



PATIENT

Jack Turner

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered male

AGE

10 years

WEIGHT

51.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. DiNello Schleicher

INVOICE

DATE

6/30/22

PRESENTING CLINICAL SIGNS

History: weight loss with decreased appetite for about 1 week, excessive drinking, lethargic, and panting. On exam very painful in hips, mild discomfort on abdominal palpation, bloodwork revealed elevated liver values and lipase

Abnormal PE/Chem/CBC/UA Results: ALT 306 (18-121), AST 179 (16-55), ALP 719 (5-160) GGT 34 (1-13), Lipase 1,081 (0-250), USG 1.013, Urine PH 8.0, remainder of urine unremarkable. no rads taken.... P currently on gabapentin 100mg 1-2C BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of suspended debris with a focal, 0.7 cm polyp at the ventral wall. The cystourethral junction appeared unremarkable.

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 and right kidney measured 7.22 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 1.71 x 0.36 cm. The right adrenal gland measured 1.7 x 0.5 cm.

Spleen

The **spleen** had hypoechoic, semi-target, mildly disruptive nodule measuring 1.31 x 1.09 cm at the mid body. Other nodular changes were noted in the spleen and measured up to 2.39 cm.

Liver

The **liver** revealed multi-focal, isoechoic, non-disruptive nodules with coarse architecture and mildly increased portal markings. The left medial nodule measured 1.8 x 1.1 cm. The caudal aspect of the left liver revealed a hypoechoic nodule that measured 2.6 cm and was mildly disruptive. The gallbladder and common bile duct were unremarkable with minor gallbladder polyps noted.

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. 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

Hepatic remodeling.

Non-specific, splenohepatic nodular changes.

SEX

Neutered male

Minor bladder polyp.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 years

Pronounced nodular hyperplasia, round cell neoplasia, hemangiosarcoma and fungal disease (if fungal disease is an issue in your territory) are all possible. Screening FNA of the spleen and liver is recommended as well as chest radiographs to assess for potential metastatic disease or comorbidities. The bladder polyp should be monitored. This may be secondary to cystocentesis, polypoid hyperplasia or potentially early transitional cell carcinoma.

