



PATIENT

Boyd Hensel

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

3 Years

WEIGHT

86 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Melissa Hensel

INVOICE

38311

DATE

6/2/22

PRESENTING CLINICAL SIGNS

Noted weight loss recently, pale/icteric gums last night. No known injuries, exposures, ingestions. Abnormal PE/Chem/CBC/UA Results: PE: notable weight loss (was ~100lbs previously), icteric MM HR: 130 bpm RR: 40 rpm BCS: 4 /9 Weight: 86 lbs Slide agglutination - Positive CBC - nonregenerative anemia with leukocytosis RBC 3.07M/uL, HCT 21.2%, HGB 8.1g/dL, MCH 26.3, MCHC 38.3g/dL, RDW 9.8% , normal retics, WBC 18.49K/uL, Neu 14.73K/ul, Lym 0.99K/ul, Mono 2.62 K/ul, Plt 109K/uL, MPV 14.6fl, PDW 22.2 fL. Chem: Glog 4.6g/dL, Tbil 2.4mg/dL, Chol 328mg/dl, K 3.4mmol/L. 4Dx: AP +, ownl Coags normal Thoracic Rads - unremarkable. UA pending FNA of splenic nodule pending.

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. A minor amount of suspended debris 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 right kidney measured 9.55 cm. The left kidney measured 7.8 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 3.11 cm x 0.61 cm at the cranial pole and 0.79 cm at the caudal pole. The right adrenal gland measured 2.23 cm x 0.76 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged (likely reactive, given the anemic state) and revealed a hypoechoic 0.70 cm nodule in the mid body. The spleen was folded upon itself.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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Boyd Hensel **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.

Heart

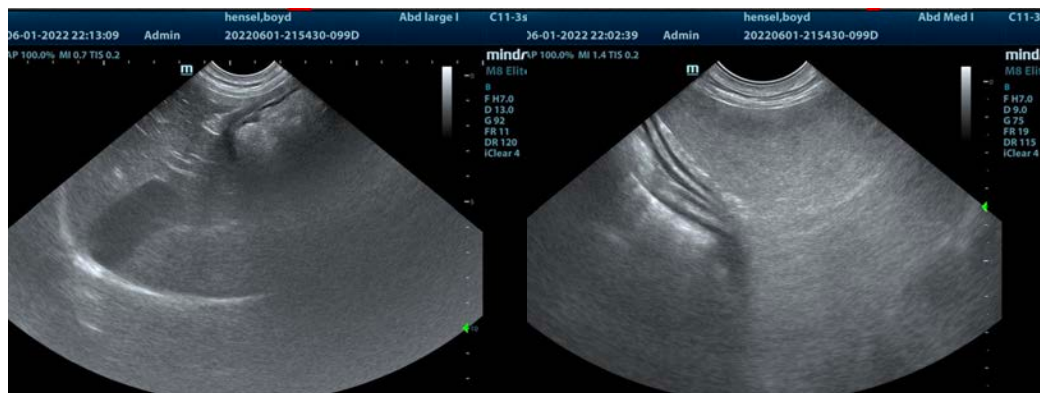
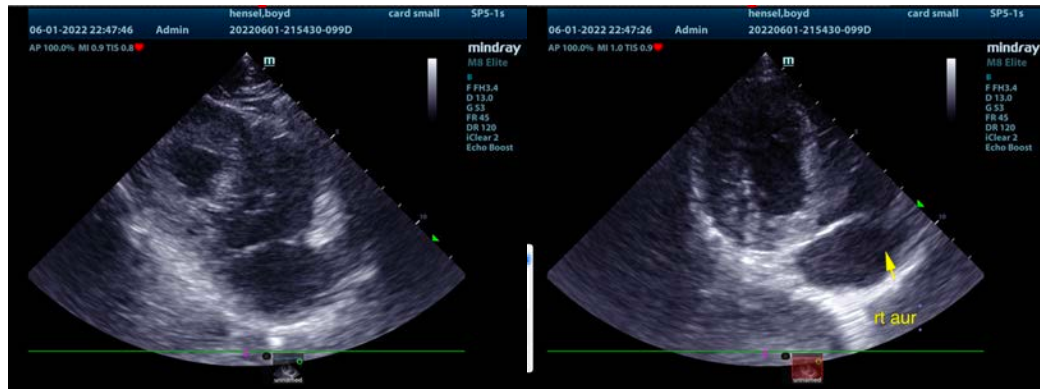
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium. Adequate contractility.

ULTRASONOGRAPHIC FINDINGS

- Hypersplenism pattern – suspect IMHA.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general splenic parenchyma as well as the nodule indicated to ensure an early round cell neoplasia is not an issue +/- bone marrow aspirates. No other evidence of pathology.





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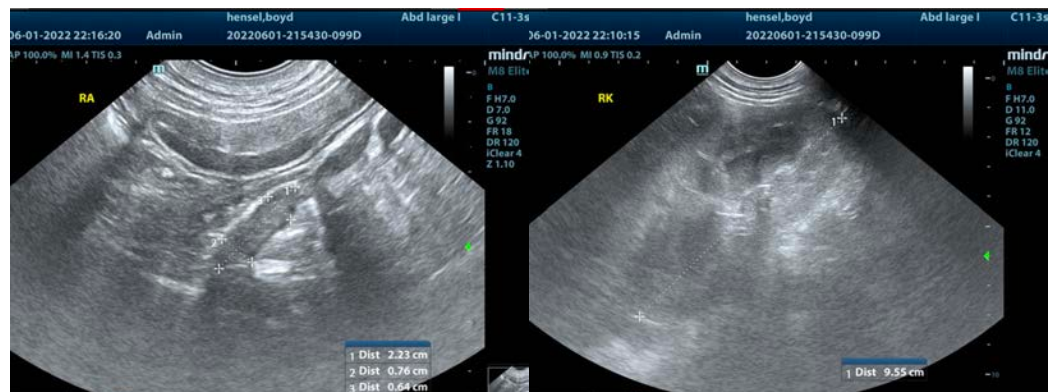
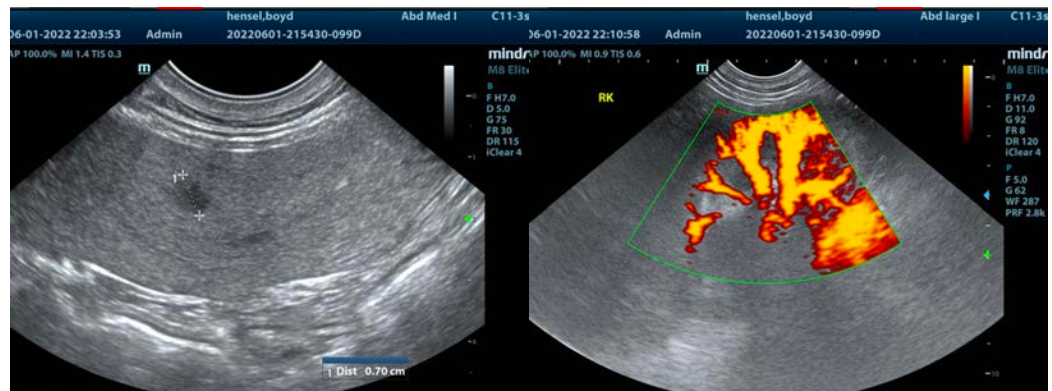
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

info@SonoPath.com

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