



PATIENT

Nikki Levinson

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

66 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Marcela Salas

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Marcela Salas

INVOICE

16696

DATE

7/18/22

PRESENTING CLINICAL SIGNS

History: 8 yr old german shep fs, acute collapse after a long hike on a hot day. weight loss documented. palpable abd mass. chest rads show microcardia. abd rads show mid abd soft tissue mass. hip dysplasia and spondylosis. abd u/s done to rule out splenomegaly vs splenic mass. owner may consider splenectomy as treatment. echo would be done prior to surgery if so. chem/cbc/t4/ua/bnp/4dx pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was structurally unremarkable, yet some suspended debris was present.

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. Both kidneys measured 6.0 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 right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was mildly enlarged, uniform. Splenic fold was noted. A focal hypoechoic nodule was noted in the mid body, measuring 1.5 cm. The nodule should be monitored.

Liver

The **liver** revealed increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable. A history of chronic inflammatory hepatopathy is likely.

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.

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.

Free Abdomen

In one view, slight **free fluid** was noted adjacent to the urinary bladder. The source is unclear.



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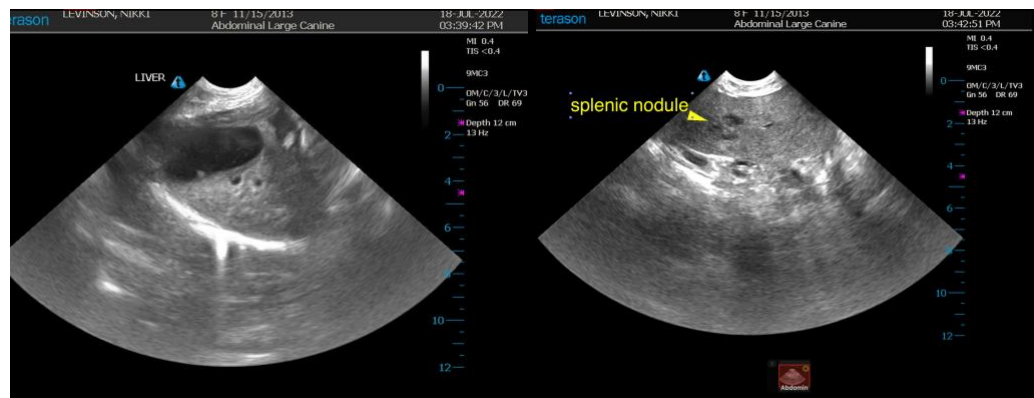
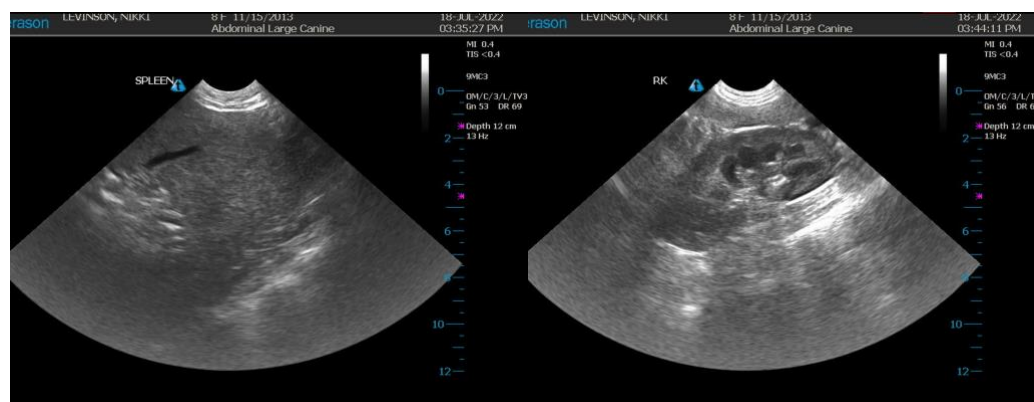
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ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement with focal hypoechoic nodule. Benign cyst, nodular hyperplasia or emerging hemangiosarcoma all possible.
- Chronic inflammatory hepatopathy
- Urinary bladder debris
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. Proactive splenectomy with liver biopsy may be in this patients best interest. The splenic nodule could be a source of hemorrhage, as a minor amount of free fluid was present.





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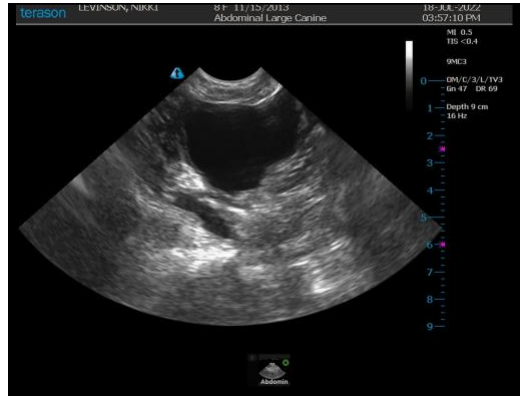
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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