



PATIENT

Simon Peter VanEddendelft

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered male

AGE

10 years

WEIGHT

63.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bucha

HOSPITAL NAME

Harveys Lake VC

REFERRING VET

Dr. Bucha

INVOICE

47876

DATE

6/20/23

PRESENTING CLINICAL SIGNS

History: Patient presented today because he collapsed yesterday at the groomer. Owner stated that mainly the front legs gave out and he seemed weak in the rear legs. Patient is eating and drinking WNL, urinating and having normal bowel movements. Once owner picked patient up from the groomer, he was pretty much himself but unsteady in the rear legs. Rule Out: Seizure Physical Exam Findings: P: 110 R: 30 -Grade I - II Heart murmur Cardiac Diagnosis: Mild Mitral and Mild Tricuspid Valvular Endocardiosis -Slight periodontal disease Patient's Diagnosis's from specialty hospital: Chronic Bronchitis Lymphoplasmacytic IBD Dermal Melanoma excised Small Splenic mass Multifocal alopecia (suspected steroid side effect) Heart Murmur Current Medications: Prednisone 20mg: 1/2 tablet SID (For Chronic Bronchitis being treated by another hospital) Gabapentin 300mg: 1 capsules BID -TID as needed for pain

Abnormal PE/Chem/CBC/UA Results: Radiographs (lateral and v/d thorax): Vena cava appears approximately half the size of the aorta. (Doesn't appear that way on the Ultrasound) Ultrasound - included Chem Panel: ALT: 204 Norm: 10 to 125 ALKP: 1081 Norm: 23 to 212 GGT: 18 Norm: 0 to 11 LIPA: 4675 Norm: 200 to 1800 All else WNL CBC: All WNL Urinalysis: Spec Grav: 1.040 pH: 6.5 PRO: 30 BLD: 50 All Else WNL Intestinal Parasite Screen - 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. 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 **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 6.0 cm. The left kidney measured 7.0 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 0.38 cm. The right adrenal gland measured 0.66 cm.

Spleen

The **spleen** revealed minor, heterogenous hypoechoic parenchymal changes with a more distinct nodule that measured 1.0 cm at the mid caudal body.



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Liver

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The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder wall was echogenic and fibrosed.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia splenic nodule. Nodular hyperplasia versus emerging hemangiosarcoma. Round cell neoplasia is less likely.

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Porcelain gallbladder with subjectively benign hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodules and general liver are recommended for further definition. Echocardiogram is warranted given the patient's history. Full CNS exam and orthopedic exams are indicated.

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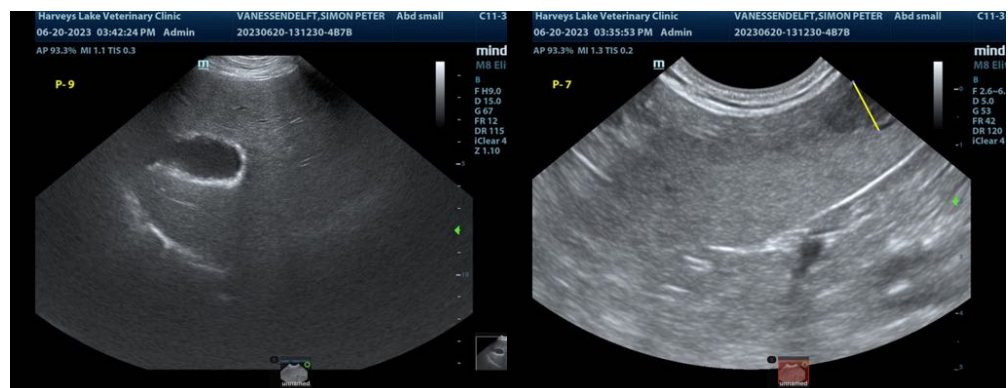
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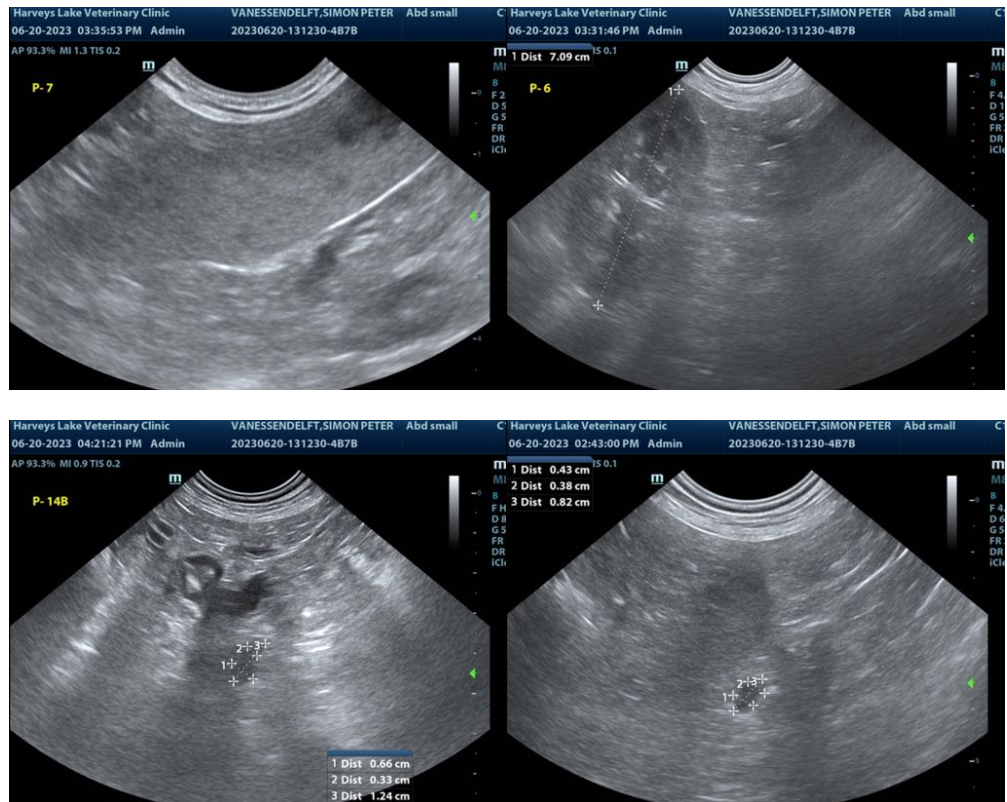
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com