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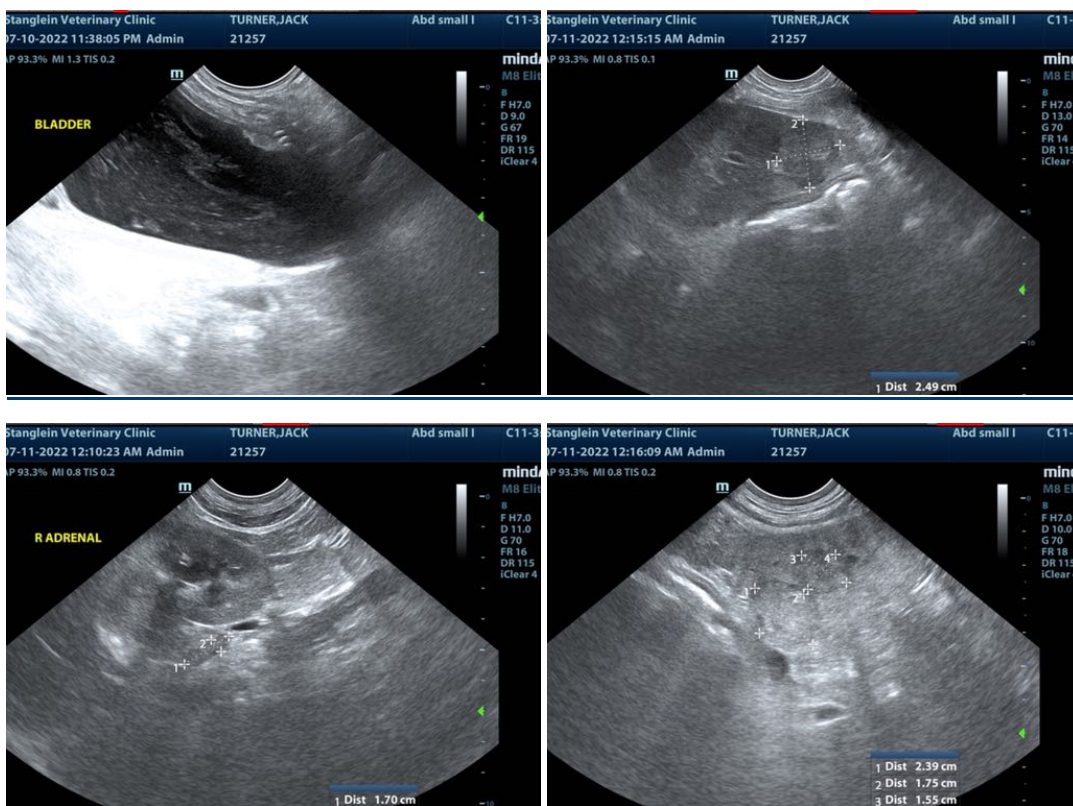
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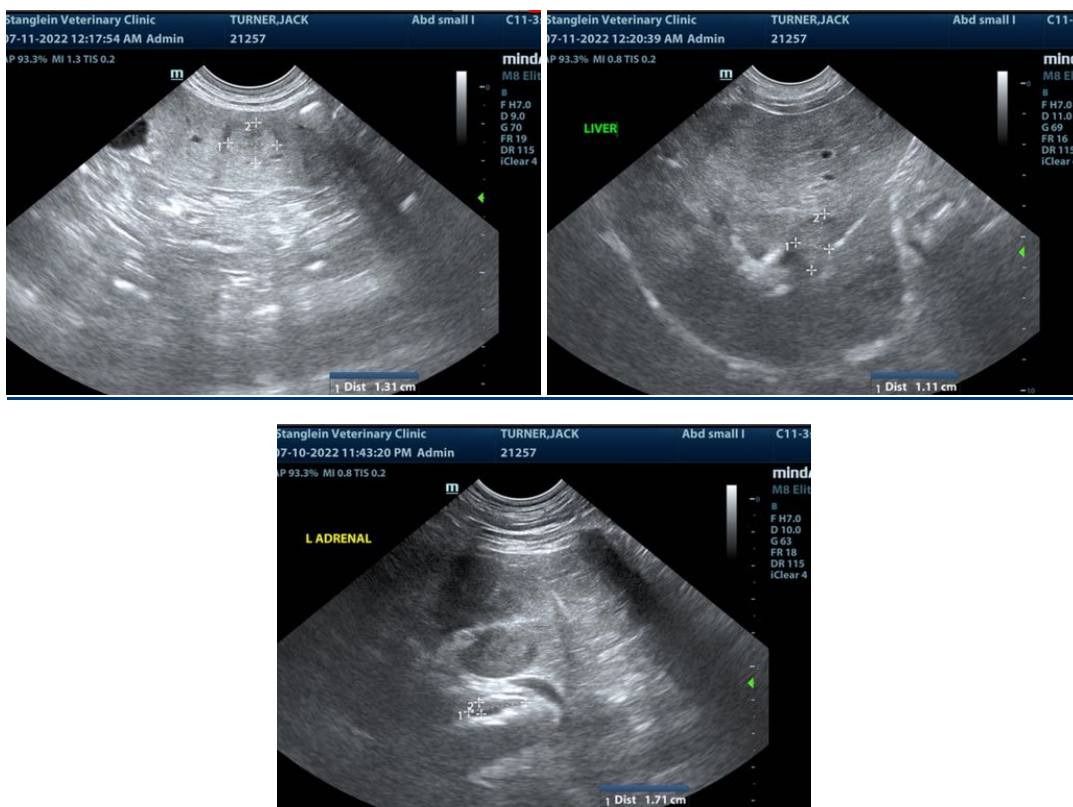
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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