



PATIENT

Mack Hammell

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered male

AGE

4 years

WEIGHT

30.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

91914

DATE

9/17/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting, increased urination, and lethargic. Last Friday patient slightly lethargic reg vet said he had gastritis. They gave meds (antibiotic) but it seemed to make him worse. Blood work showed slightly elevated liver values. Owner took urine to vet yesterday and they gave him an appetite stimulant but he vomited it up. Patient's poop is almost black. Current Medications/Supplements/OTC: appetite stimulant
Abnormal PE/Chem/CBC/UA Results: MM/CRT: < 2 secs semi yellow Integument: Slightly icteric
CBC: Severe lymphocytosis, Neutrophilia, thrombocytopenia Chem: ALT >1000, ALP 738, GGT 25
EPOC: Lactate 8 Radiographs: No mass effected noted. No FB/LFB.

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 2.0 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 left kidney measured 6.56 cm. The right kidney measured 6.69 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 3.07 x 0.74 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.



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Liver

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The **liver** revealed increased portal markings with echogenic and edematous gallbladder. The contour was swollen. The common bile duct was normal. The hepatic lymph nodes were mildly enlarged. Reactive mesentery was noted associated with the liver.

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Gastrointestinal

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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 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.

WEIGHT

30.2 kg

ULTRASONOGRAPHIC FINDINGS

Acute on chronic cholangiohepatitis, possibility of emerging hepatic lymphoma.
Hypersplenism.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

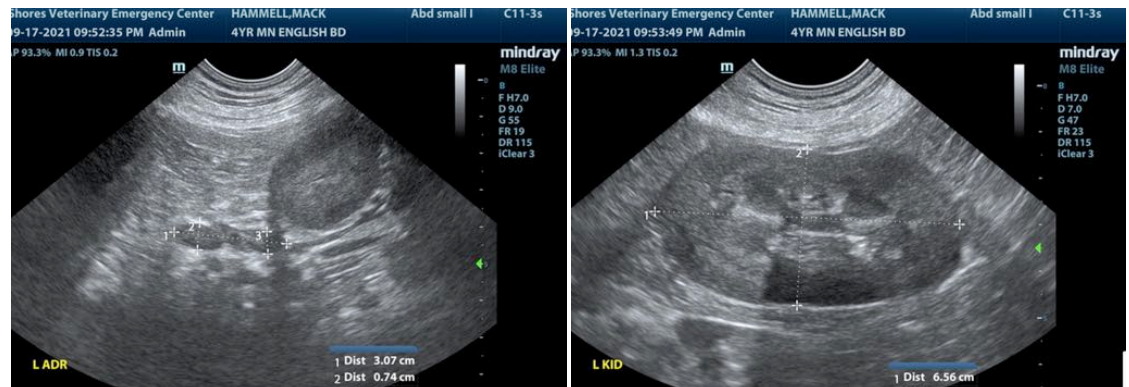
Ultrasound-guided FNA of the spleen and liver is recommended along with Leptospirosis titers. The prognosis is guarded. IV Ampicillin and Metronidazole combination is recommended. Given the lymphocytosis lymphoma is a strong potential in the liver. CBC path review with cytology of the spleen and liver is essential. The prognosis is very guarded depending upon cytology results.

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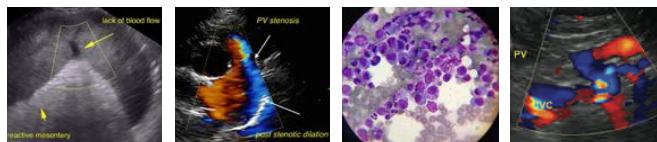
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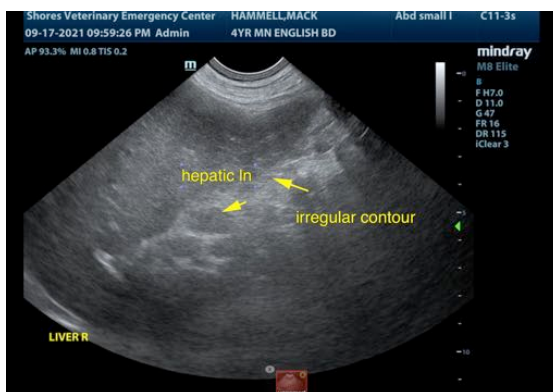
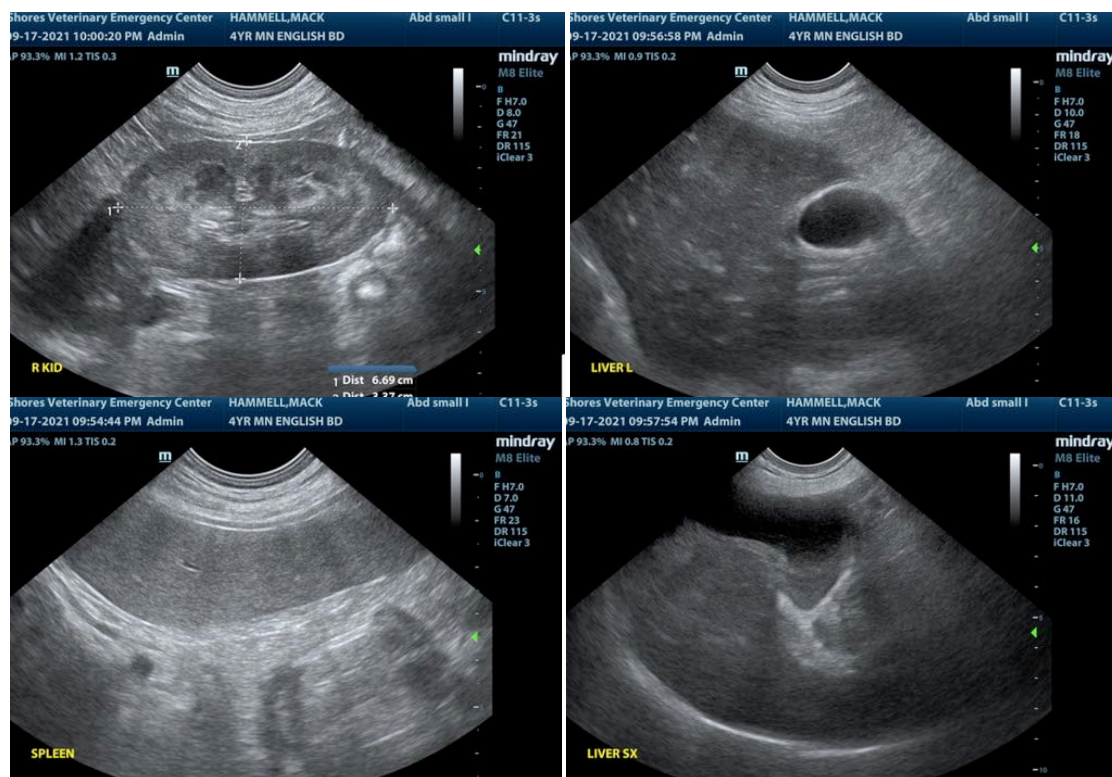
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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