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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE**

6/17/22

**PATIENT**

Lilo Roman

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

6/15/13

**WEIGHT**

59.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Nacke-Horney

**INVOICE**

38852

**PRESENTING CLINICAL SIGNS**

06-15-2022 Notes: Thought she was limping at first but owner did not see it Last night was attempting to sit down slowly then would get back up - was taking longer to find a place to lay down Today: tail was drooping more Eating, drinking, and no vomiting - unsure about defecation due to free access to the fenced in yard Before presentation was squatting to defecate with no production. Elevated liver values noted on bloodwork.

Current Medications: Ampicillin, Gabapentin, Maropitant.

Radiographs: Abdomen 2 View; material in stomach suspicious for food, mild gassy changes in the GI, fecal material in the colon, enlarged bladder.

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** appeared unremarkable. A minimal amount of urine was present at the time of the sonogram. Foley catheter was in proper position.

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 7.28 cm. The right kidney measured 6.62 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 2.84 cm x 0.81 cm at the caudal pole and 0.68 cm at the cranial pole.

The **right adrenal gland** revealed a hyperechoic nodule at the cranial pole measuring 0.52 cm x 0.58 cm, likely lipogranuloma. The right adrenal measured 2.8 cm x 0.93 cm at the cranial pole and 0.85 cm at the caudal pole.

**Spleen**

The **spleen** presented a focal hypoechoic, ill-defined nodule at the mid body measuring 2.06 cm x 1.68 cm. The remainder of the spleen was unremarkable and fairly uniform.

**Liver**

The **liver** was diffusely enlarged with hypoechoic nodular changes, non-disruptive. The gallbladder presented minor debris.

**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. 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 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.

## Heart

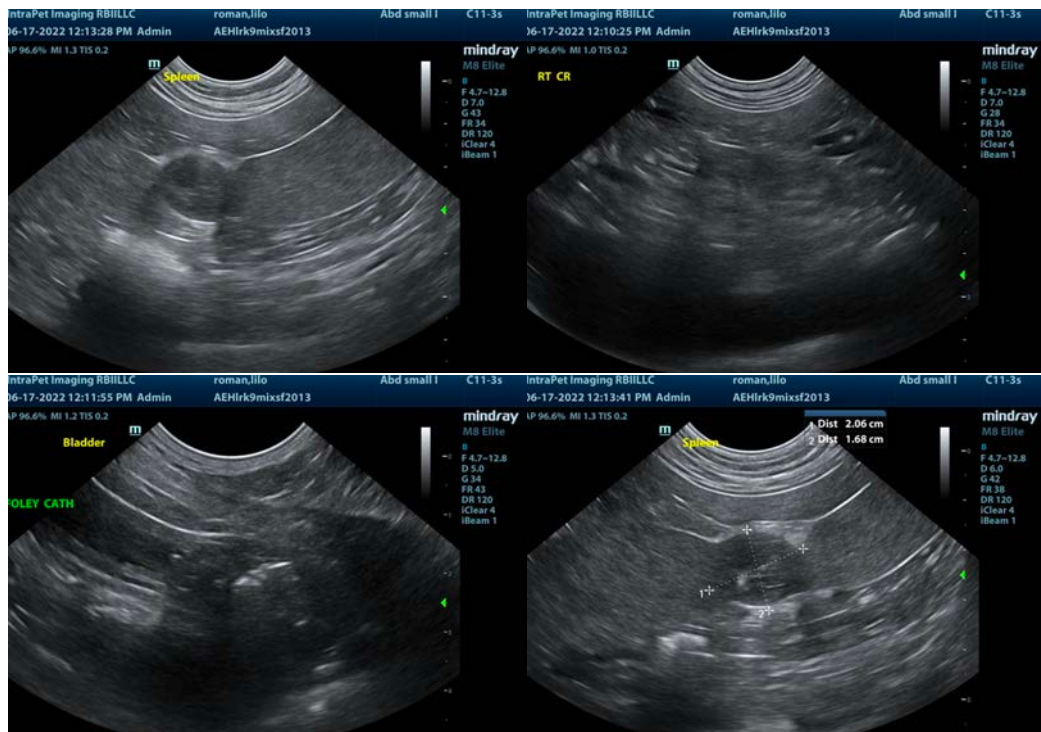
Rapid view of the heart revealed no evident pathology.

