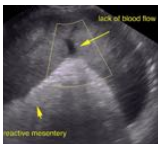
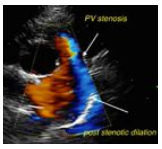
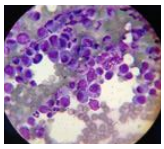
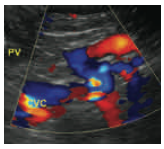

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1-800-838-4268 info@sonopath.com

PATIENT

Motley Cox

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered male

AGE

3 years

WEIGHT

89 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Emily Downs

HOSPITAL NAME

Living Springs VC

REFERRING VET

Dr. Gochanour

INVOICE

91610

DATE

8/31/21

PRESENTING CLINICAL SIGNS

History: - not gaining weight/energy loss
Elevated labs -ALP (560) -ALT (150) -WBC (22) -NEU (20)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 was 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 right kidney measured 7.5 cm. The left kidney measured 8.73 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 0.56 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 0.69 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

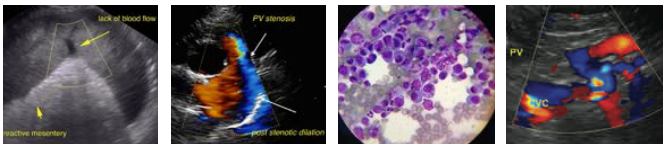
The **spleen** revealed, focal, hypoechoic 1.47 cm mildly disruptive nodule with a separate hypoechoic nodule noted at the caudal pole of the spleen measuring 0.84 cm.

Liver

The **liver** was uniform in size and contour. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. Minor suspended calculi and minor striation was noted. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** was filled with ingesta, yet transit of chyme appeared normal. The gastric wall was unremarkable. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool



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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. 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.

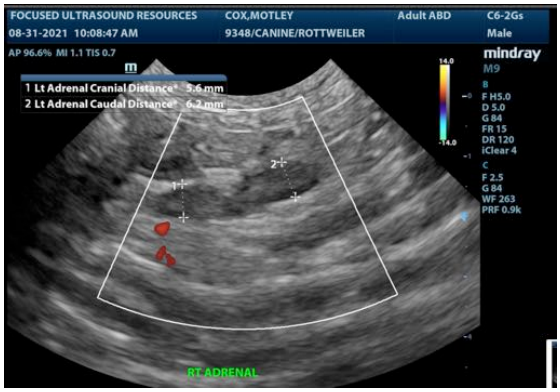
ULTRASONOGRAPHIC FINDINGS

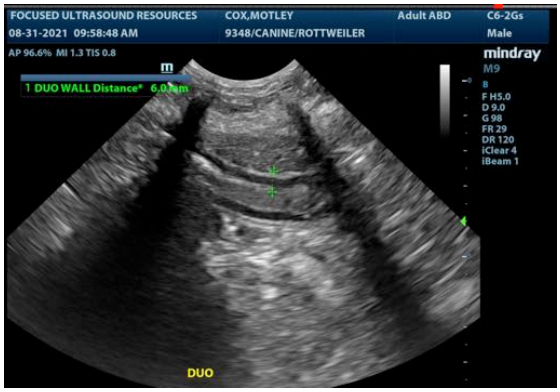
Undefined splenic nodules. Emerging round cell neoplasia, hemangiosarcoma, benign hyperplasia is possible.

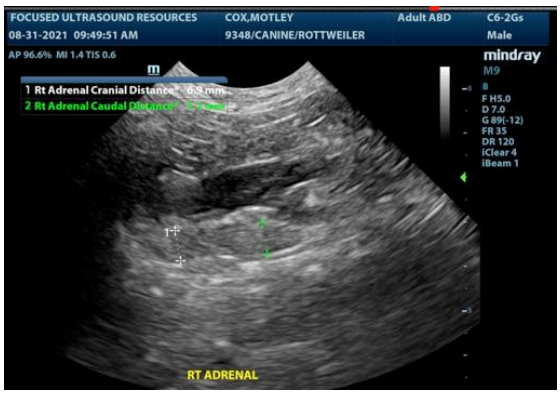
Structurally insignificant low-grade inflammatory hepatopathy with minor, excessive gallbladder debris. Not likely a clinical issue.

