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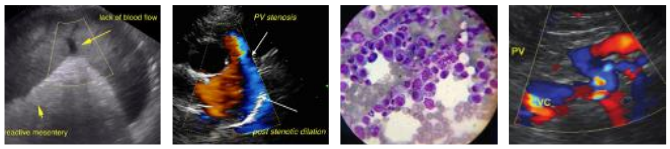
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bo Elsholz

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

69.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

16768

DATE

8/8/22

PRESENTING CLINICAL SIGNS

History: Pre Surg. Elevated liver values, Patient is diabetic. Current meds: Carprofen 75mg PRN up to BID

Abnormal PE/Chem/CBC/UA Results: ALT = 357IU/L, APLS = 285 IU/L, Glucose = 276 mg/dl, Chol=593mg/dl, Trig=537 mg/dl

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 residual **prostate** was uniform and slightly mineralized, measuring 1.4 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight mineralization was present in the kidneys. The right kidney measured 7.66 cm. The left kidney measured 7.72 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 2.87 cm x 0.88 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 3.27 cm x 1.59 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed subtle heterogeneous parenchymal changes with slight irregular swelling and an isoechoic nodule (2.13 cm). The nodule should be monitored or directly removed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented polyps and occasional heterogenous parenchymal changes. Occasional hypoechoic nondisruptive nodules were also noted in the liver.

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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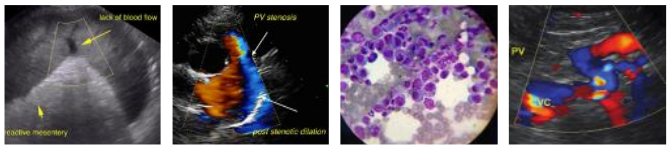

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Pancreas

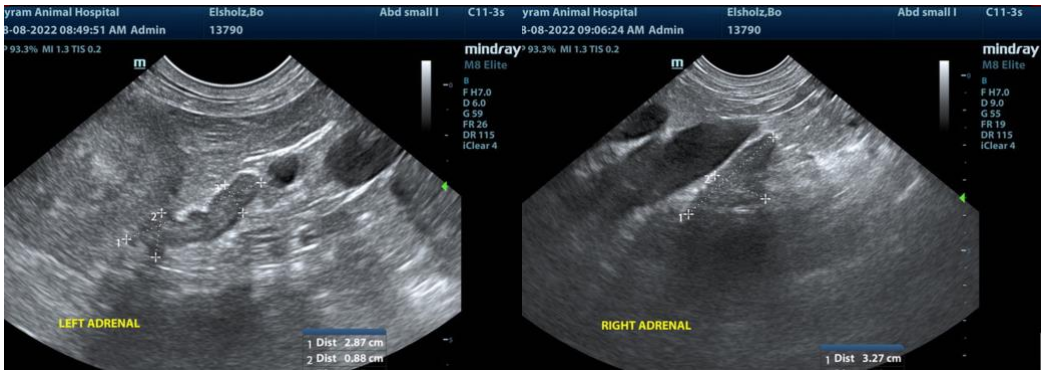
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

