



PATIENT

Simba Voutsara

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

65.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Lover

INVOICE

12551

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: Elevated ALP.

Current Meds: Apoquel 16 Mg Daily

Abnormal CBC/Chem Findings: ALP 400- ALT

Urine Spec Gravity: 1.038

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 left kidney measured 6.04 cm. The right kidney measured 6.38 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 2.49 cm x 0.65 cm. The right adrenal gland measured 2.85 cm x 1.18 cm at the cranial and 0.5 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with minor hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** was uniformly swollen with coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. A focal hyperechoic nondisruptive nodule was noted, measuring 2.45 cm in the left medial liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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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.

SPECIES

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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.

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Shepherd Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Subjectively benign vacuolar hepatopathy/nodular hyperplasia liver pattern
- Minor hypersplenism

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

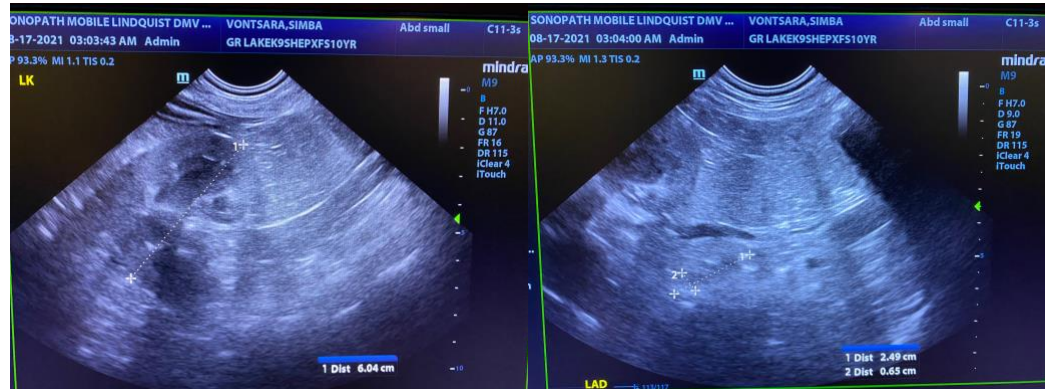
AGE

FNA could be considered for further definition, however, structurally appears benign. FNA especially if liver enzymes continue to elevate and/or weight loss is an issue.

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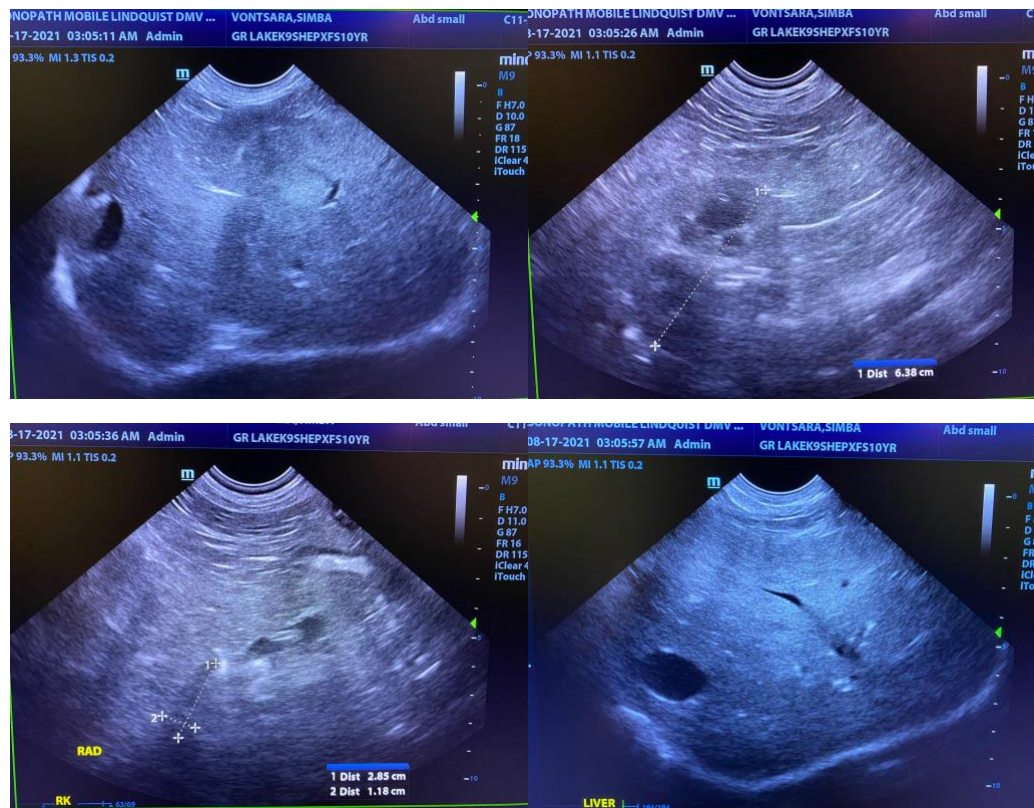
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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