

PATIENT

Nieve Shapko

SPECIES

Canine

BREED

Retriever Cross

SEX

Spayed female

AGE

12 years

WEIGHT

19 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Alpine 24 hour Pet
Hospital

HOSPITAL NAME

Alpine 24 Hour VS

REFERRING VET

Dr. Barthelemy

INVOICE

46526

DATE

8/10/23

PRESENTING CLINICAL SIGNS

History: Had dental procedure about 3 weeks ago. Became unwell 1 week ago, hyporexia, vomiting, cranial abdominal pain. Currently hospitalized, cerenia, omeprazole, codeine.
Abnormal PE/Chem/CBC/UA Results: Mild ALT elevation. Spec cpl normal.

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. Minor mineralization was noted in the kidneys. The left kidney measured 5.56 cm. The right kidney measured 5.6 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland was mildly enlarged at the cranial pole measuring 0.86 cm and 0.58 cm at the caudal pole. The right adrenal gland was normal in size measuring 0.64 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

The **spleen** revealed mixed, hypoechoic, mildly disruptive 3.0 cm mass in the mid body with a separate, hypoechoic, target nodule that measured 1.03 cm. Other nodular changes were noted in the spleen. Generalized splenomegaly was also present. The mass appeared to be moderately vascular on power Doppler assessment.

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.



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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.

ULTRASONOGRAPHIC FINDINGS

Multi-focal, splenic nodules and mass.

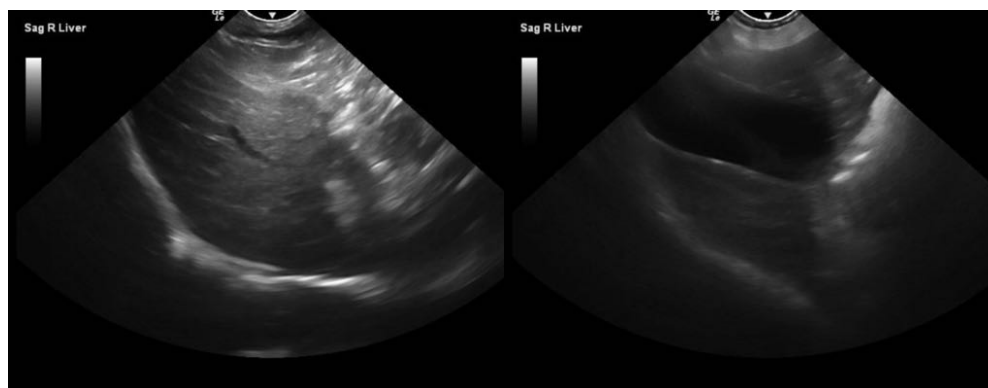
Vacuolar hepatopathy with age related hepatic changes.

Age related renal changes.

Left adrenal enlargement, subjectively benign and is likely hyperplasia with a potential for carcinoma or pheochromocytoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious metastatic disease; however, direct splenectomy, liver inspection and biopsy at the time of surgery or FNA is indicated. Left adrenalectomy can be considered; however, subjectively it appears benign, likely hyperplasia. Serial blood pressure measurements are indicated. Chest radiographs are warranted prior to splenectomy. Screening FNA of the spleen and liver could be considered for further definition. I am concern that the spleen is the primary issue in this patient. Round cell neoplasia versus emerging hemangiosarcoma is possible. The GI tract is structurally unremarkable. There was no evidence of visceral disease related to the GI signs. If mast cell disease is present in the liver this may be secondarily affecting the GI tract. The spleen is precarious in its current parenchymal state.





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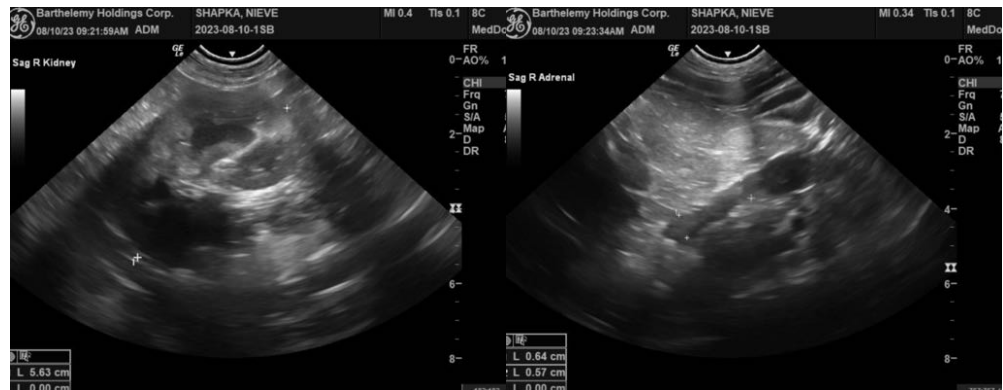
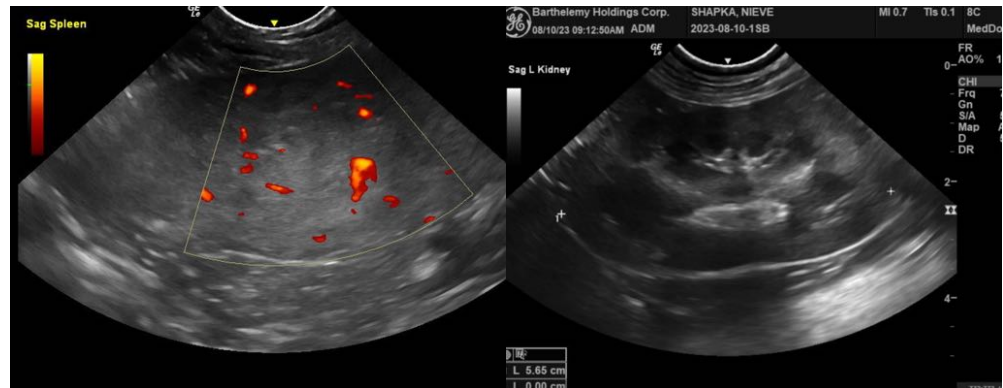
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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