



PATIENT PRESENTING CLINICAL SIGNS

Lucy Kimerling

History: History of allergic dermatitis now is PU PD lethargic with KCS, subluxation of cocco general joints and spondylosis, Is icteric Given GA for scan

SPECIES

Abnormal PE/Chem/CBC/UA Results: Severe elevation of liver enzymes and bilirubin. Elevated cholesterol UA elevated protein and bilirubin Not anemic

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

English Bulldog

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.

SEX

Spayed female

AGE

11 years

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. Slight pyelectasia was noted as well as slight pinpoint mineralization. The right kidney measured 5.42 cm.

WEIGHT

25 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The right **adrenal gland** was slightly swollen and mildly irregular. The right adrenal gland measured 0.87 cm at the caudal pole and 0.69 cm at the cranial pole. The left adrenal gland was uniform and measured 0.86 cm at the caudal pole and 0.77 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Belan

Spleen

The **spleen** revealed expansive, mixed, hypoechoic mass that measured 2.3 cm.

HOSPITAL NAME

Alpine 24/7

Liver

REFERRING VET

Dr. Nelson

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. A 0.76 cm cyst was noted in the right cranial liver. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with calculi that measured up to 0.47 cm. The common bile duct was dilated up to 1.13 cm and tapers to 0.4 cm. The duodenal papilla appeared to be unremarkable, yet significant inflammation was noted around the right limb of the pancreas and common bile duct causing post hepatic obstruction.

INVOICE

75959

DATE

7/7/23



PATIENT	<i>Gastrointestinal</i>
Lucy Kimerling	Variable upper gastrointestinal thickening was noted. Variable small intestinal thickening was noted. The mesenteric lymph node measured 0.61 cm.
SPECIES	<i>Pancreas</i>
Canine	The pancreas revealed heterogenous parenchymal changes, which is consistent with remodeling and history of pancreatitis. Mixed echogenic, pancreatic inflammation was noted in the right limb and appeared to be impinging upon the common bile duct.
BREED	<i>Free Abdomen</i>
English Bulldog	Regional lymph nodes are enlarged in the area of the left pancreatic base and portal hilus.
SEX	<i>Heart</i>
Spayed female	Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.
AGE	ULTRASONOGRAPHIC FINDINGS
11 years	Splenic mass.
WEIGHT	Pancreatitis. Concurrent gallbladder calculi.
25 kg	Post hepatic obstruction.
INTERPRETED BY	Right cranial liver cyst.
Eric Lindquist, DMV DABVP, Cert. IVUSS	Bilateral adrenal hypertrophy. Potential concurrent PDH.
IMAGING PERFORMED BY	Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. However, the volume contraction appeared to be present and the heart subjectively appeared shocky.
Dr. Belan	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Alpine 24/7	I recommend volume restitution in this patient. Exploratory surgery is likely in this patient's best interest given the splenic mass and necessity for biopsies as well as liberation of the common bile duct from the pancreatic pathology. Potential bile duct stent placement or redirection may be necessary. Splenectomy, lymph node and pancreatic biopsies are indicated. There are likely two separate pathologies in this patient, splenic pathology, hemangiosarcoma, round cell neoplasia and non-neoplastic abscessation are all possible/necrosis with regional reactive lymph nodes or potentially metastatic from the pancreas or the spleen. Ultrasound-guided FNA of the splenic lesion and lymph nodes can also be considered as a screening purpose while the patient is being treated medically for further information. Chest radiographs are warranted to assess for metastatic disease. The patient may have passed a biliary calculus instigating post hepatic obstruction and pancreatitis.
REFERRING VET	
Dr. Nelson	
INVOICE	
75959	
DATE	
7/7/23	



