



**PATIENT**

Stormy Prewitt

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

FS

**AGE**

8yr

**WEIGHT**

51.2

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Peterson

**INVOICE**

11268ag

**DATE**

08/03/2022

**PRESENTING CLINICAL SIGNS**

History: Patient is a Transfer from Salem ER. Elevated liver values, Fever.

Abnormal PE/Chem/CBC/UA Results: CBC - HCT 34.4, WBC 21k, PN 18.59k, bands, PLT 46 Chem -Glob 4.6, ALT 853, ALP 1878, Tbili 1.0, Chol 328, UA - USG 1.038, rest nsf Lytes - wnl 4DX - neg Abdominal rads - decreased detail cranially,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 1 cm. 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 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 6.0 cm in length. The right kidney measured 6.0 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not visualized.

**Spleen**

The spleen presented mildly enlarged with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen was folded upon itself cranially.

**Liver**

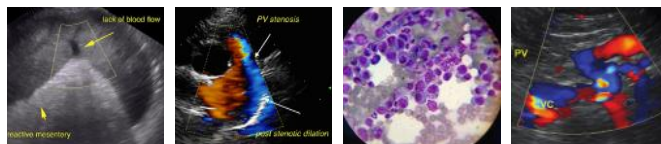
The liver images submitted revealed diffuse nodular changes with generalized hepatomegaly and increased portal markings. Some nodules present a target type appearance.

The gallbladder presented acceptably thin walls with primarily anechoic content and mild debris. 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.

**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**



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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.

**SPECIES**

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**ULTRASONOGRAPHIC FINDINGS**

- Diffuse nonspecific aggressive nodular hepatic changes-hepatic cirrhosis suspected, hepatic neoplasia is possible
- Mild splenomegaly

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Rottweiler

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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An ultrasound guided FNA of the liver or a core liver biopsy is recommended for this patient. A FNA of the spleen is indicated as well. Leptospirosis titers are recommended. The prognosis for this patient is very guarded.

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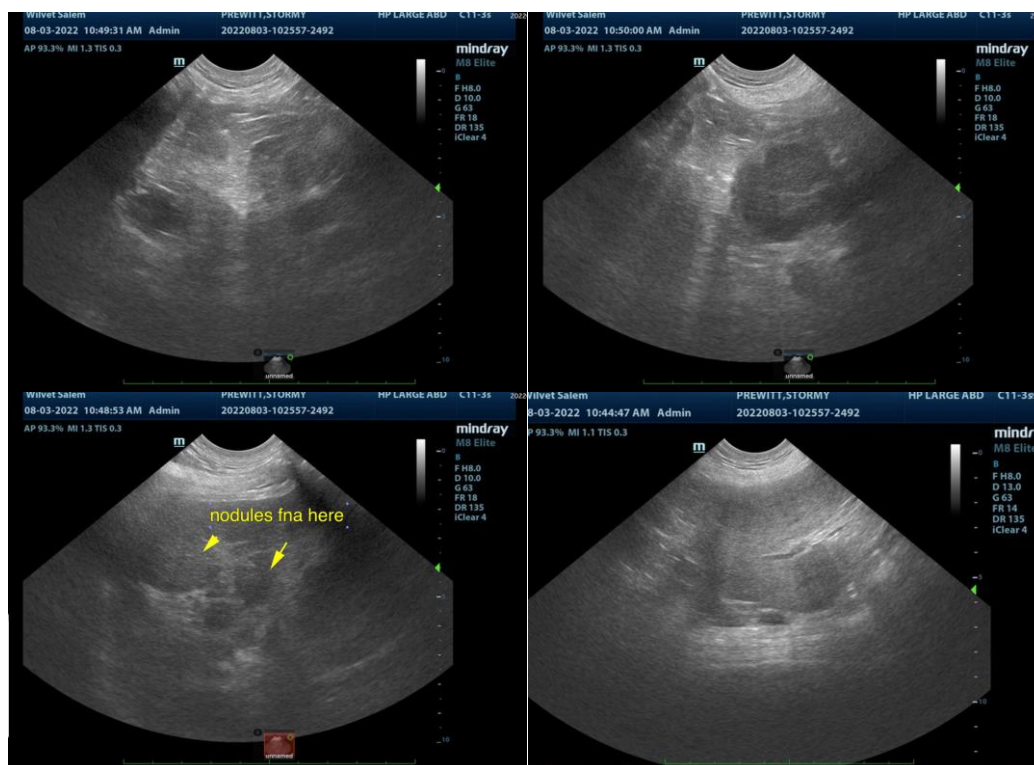
Dr. Peterson

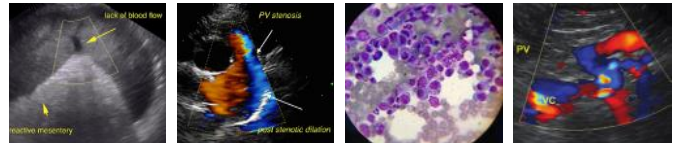
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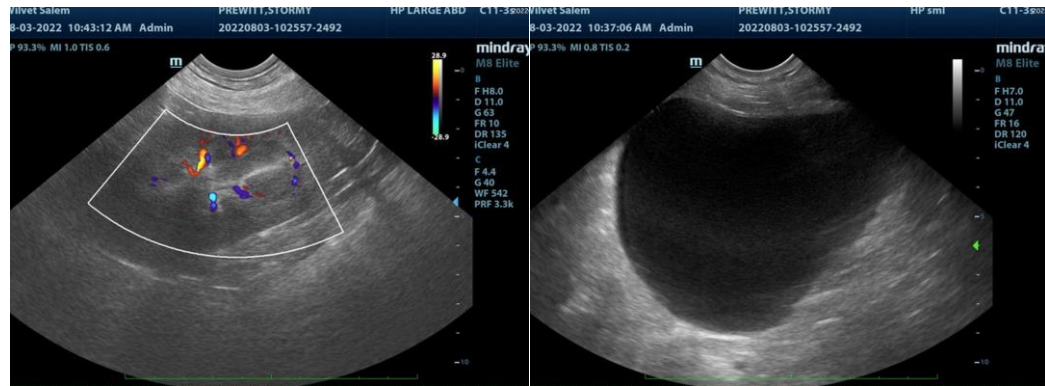
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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