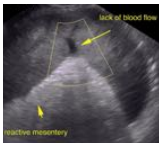

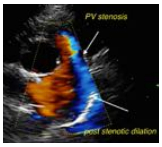

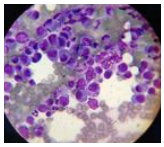
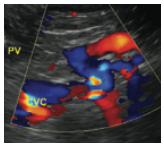

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PATIENT
Amelia Richards

SPECIES
Canine

BREED
Poodle

SEX
Spayed female

AGE
13 years

WEIGHT
46 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Foxfield VS

REFERRING VET
Dr. Rodriguez

INVOICE
31832

DATE
7/20/22

PRESENTING CLINICAL SIGNS

History: Chronic WT loss. Resting cort WNL. Bloodwork WNL. Multiple 1cc splenic nodules noted last year
Abnormal PE/Chem/CBC/UA Results: N/A

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 was 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 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. The left kidney measured 6.03 cm. The right kidney measured 6.66 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 2.84 x 0.86 cm. The right adrenal gland measured 2.65 x 0.57 cm.

Spleen

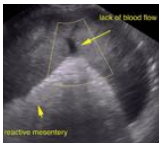
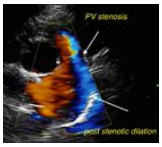
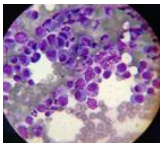
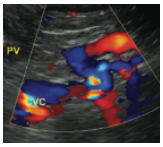
The **spleen** revealed hypoechoic nodules that measured up to 1.5 cm with minor areas of capsular expansion.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

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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.

Thorax

Rapid view of the heart revealed no evidence of pathology.

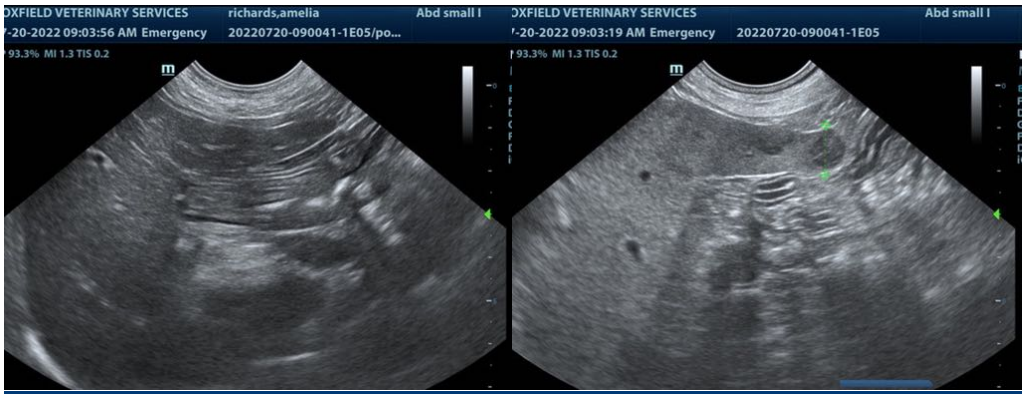
ULTRASONOGRAPHIC FINDINGS

Splenic nodules. Mild growth and progression compared to the prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodules is warranted. Even though these are older nodules they seem to be progressive and may be related to the weight loss with transformation to a neoplastic event may be occurring. Direct splenectomy can be considered.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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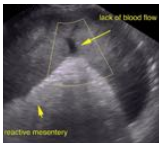
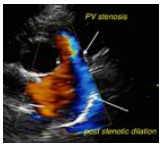
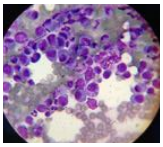
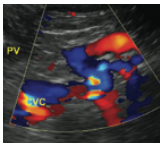

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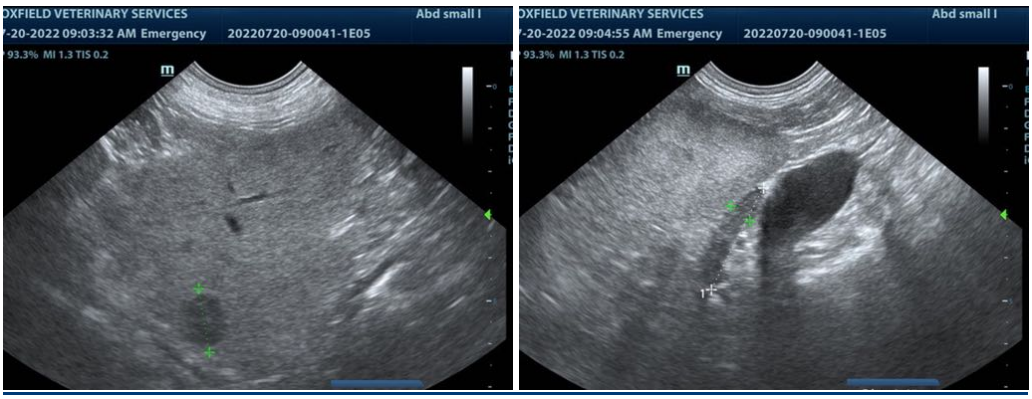

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com