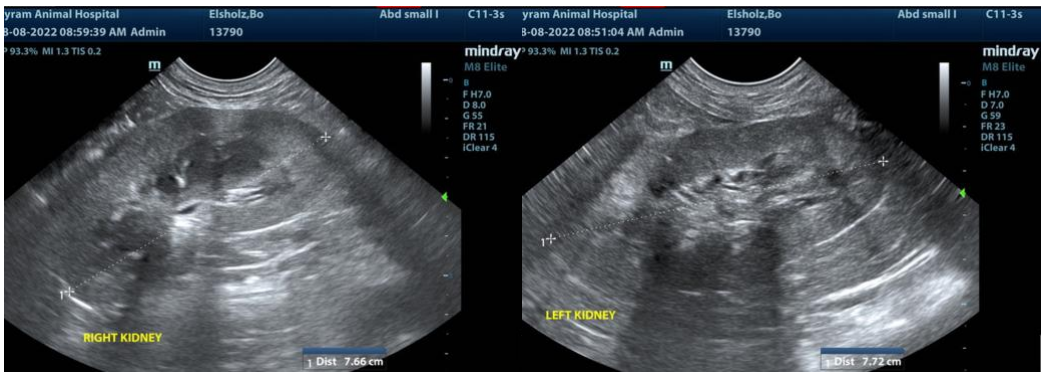
ULTRASONOGRAPHIC FINDINGS

- Splenic nodule. Hyperplasia versus round cell neoplasia are differentials
- Age-related hepatic changes with liver nodules and gallbladder polyps
- Slightly mineralized prostate
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-guage FNA of the splenic nodule, general splenic parenchyma and general hepatic parenchyma are all warranted for further definition. Nodular hyperplasia is likely. Emerging hemangiosarcoma or round cell neoplasia is possible. Direct splenectomy and liver biopsy could also be justified, however, there is a strong potential that the splenic presentation is benign. Chest radiographs and echocardiogram are warranted for screening purposes for metastatic disease.





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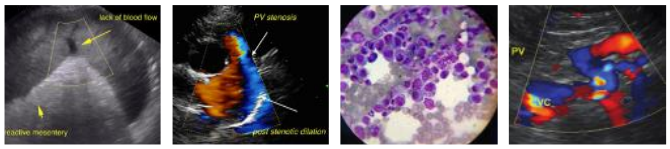

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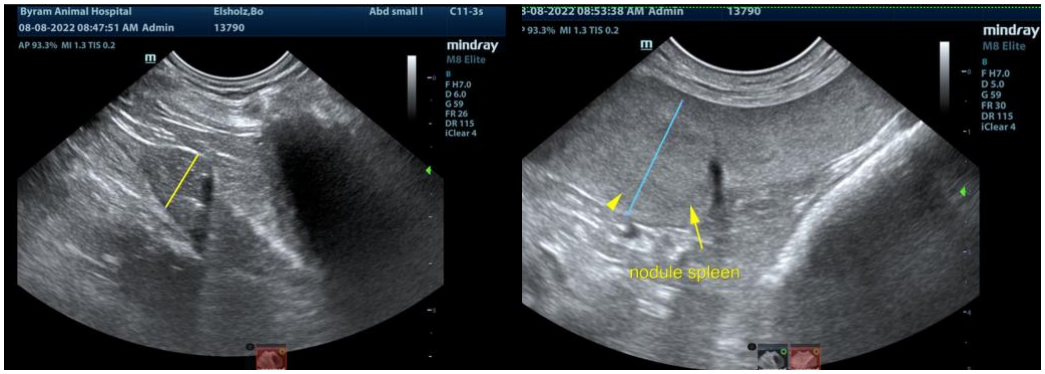

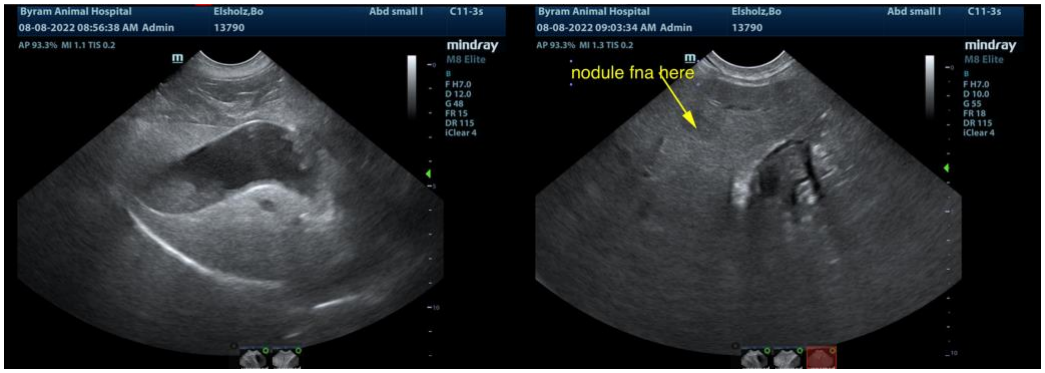

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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