



PATIENT

Artemis Stevens

SPECIES

Canine

BREED

Pharaoh Hound

SEX

Neutered Male

AGE

11 Years

WEIGHT

40 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Houston

INVOICE

39184

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Owner reports a long history of GI issues. Previous US showed abnormalities in small intestine, potential for gastric neoplasia.

Abnormal PE/Chem/CBC/UA Results: PE: potbellied appearance, moderate muscle wasting. CBC/Chem (6/11/2022): Alb 3.8, ALP 302, ALT 180, GGT 56, T Bili 2.2, Triglycerides >500, BUN 32. Mild lymphopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Minimal amount of urine present at the time of the sonogram. Trace amount of sand noted with minimal acoustic shadowing. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The prostate was normal at 1.6 cm.

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 5.5 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 right adrenal gland measured 2.33 cm x 1.38 cm at the cranial pole and 0.78 cm at the caudal pole. The left adrenal gland measured 2.37 cm x 0.51 cm at the caudal pole and 0.57 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. Occasional hyperechoic lipogranulomatous change noted. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented non-specific coarse architecture and increased portal markings. Heterogeneous parenchymal changes noted. The left medial liver revealed a 2.3 cm mixed echogenic nodule. FNA of this region recommended. May represent hyperplasia, abscessation, or possible neoplasia less likely. The gallbladder was not overdistended, yet echogenic wall was present, consistent with cholangitis.

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

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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.

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PRIMARY FINDINGS

- Minor bladder thickening with trace amount of sand
- Cholangiohepatitis liver pattern with undefined nodules

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SECONDARY FINDINGS

- Splenic lipogranulomatous changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted as well as assessment for other inciting causes. FNA or core biopsy of the liver indicated. Full urinary workup warranted if not already performed. The possibility of neoplasia is minimal. Structurally the GI tract appears unremarkable. No evidence of neoplastic criteria. Primary concern in the liver, especially given the elevated bilirubin as well as the lower urinary tract.

