



PATIENT

Leena Hatziangelis

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

11

WEIGHT

35.1

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Grau

INVOICE

11263ag

DATE

08/03/2022

PRESENTING CLINICAL SIGNS

History: Loss of appetite, lethargic, increased water intake for the past month Some vomit/diarrhea Restless

Abnormal PE/Chem/CBC/UA Results: UA: wnl ALT: 1067 AST: 71 ALP:1667

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 kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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.

The left kidney measured 4.75 cm in length. The right kidney measured 4.0 cm in length.

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 1.96 cm in length by 0.8 cm caudal pole width. The right adrenal gland measured 1.41 cm in length by 0.6 cm caudal pole width.

Spleen

The spleen was diffusely micronodular with scalloping contour. Excessive parenchymal hypoechogenicity and a honeycomb type appearance were present. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis.

Liver

The liver images submitted revealed a nonspecific coarse architecture with heterogeneous parenchyma. 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.

Gastrointestinal

The upper gastrointestinal tract in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

Pancreas



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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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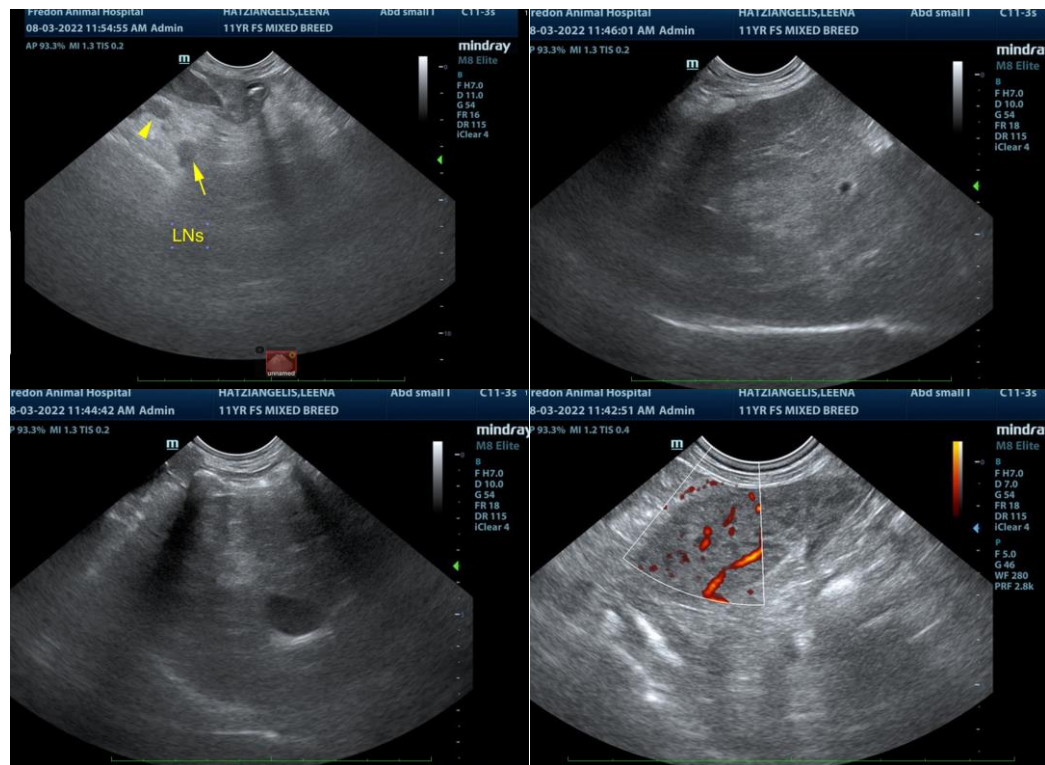
ULTRASONOGRAPHIC FINDINGS

- Honeycomb spleen-round cell neoplasia vs splenitis
- Hepatopathy-hepatitis vs neoplasia
- Enlarged mesenteric lymph nodes-up to 1.0 cm
- Reactive mesentery
- Gastroenteritis
- Moderate age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the spleen and liver are nonspecific with considerations including hepatitis/ splenitis vs round cell neoplasia. A FNA of the spleen and liver is recommended for further clarification.

Concurrent gastroenteritis was present.





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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.

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