



PATIENT

Doogan Mckinsey

SPECIES

Canine

BREED

Doodle X

SEX

Neutered Male

AGE

8.5 Years

WEIGHT

29.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Bateman

INVOICE

39836

DATE

7/27/22

PRESENTING CLINICAL SIGNS

P hasnt been eating food normally for past 2 days. Will eat wet but not dry. O says P hasnt been acting himself and O feels gums are pale. O said P was on a liver medication over the winter (O thinks they were in the 700's). O said they came down after being on prednisone. Haven't been checked in the past 6 months or so. 1. IMHA - r/o primary versus secondary 2. Hepatopathy - r/o inflammation vs. neoplasia vs. other

Abnormal PE/Chem/CBC/UA Results: Complete Blood Count - HCT 31.8%, PLT 57,000 Chemistry - hyperglobulinemia (mild), mild elevation in ALT (543), mild elevation ALKP, mild elevation in T. Bili (1.6)

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 7.15 cm. The left kidney measured 7.32 cm.

Adrenal Glands

The **left adrenal gland** was 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 1.85 cm x 0.32 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** presented subtle micronodular changes and minor uniform swelling, consistent with hyperplasia. Minor potential for splenitis or round cell neoplasia.

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 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

- Splenic enlargement – hyperplasia versus emerging round cell neoplasia
- Structurally normal liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC path review warranted. Suspect Evan’s syndrome with hyperplastic spleen. Screening FNA of the spleen and liver could be considered once platelet count is >70,000. Full coagulation panel indicated.

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AGE

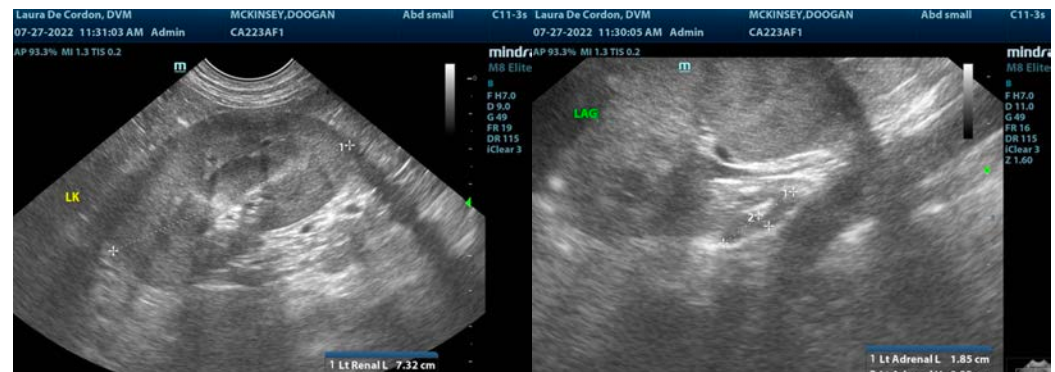
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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