PATIENT

Lucy Kimerling

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed female

AGE

11 years

WEIGHT

25 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

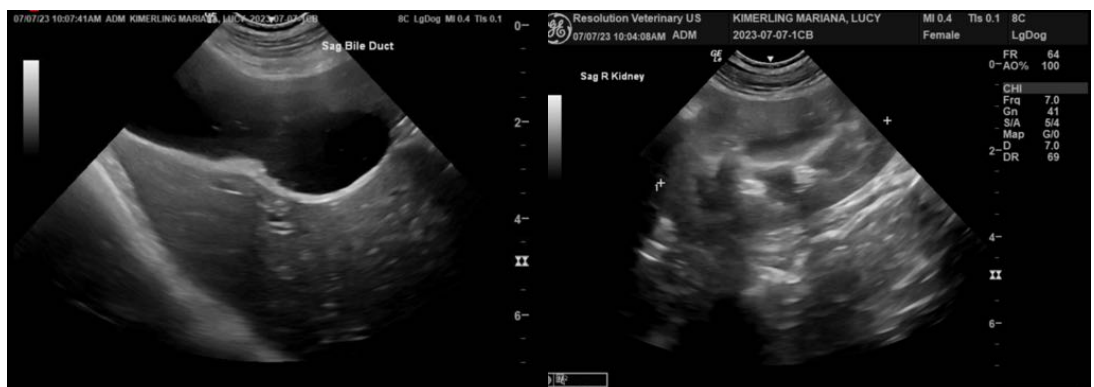
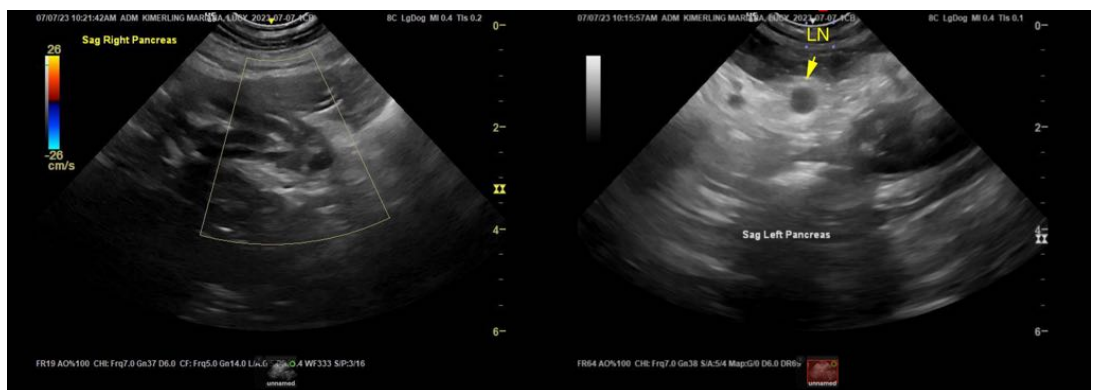
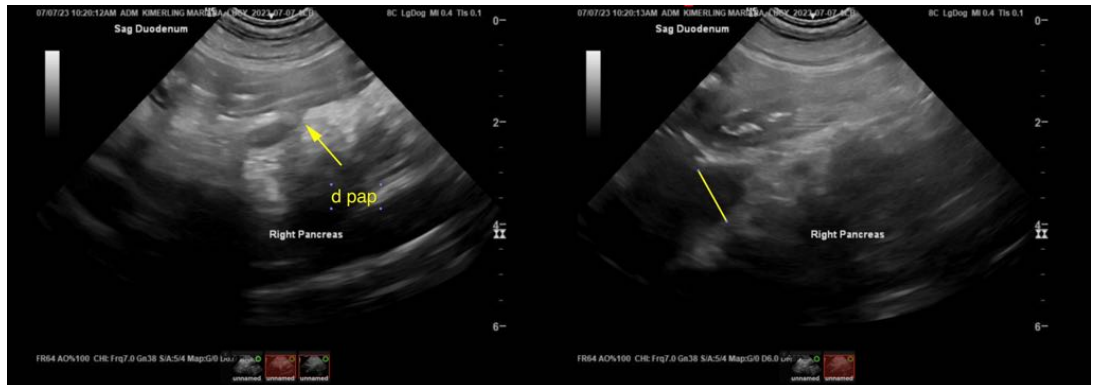
Dr. Nelson