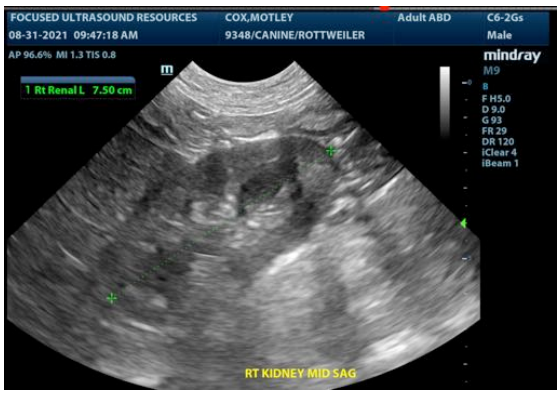
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the breed predisposition to splenic neoplasia I recommend proactive splenectomy in this patient. Otherwise, FNA of the nodules can be considered. These may be incidental findings and unrelated to the clinical signs. Ursodiol therapy can be considered from a proactive standpoint.









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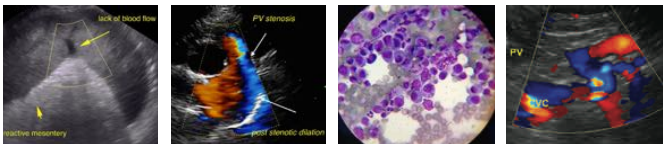

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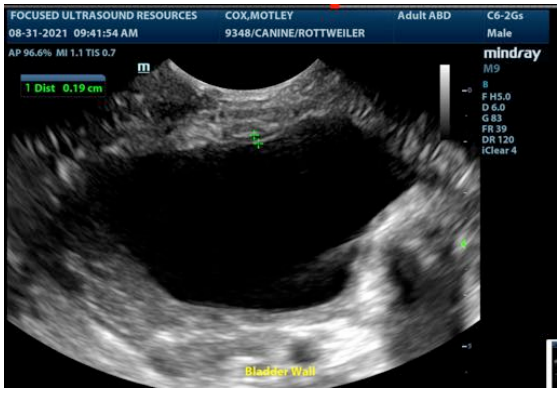

