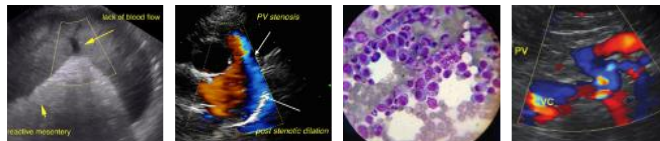


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Simone Singal

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

15 Years

WEIGHT

5.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Matthew Olcha

INVOICE

23425

DATE

7/18/23

PRESENTING CLINICAL SIGNS

History: NAR since 7/12, shaking, crying, waxing and waning appetite. No c/s/v/dpupd. P is lyme +. Started on doxycycline on 7/14, no improvement after 48 hours so metacam added on. No improvement so rechecked yesterday and CBC/Chem sent out. Plan: Pending AUS results r/o biliary obstruction, cholangiohepatitis protocol with clavamox, flagyl, +/- ursodial, +/- denamarin.

Abnormal PE/Chem/CBC/UA Results: ALT 2616, AST 112, ALP 478, GGT 15. No UA, urinary bladder empty.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Microcystic changes and pinpoint mineralizations were present. The left kidney measured 4.0 cm in length. Blood flow to the kidneys appeared to be adequate on power doppler assessment. The right kidney measured 4.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

A hypoechoic nodule was noted in the mid body of the in the **spleen**, measuring 5.0 mm. Other nodular changes throughout the parenchyma. A larger nodule was noted at the mid body, adjacent to the hilus, measuring 0.8 cm with disruption of architecture.

Liver

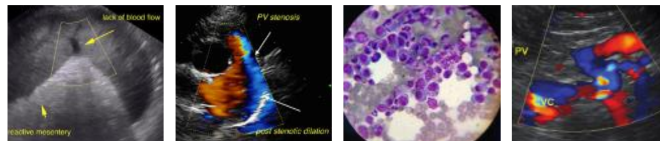
The **liver** was relatively normal in size with coarse in architecture. Acute on chronic insult is suspected. Minor gallbladder polyps were noted, not pathological.

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.



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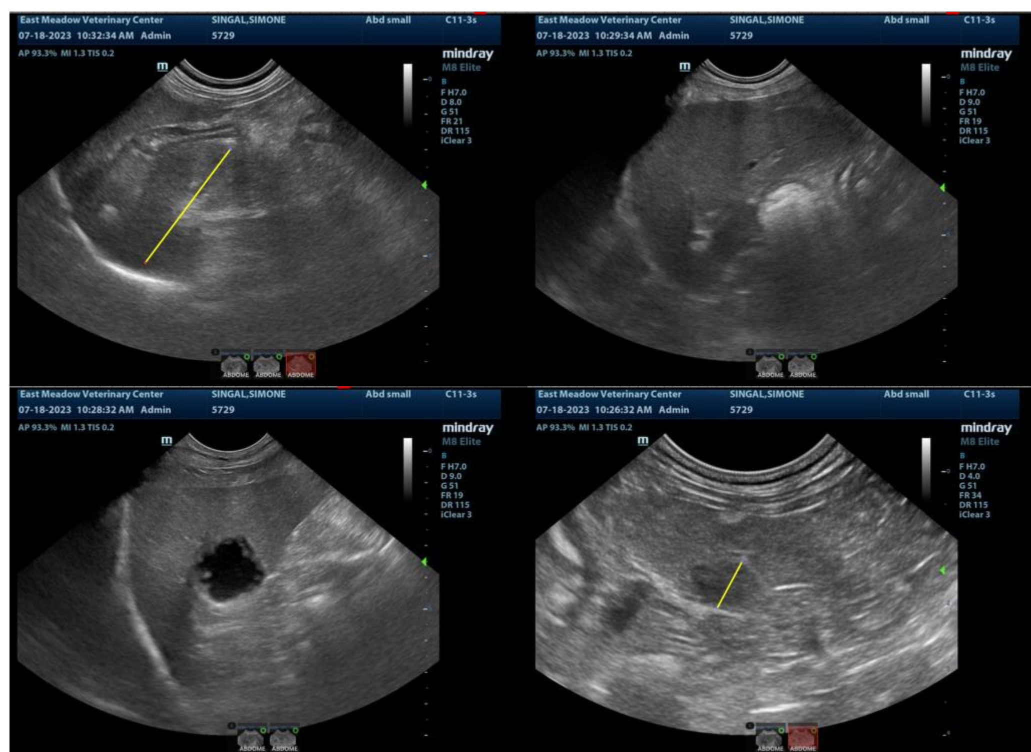
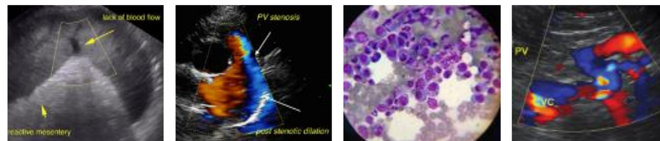
ULTRASONOGRAPHIC FINDINGS