INVOICE

75959

DATE

7/7/23





PATIENT

Lucy Kimberling

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed female

AGE

11 years

WEIGHT

25 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

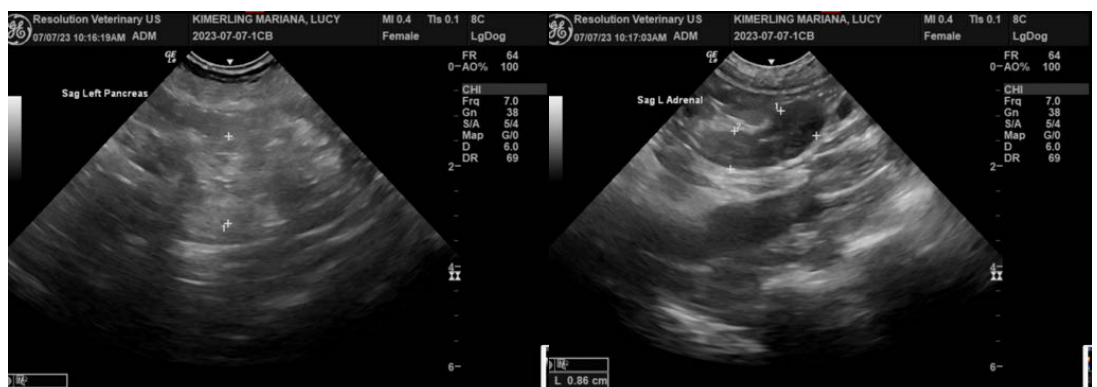
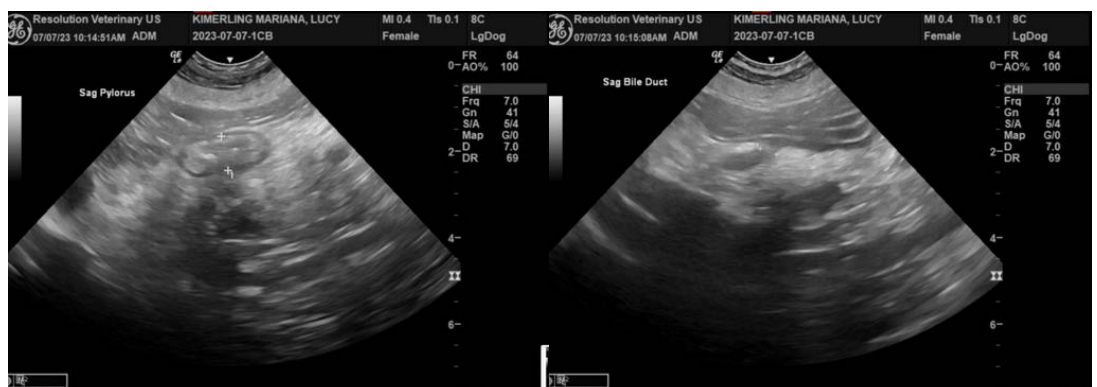
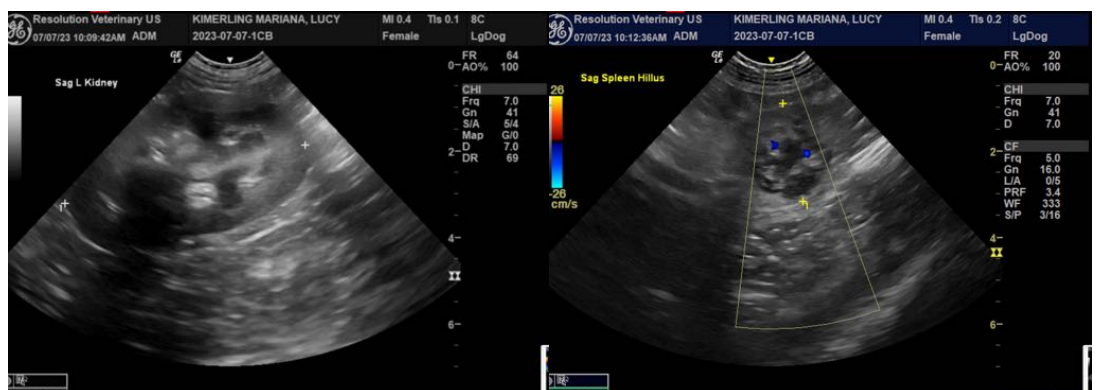
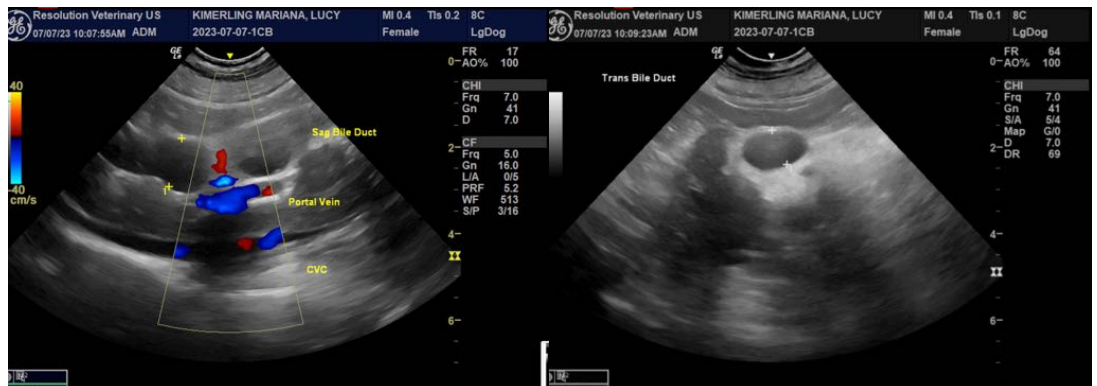
Dr. Nelson

