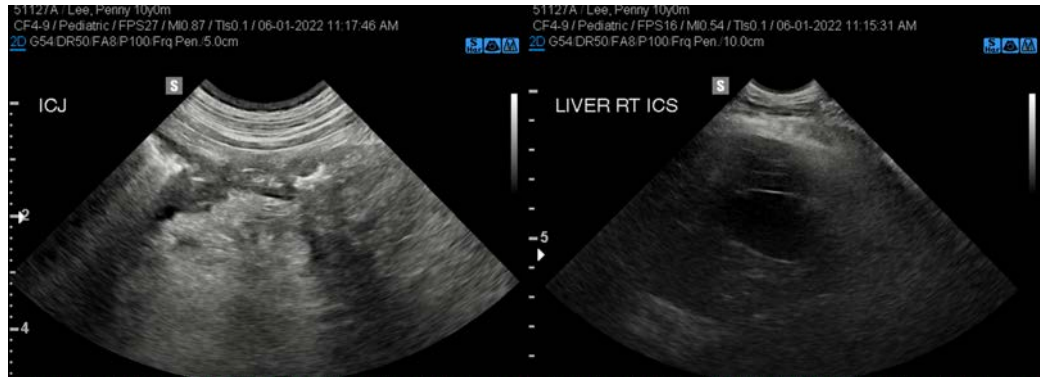
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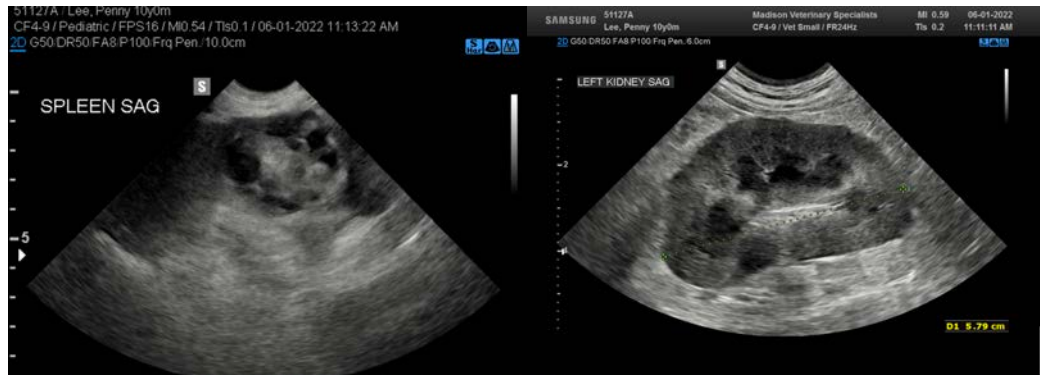
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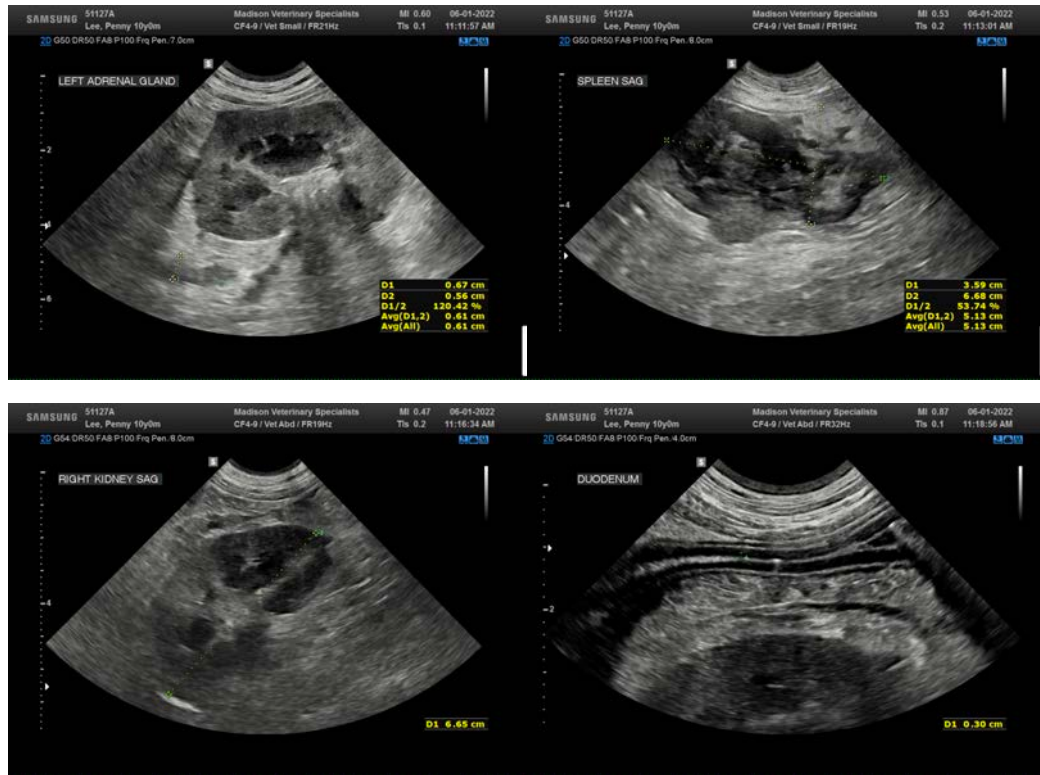
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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