



PATIENT

Maddix Turzilli

SPECIES

Canine

BREED

American Eskimo

SEX

Neutered male

AGE

11 years

WEIGHT

38 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova

REFERRING VET

Dr. Sova

INVOICE

39561

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: weight loss for the past 3-4 months, decreased appetite as well as decreased activity tolerance.

Abnormal PE/Chem/CBC/UA Results: Chemistry showed CK 46 IU/L, CBC showed Platelets low 120, hemoglobin 11.1 and hematocrit 34%. Bloodwork mentioned mild toxic changes.

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.

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 5.1 cm. The right kidney measured 6.38 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 right adrenal gland measured 1.69 x 0.6 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 1.38 x 0.37 cm at the caudal pole and 0.34 cm at the cranial pole.

Spleen

The **spleen** appears enlarged and irregular with isoechoic parenchymal swelling with enhanced surrounding mesentery. An overt mass was present and measured up to 6.0 cm, yet the margins were ill-defined. Some areas of cavitation were noted within the splenic pathology.

Liver

The **liver** revealed mild, hypoechoic, heterogenous nodular changes. This may represent early metastatic disease or possibility of more likely nodular hyperplasia. Screening FNA or biopsy at the time of splenectomy is indicated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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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

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.

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ULTRASONOGRAPHIC FINDINGS

Multiple splenic masses and infiltrative pattern.

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Minor heterogenous hepatic changes, possible metastatic disease, more likely nodular hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver could be considered for further definition or direct splenectomy, liver inspection and biopsy.

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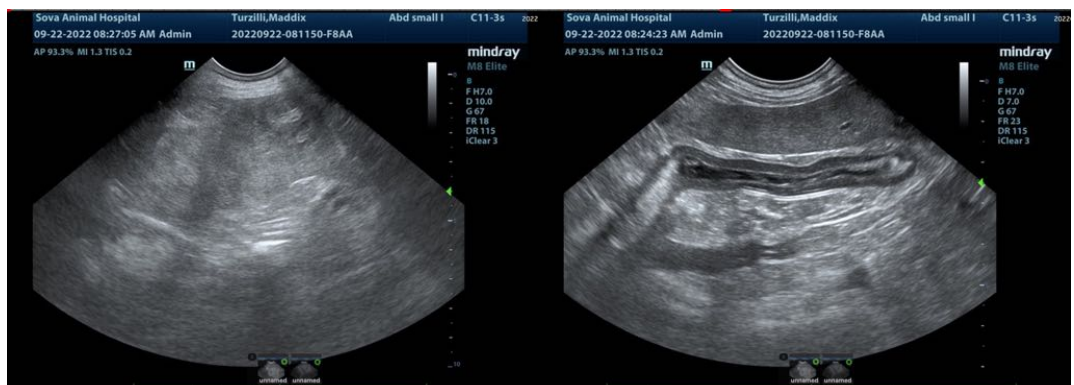
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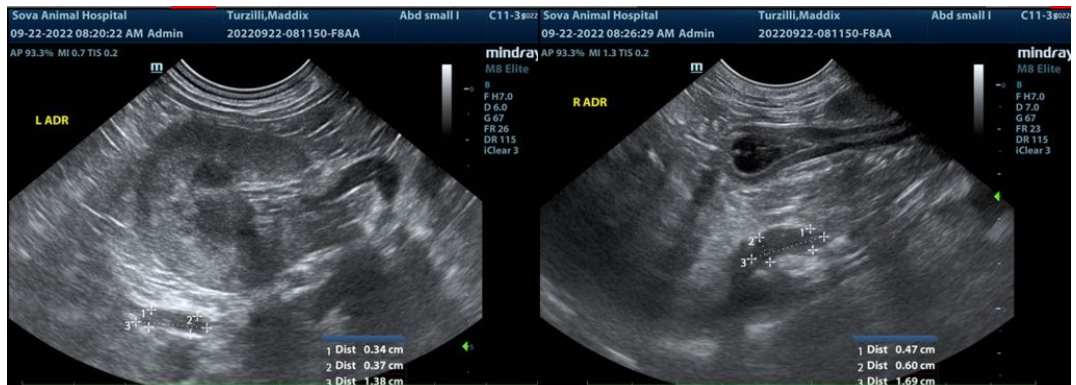
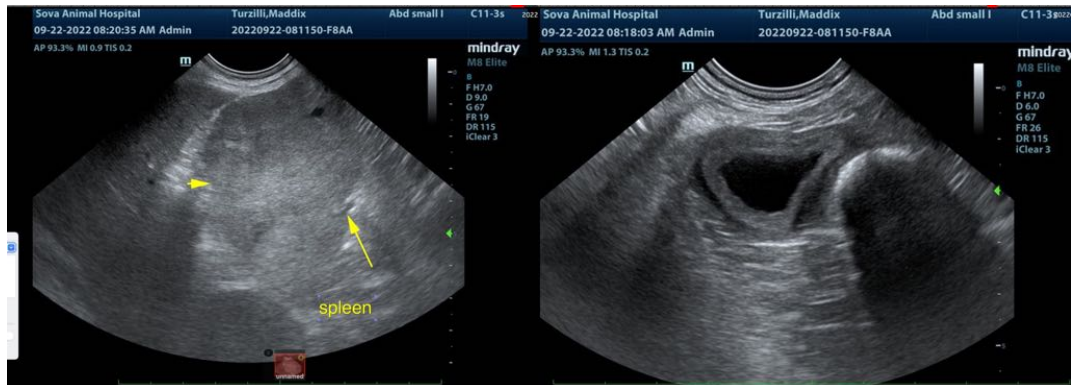
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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