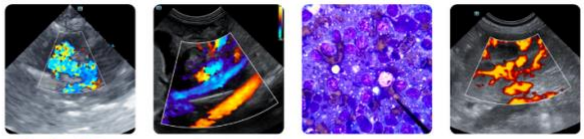

PATIENT

Zander Wyant

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

82 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Easton Animal Hospital

REFERRING VET

Dr. Yasuinski

INVOICE

16320

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Not eating, lethargic, vomiting. Off chart Alt and Ast. Temp 103.6. on radiograph large spleen and liver. Prozac

Abnormal PE/Chem/CBC/UA Results: High Alt, Ast, Tbili 3.3, low platelets, low glucose, low WBC.

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 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 6.26 cm in length. The right kidney measured 6.56 cm in length.

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 1.74 cm x 0.66 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland measured 2.18 cm x 1.15 cm width at the cranial pole and 0.97 cm width at the caudal pole.

Spleen

The **spleen** presented enlarged and swollen with irregular contour and subtle micronodular changes. Areas of free fluid were noted with enhanced mesentery. Disruptive expansive iso- to hypoechoic nodular changes were noted throughout the spleen.

Liver

The **liver** revealed coarse architecture with increased portal markings and swollen contour. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Reactive mesentery was present.

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.

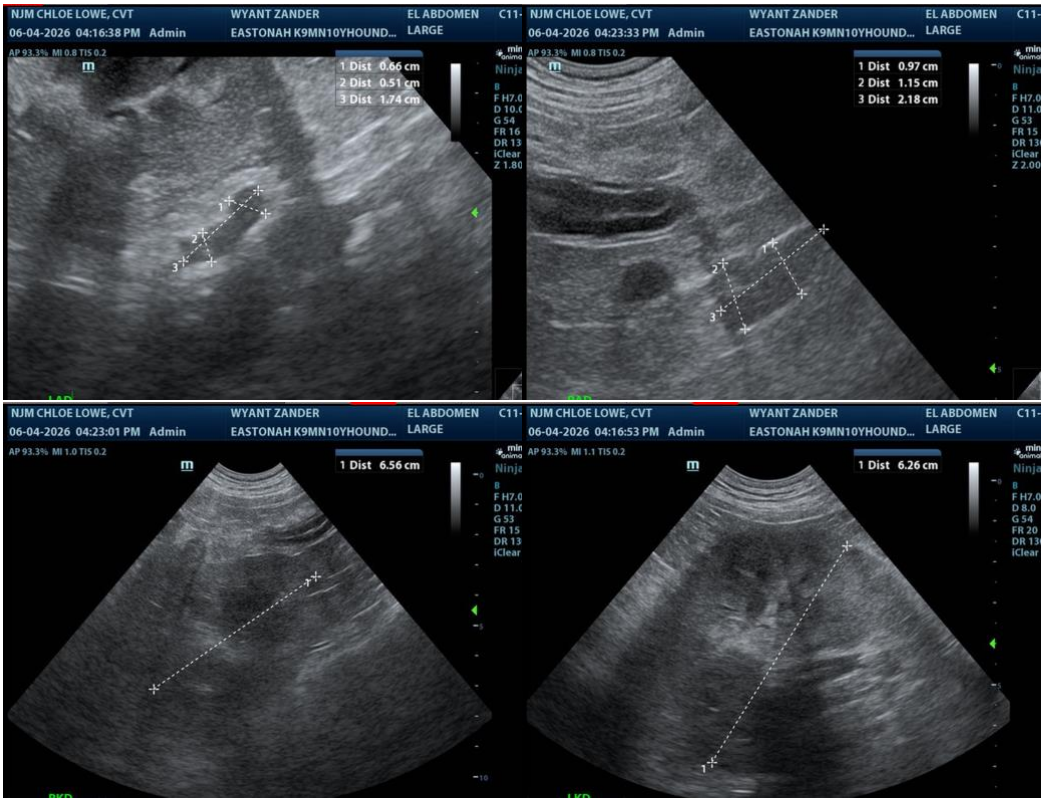
ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Cholangiohepatitis liver pattern with free fluid.
- Reactive mesentery.
- Gastroenteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for underlying round cell neoplasia. Ultrasound-guided FNA of the spleen, liver, and ultrasound-guided abdominocentesis of the pockets of free fluid with cytospin are indicated. Prognosis is guarded. Even though the patient has been vaccinated for leptospirosis, coverage for infection and leptospirosis testing is indicated, however, FNA of the spleen, liver, and sampling of the free fluid would likely be the most effective diagnostic effort.

One approach to Leptospirosis testing is to test PCR both in serum and urine given that IgG presence is detected in the serum in early phase (up to 10 days) of infection and in the urine after 14 days. Paired convalescent titers after 2-3 weeks would be ideal. Urine testing is not affected by vaccination status.



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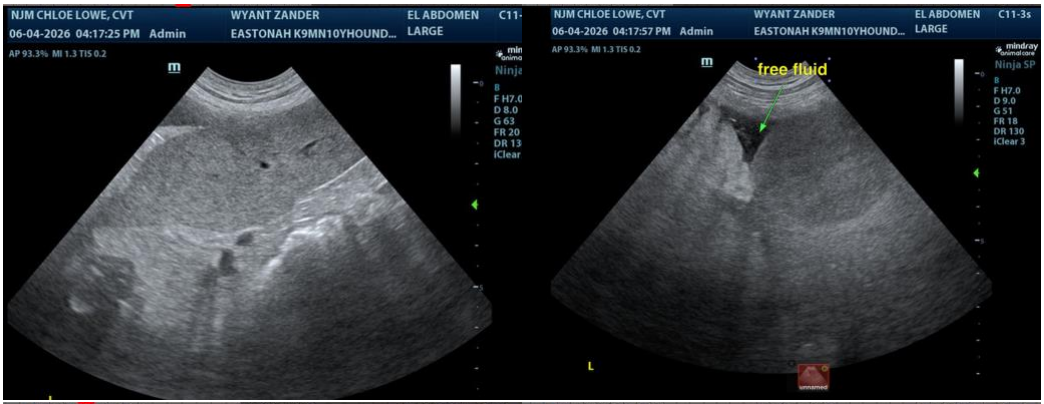
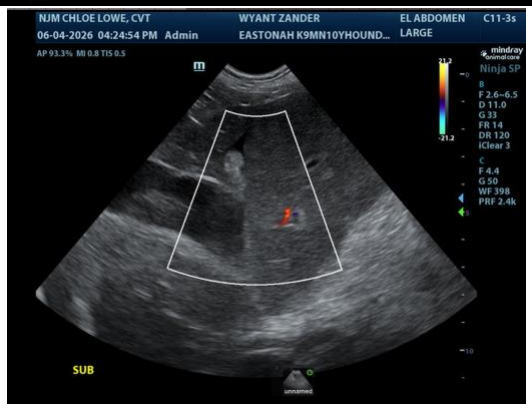




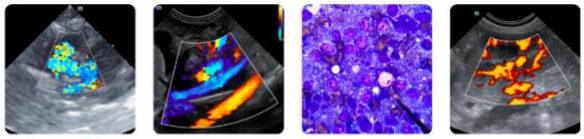
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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