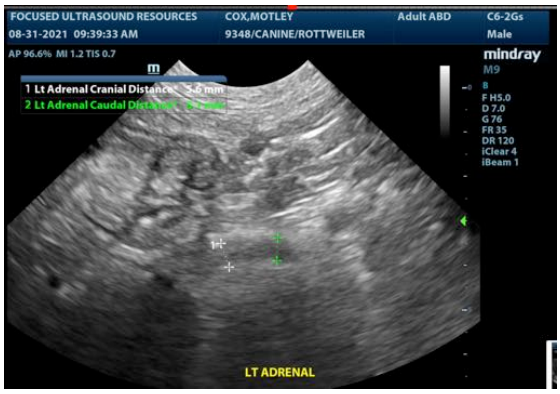

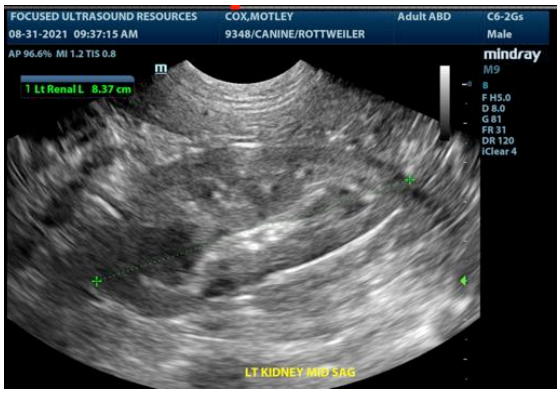

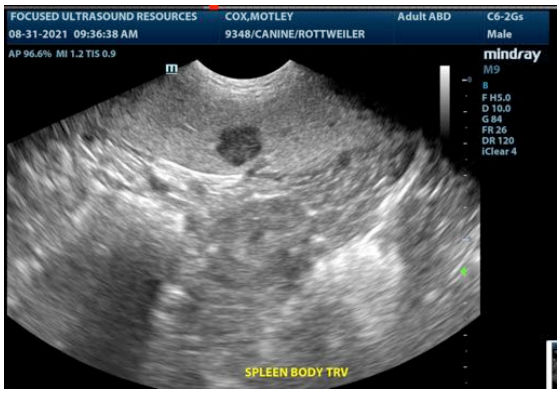

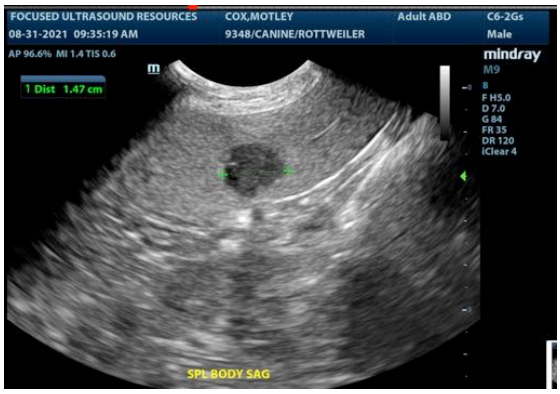

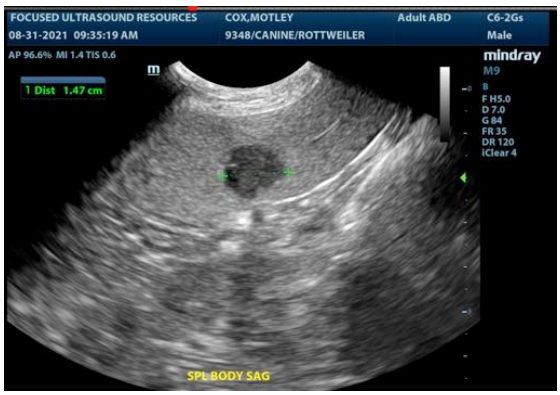

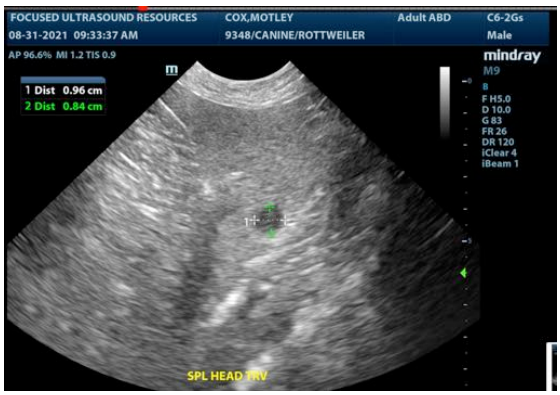

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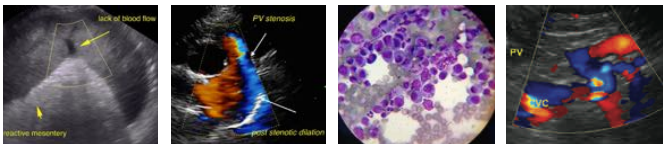

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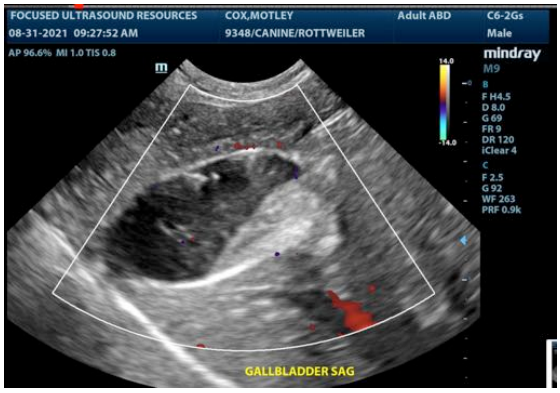

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com