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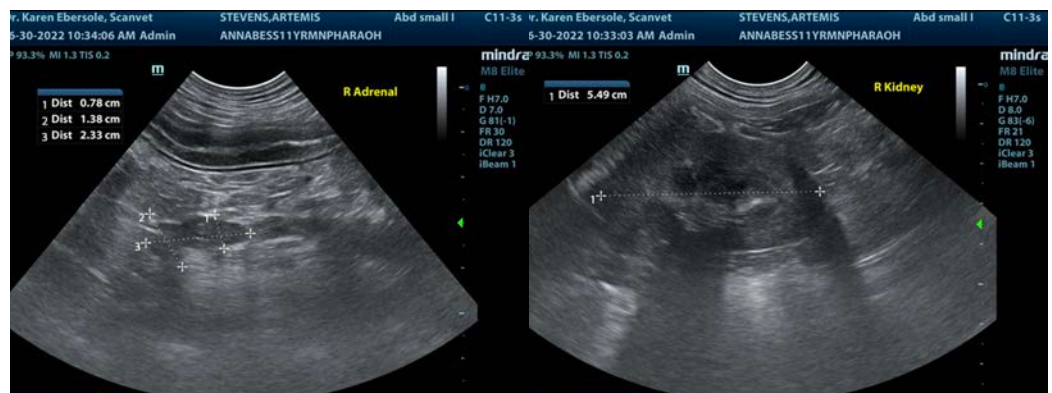
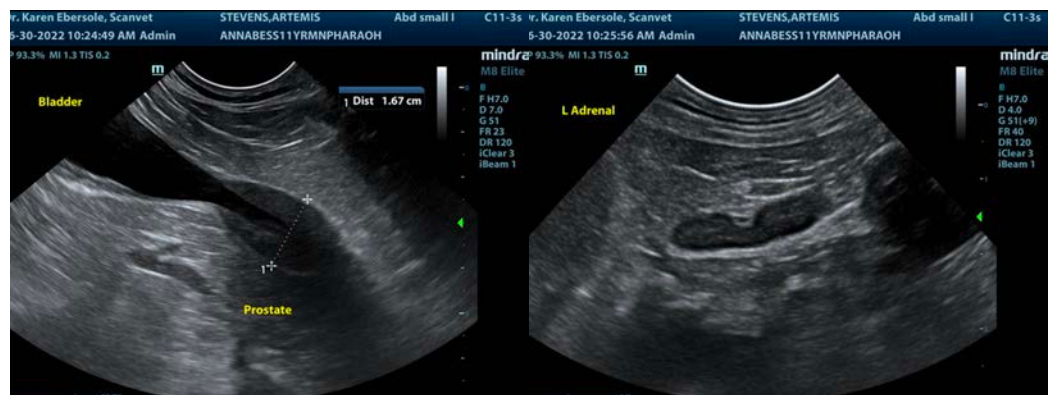
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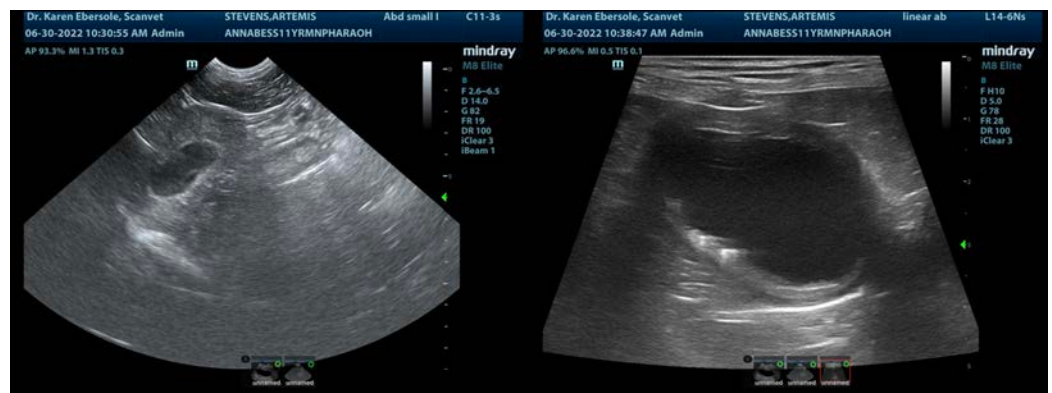
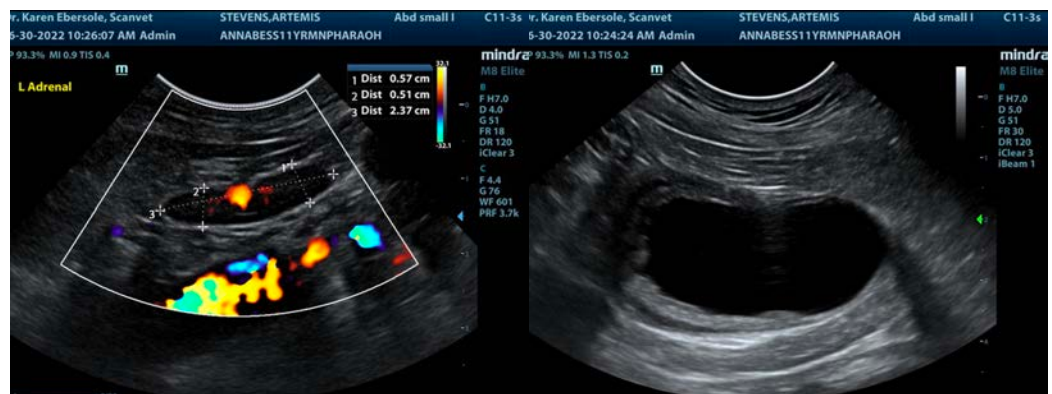
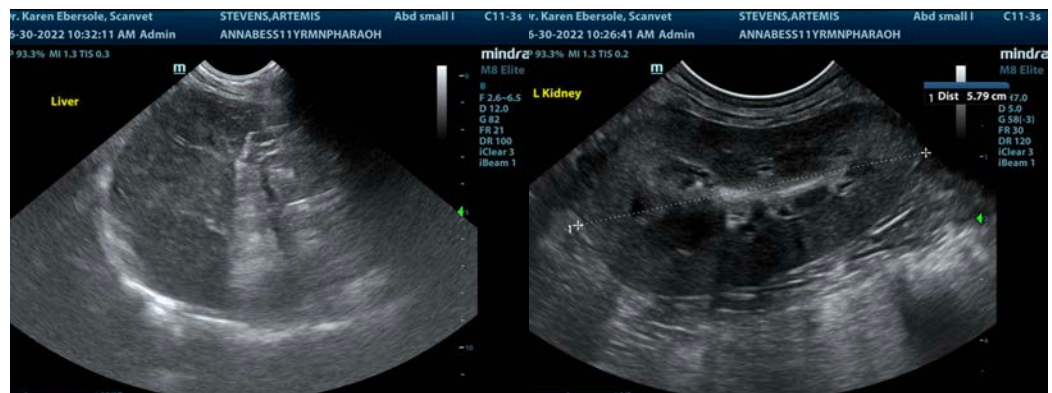
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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