

PATIENT PRESENTING CLINICAL SIGNS

Jax Ryan History: Elevated liver values. Lethargic, not eating, vomiting.
Abnormal PE/Chem/CBC/UA Results: ALT 281, ALK PHOS 395. Possible mass palpated on exam.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Beagle

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

SEX

Neutered male

AGE

13 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.6 cm. The left kidney measured 5.35 cm.

WEIGHT

20 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left **adrenal gland** was enlarged and measured 1.8 x 0.8 cm with heterogenous parenchymal changes. The right adrenal was not visualized.

IMAGING PERFORMED BY

JK

Spleen

The **spleen** revealed mixed, hypoechoic irregular mass that measured 3.54 cm with enlarged, irregular, scalloping contour. Other heterogenous nodular changes were noted in the spleen. Regional inflammation was noted around the splenic mass.

HOSPITAL NAME

Hamburg

Liver

REFERRING VET

Dr. Martens

The **liver** revealed mild, coarse architecture. Generalized hepatic enlargement was noted. The gallbladder was rounded with striating bile and was over distended. There was inflammation at the neck of the gallbladder and at the apex. This is consistent with inflamed mucocele formation. The common bile duct did not appear overtly affected.

INVOICE

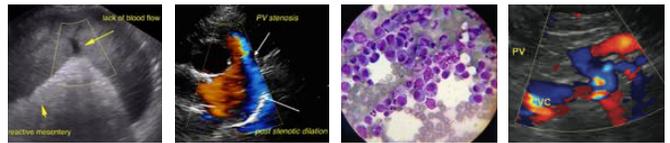
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Gastrointestinal

DATE

8/10/21

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.



PATIENT

Jax Ryan

Pancreas

SPECIES

Canine

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.

BREED

Beagle

ULTRASONOGRAPHIC FINDINGS

Splenic mass and inflamed gallbladder mucocele.

Mild left adrenal enlargement, potential emerging Cushing's disease.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

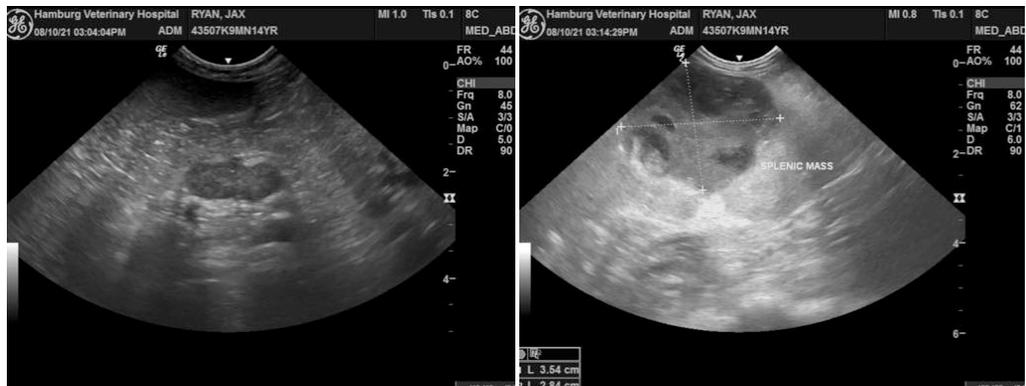
AGE

13 years

The patient has two separate pathologies. They are both surgical emergencies. I recommend three view chest radiographs and echocardiogram to assess for metastatic disease followed immediately with splenectomy, cholecystectomy and common bile duct lavage. Splenic differentials include hemangiosarcoma, round cell neoplasia, non-neoplastic hyperplasia, abscessation.

WEIGHT

20 lbs



INTERPRETED BY

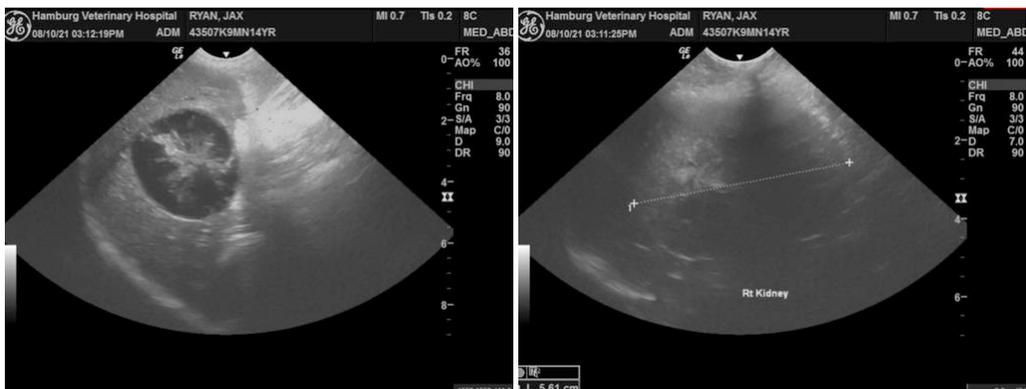
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HOSPITAL NAME

Hamburg



REFERRING VET

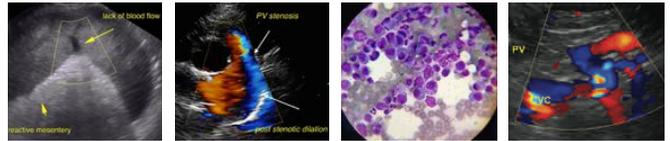
Dr. Martens

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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
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