**DATE**

8/9/21

**PRESENTING CLINICAL SIGNS**

History: P presented for evaluation of vomiting and diarrhea on 7/29/21 and 7/30/31. P has had chronic diarrhea with symptomatic treatment on 4/5/21, 4/26/21 and 5/3/21.

Current Medications: Entyce 4 mL PO SID PRN, Metronidazole 750 mg BID.

**PATIENT**

Lab Results: HCT 57.89 (37-55), neutrophils 12,410 (3000-12,000), plts 107,000 (165,000-500,000), ALT 194 (10-118), glucose 131 (60-110)

Chico Burke

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

**SPECIES**

Stat Report: not requested

Canine

**BREED**

Catahoula Leopard Dog Mix

**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 was noted. Ureteral papillae were normal.

**SEX**

Neutered male

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 6.65 cm. The right kidney measured 6.8 cm.

**AGE**

3/18/13

**WEIGHT**

94.6 lbs

**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 right adrenal gland measured 3.3 x 0.84 cm at the caudal pole and 0.84 cm at the cranial pole. The left adrenal gland measured 3.17 x 0.67 cm at the caudal pole and 0.63 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed a focal, expansive 2.9 cm parenchymal mass without evidence of rupture.

**HOSPITAL NAME**

Charm City VH

**Liver**

The liver was largely uniform with slight coarse architecture and minor diffuse hyperechogenicity compared to the falciform fat. There was a focal mineralization that measured 2.89 cm. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Eavers

**INVOICE**

91086

**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**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic

duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### Heart

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

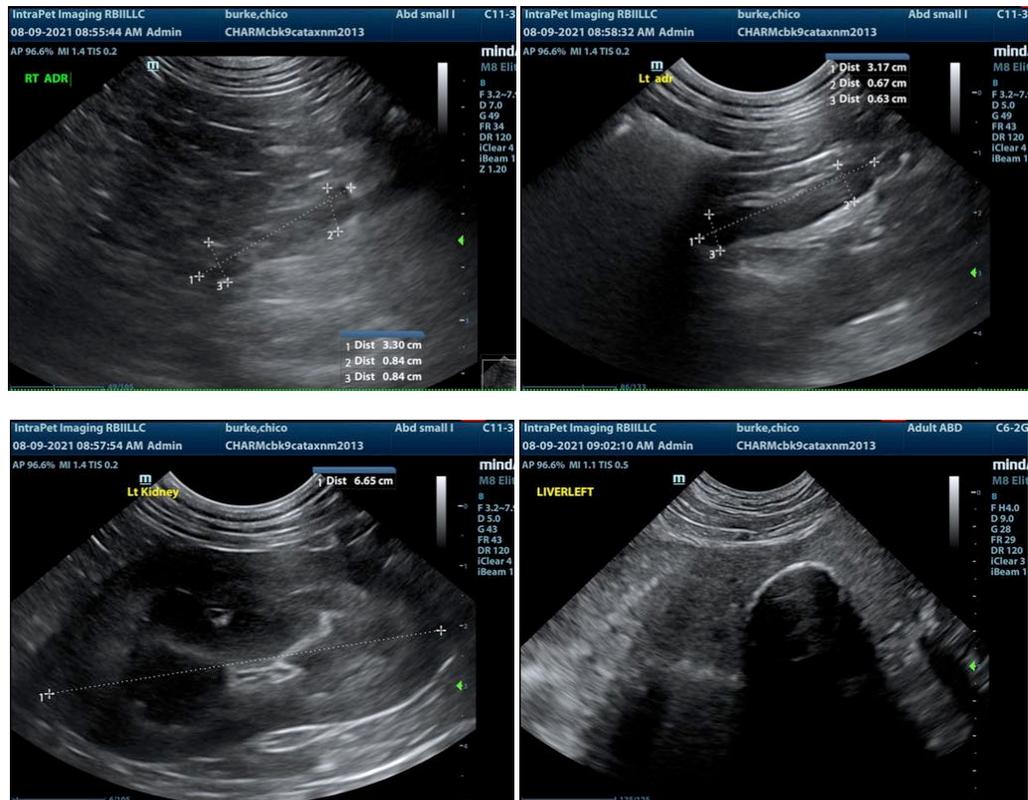
### ULTRASONOGRAPHIC FINDINGS

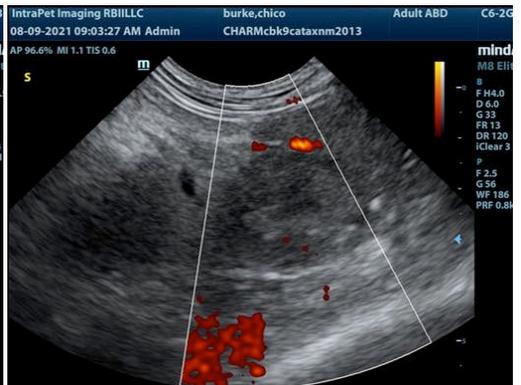
Focal liver mineralization, appears stable. Appears stable.

Splenic mass. Differentials include hemangiosarcoma, round cell neoplasia, and less likely hyperplasia.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mineralization appears stable. This should be inspected at the time of surgery given that splenectomy is necessary.







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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