INVOICE

75959

DATE

7/7/23





PATIENT

Lucy Kimberling

SPECIES

Canine

BREED

English Bulldog

SEX

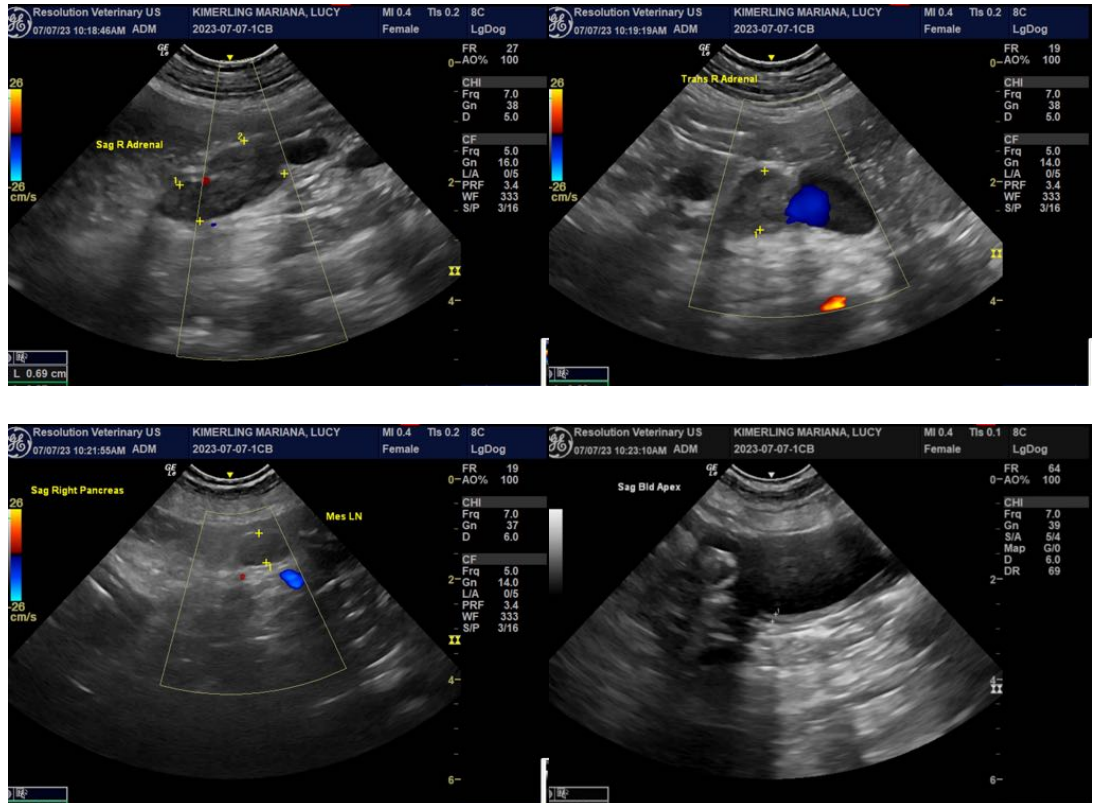
Spayed female

AGE

11 years

WEIGHT

25 kg



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

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

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Nelson

INVOICE

75959

DATE

7/7/23