



PATIENT

Miley Haynes

SPECIES

Canine

BREED

Mix Breed

SEX

Spayed Female

AGE

13 Years

WEIGHT

63 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

16919

DATE

8/19/22

PRESENTING CLINICAL SIGNS

History: Patient had period of not eating as well. We suspected GI upset due to steroids being used to treat skin, patient was on ns aids for arthritis prior

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.4, HCT 29 Chem: 33, ALT 159, ALKP 463

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multiple calculi grouped together, measuring approximately 1.5 cm, nonobstructive at the time of the sonogram. The pelvic urethra was imaged 3.0 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. Slight pyelectasia was noted in the right kidney. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.0 cm. The left kidney measured 6.0 cm. Occasional cortical cysts were noted in the kidneys.

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.

Spleen

The **spleen** revealed a hypoechoic nodule measuring 1.28 cm with mild disrupted architecture. The spleen was enlarged, and cranial folding was noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is a moderate change, consistent with chronic inflammatory hepatopathy.

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. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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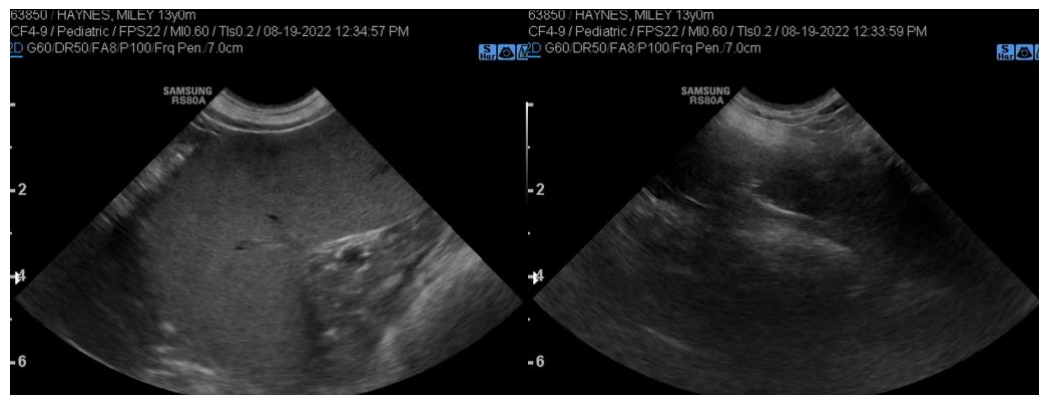
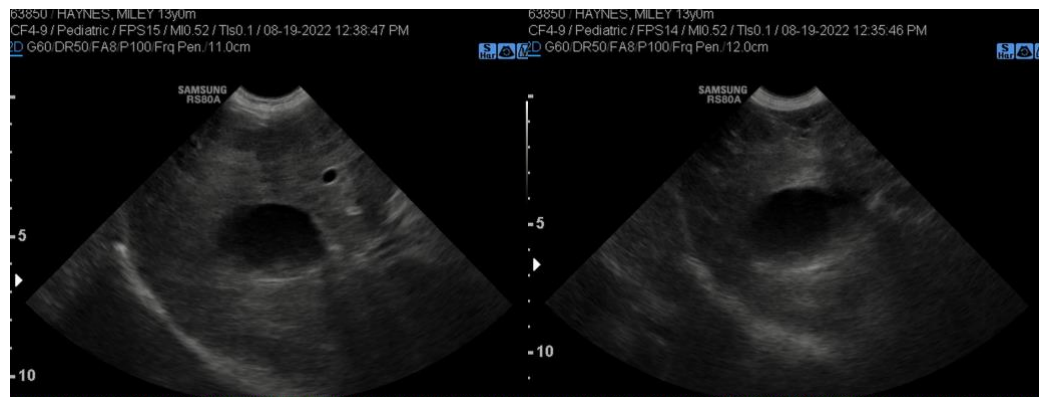
8/19/22

ULTRASONOGRAPHIC FINDINGS

- Hypersplenism with focal nodule
- Hepatic remodeling with nodular hyperplasia pattern
- Bladder calculi
- Age-related renal changes with pyelectasia and occasional cortical cysts
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver could be considered as a cursory evaluation or given the necessity for cystotomy, direct splenectomy and liver biopsy could also be considered. The cause of anemia is unclear, as no free fluid is noted that would suggest hemorrhage. Screening FNA of the splenic nodule, general spleen and liver, along with CBC path review and bone marrow aspirate would allow for a complete screening, as well as chest radiographs. Nodular hyperplasia versus emerging round cell neoplasia or hemangiosarcoma are all possible in the spleen.





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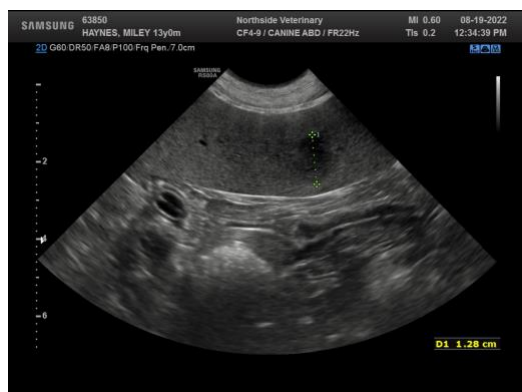
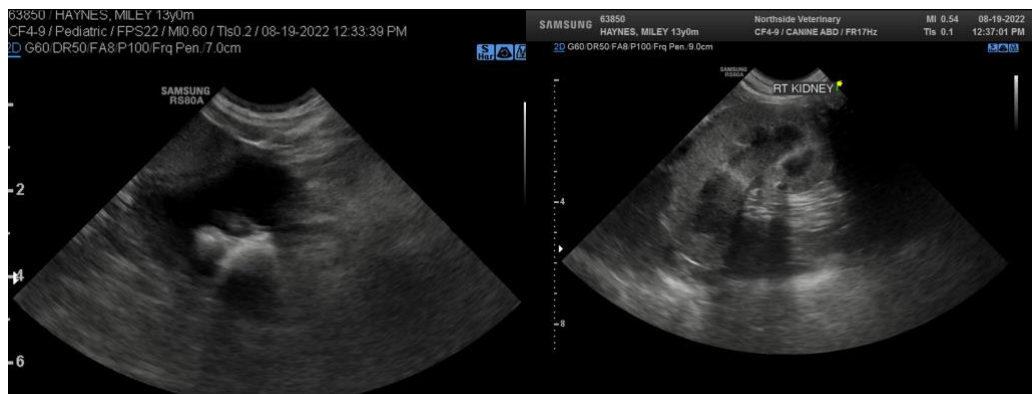
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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