- Subacute on chronic hepatitis pattern
- Splenic nodules
- Moderate degenerative renal changes with cortical cysts and mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia, hyperplasia, emerging hemangiosarcoma are all possible regarding the splenic nodules- FNA is indicated. Leptospirosis titers, FNA of the splenic nodules and general hepatic parenchyma are indicated. Prognosis is guarded. No evidence of posthepatic obstruction.





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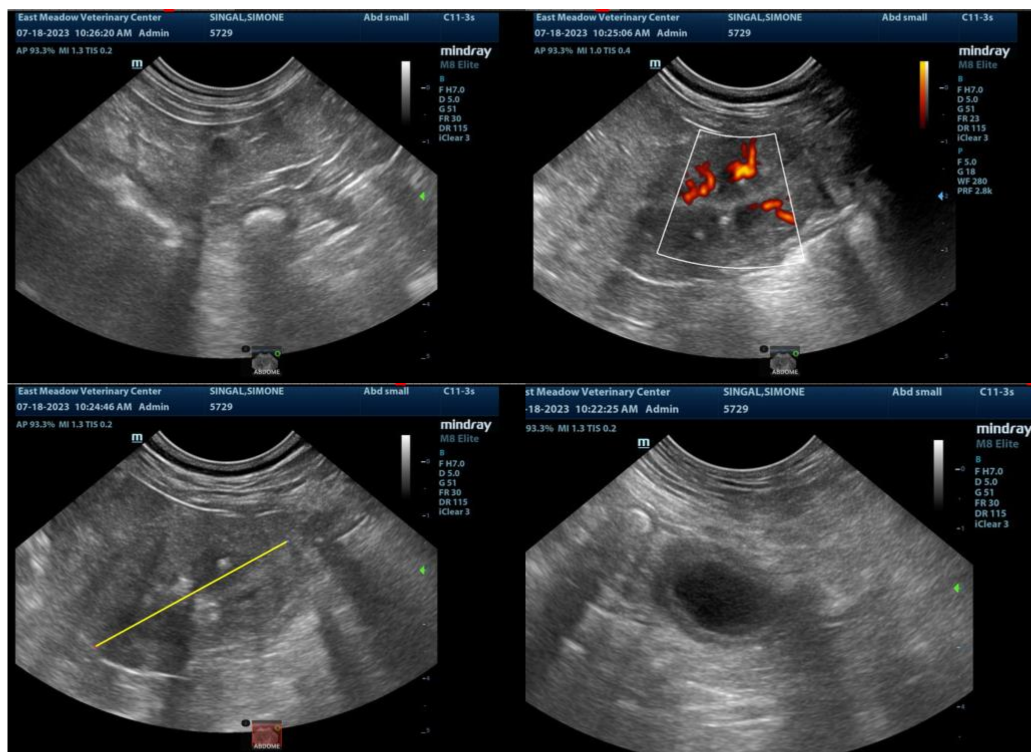

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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