



PATIENT

Flowers Days

SPECIES

Canine

BREED

Belgian Malinois

SEX

Female

AGE

15 Years

WEIGHT

57.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Chabora

INVOICE

12876

DATE

8/30/21

PRESENTING CLINICAL SIGNS

History: Diabetic, elevated liver enzymes. Current meds: Humulin N, Ampicillin, Metronidazole, Denamarin.

Abnormal PE/Chem/CBC/UA Results: ALT 3105, ALP 524, WBC 24.24, Neuts 23.29

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderate mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 7.0 cm. The right kidney measured 7.24 cm. Minor pyelectasia was noted in the right kidney.

Adrenal Glands

The **left adrenal gland** was uniformly enlarged, measuring 3.3 cm x 1.02 cm at the cranial pole and 1.1 cm at the caudal pole.

The **right adrenal gland** was slightly enlarged and mildly irregular. The right adrenal gland measured 3.0 cm x 1.51 cm at the cranial pole and 0.8 cm at the caudal pole.

Spleen

The **spleen** revealed a multifocal mixed hypoechoic target type nodule, measuring 1.54 cm x 1.19 cm. Minor heterogeneous parenchymal changes were noted elsewhere in the spleen.

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 was slightly edematous.

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.



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Pancreas

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The left **pancreatic limb** was heterogeneous with a hypoechoic nodule (0.44 cm).

SPECIES

Heart

Canine

A rapid view of the **heart** revealed no evident pathology.

BREED

ULTRASONOGRAPHIC FINDINGS

Belgian Malinois

- Bilateral adrenal hypertrophy
- Concerning splenic nodule
- Age-related hepatic changes
- Urinary debris
- Age-related renal change with pyelectasia
- Heterogeneous pancreas with hypoechoic nodule

SEX

Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Years

Round cell neoplasia, hemangiosarcoma, benign hyperplasia possible. Urinary work up warranted. If urine specific gravity is <1.020, then work up for Cushing's indicated. Acute cholangiohepatitis liver pattern. FNA of the liver and splenic nodule recommended. Assessment for UTI indicated. No overt evidence of neoplasia unless the splenic nodule reveals an early neoplastic event. Leptospiriosis titers warranted.

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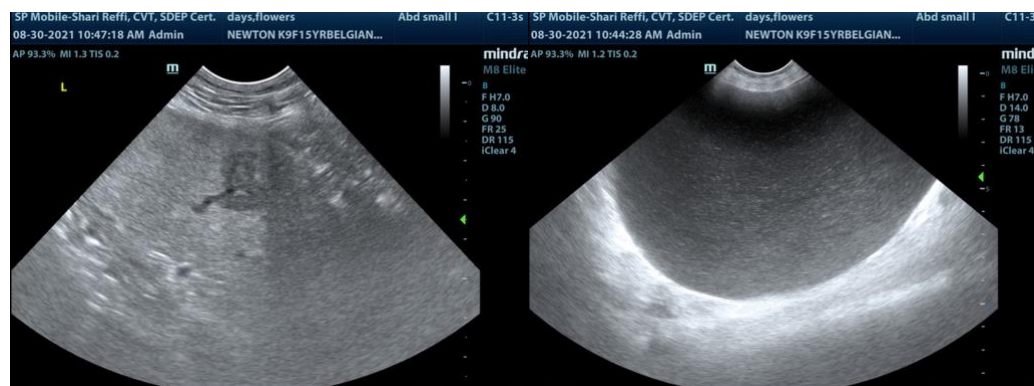


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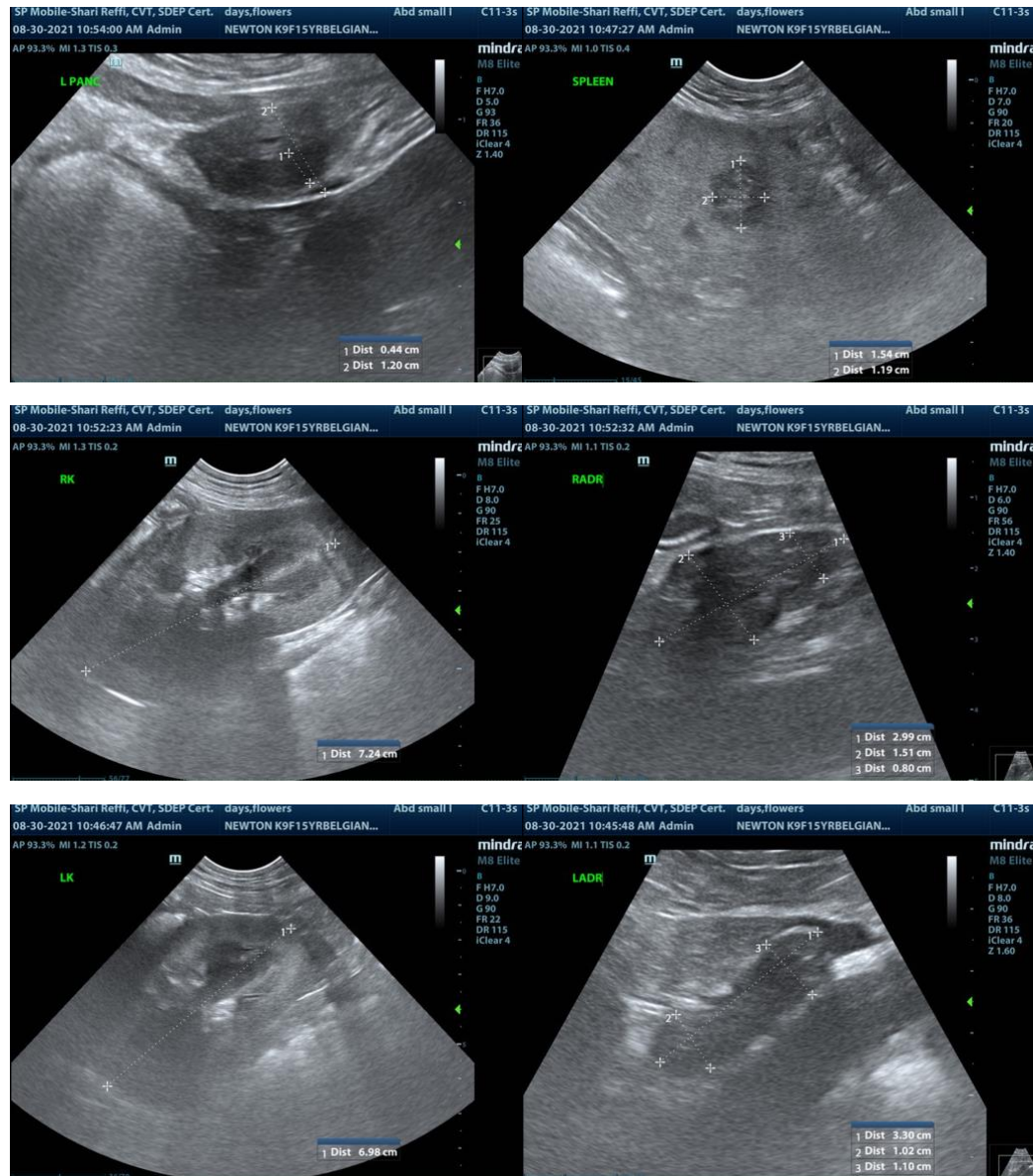
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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