



PATIENT PRESENTING CLINICAL SIGNS

Frederick Smith ADR, losing weight, poor appetite
Abnormal PE/Chem/CBC/UA Results: alk phos 1400, alt 200, rest all ok.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

Schn

SEX

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 5.5 cm. The right kidney measured 5.6 cm.

Neutered Male

AGE

12

Adrenal Glands

WEIGHT

15

The **adrenal glands** were not visualized.

Spleen

INTERPRETED BY

Eric Lindquist, DMV

The **spleen** presented multifocal hyperechoic nodular changes with splenic thrombus. The splenic thrombus appeared to continue cranially to the area of the portal vein. However, the portal vein was not visible.

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Dr. Hunt

The **liver** was swollen and irregular in contour with isoechoic macronodular changes. The gallbladder wall was slightly echogenic with dependent debris, consistent with chronic cholangitis.

HOSPITAL NAME

Bayshore Vet Hospital

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. The GI was enveloped by the enhanced mesentery.

REFERRING VET

Dr. Hunt

Pancreas

INVOICE

44508

The **pancreas** revealed heterogeneous mixed hypoechoic parenchymal changes enveloping the upper GI tract.

DATE

8/5/23

Free Abdomen

Free fluid noted in the abdomen.

Enhanced mesentery noted throughout the cranial abdomen.



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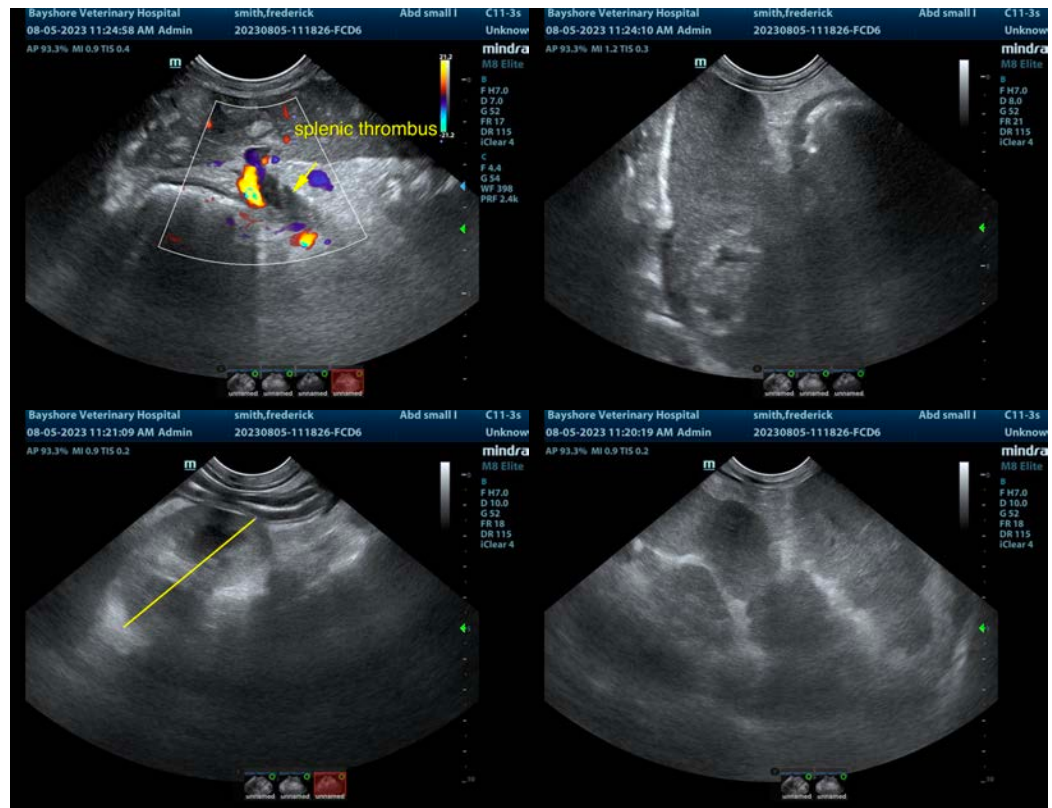
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ULTRASONOGRAPHIC FINDINGS

- Splenohepatic neoplasia with splenic vein and possible portal vein thrombosis, secondary ascites and concurrent pancreatitis versus pancreatitis, reactive spleen with lipid plaques, and cholangitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the ascites, I'm concerned for portal vein thrombus connecting from the splenic vein, causing secondary ascites and pre-hepatic portal hypertension. However, further imaging of the portal vein and its branches would be necessary to assess this potential. Full coagulation panel and 25-gauge FNA spleen and liver indicated. Prognosis is very guarded. Leptospirosis titers also indicated. Abdominocentesis and cytospin would be recommended to assess also for potential underlying exfoliating neoplasia or septic abdomen.





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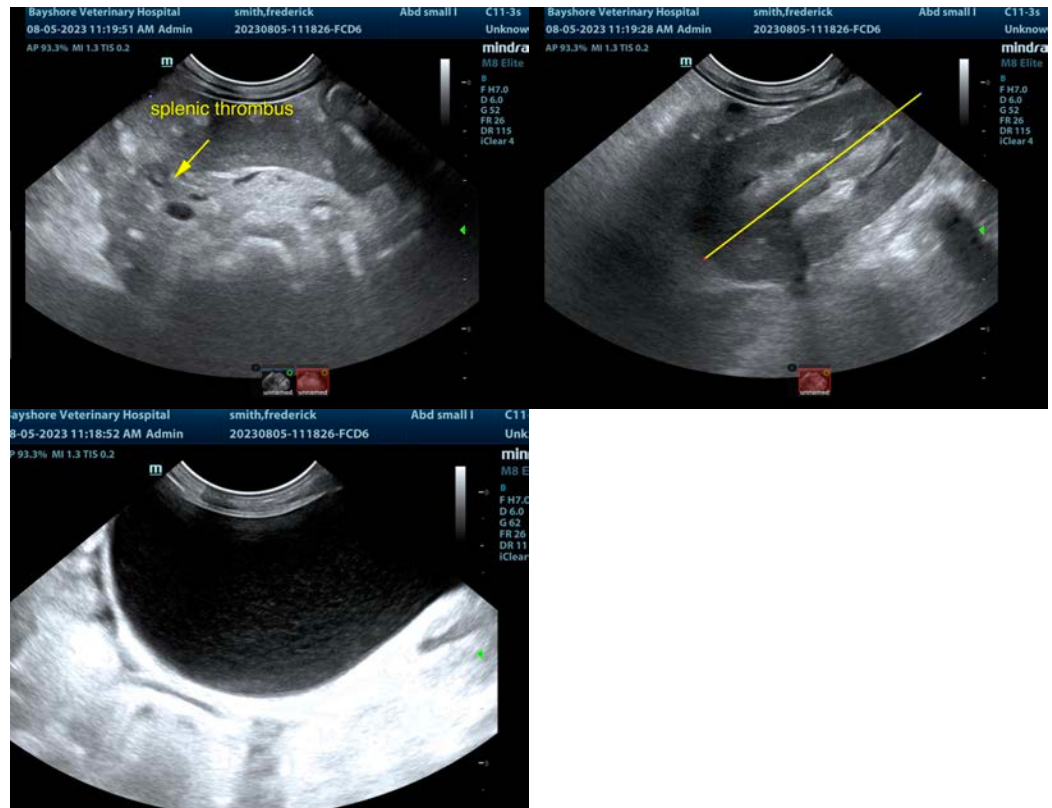
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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