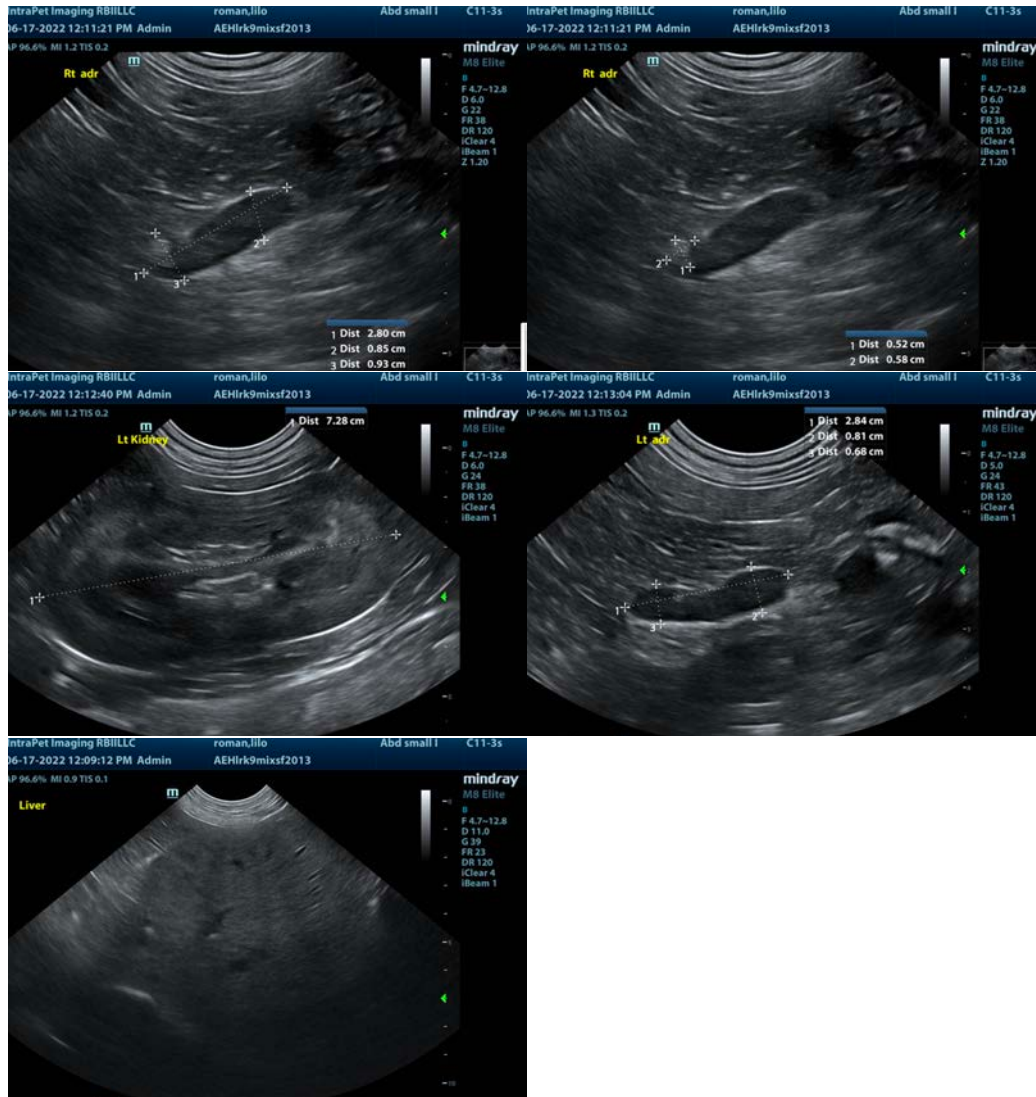
## ULTRASONOGRAPHIC FINDINGS

- Heterogeneous pancreas
- Splenic nodule
- Right adrenal nodule – adenoma likely, minor potential for emerging neoplasia.
- Hepatic nodules – likely benign
- Minor gallbladder debris

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend splenectomy in this patient, as an inflammatory pattern was noted around the splenic nodule. There is a possibility that the spleen may be rotated upon itself at the point of the nodule, and the nodule is a secondary necrotic type change. Regardless, splenectomy indicated. Round cell neoplasia possible, hemangiosarcoma possible. FNA of both the spleen and liver lesions could be considered. However, direct splenectomy after chest radiographs is recommended with concurrent liver biopsy.





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**  
[info@SonoPath.com](mailto:info@SonoPath.com)