

PATIENT

Eli Dickensheid

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered male

AGE

9 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Roundout Valley VA

REFERRING VET

Dr. Prescott

INVOICE

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: History of elevated LE since adopted. Liver Biopsy 2014 was suggestive of MVD; neg copper stain. Had ectopic thyroid carcinoma removed a number of years ago with no regrowth since that time. Most recent labs work revealed further elevation of LE (see below). Clinically well.
Abnormal PE/Chem/CBC/UA Results: ALT 487 GGT 17 ALP 174 Bile Acids pending

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 right kidney measured 7.3 cm. The left kidney measured 5.0 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 1.97 x 0.67 cm at the caudal pole and 0.53 cm at the cranial pole.

Spleen

The **spleen** revealed a focal, hypoechoic 2.0 cm nodule/mass with disrupted architecture and capsular expansion. A separate splenic nodule was noted at the mid body and measured 2.0 cm. Subtle, micronodular nodules were noted elsewhere.

Liver

The **liver** was largely unremarkable with slight heterogenous parenchymal changes without disrupted architecture. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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



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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

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Unremarkable liver.

Non-specific, reactive hepatopathy or inflammatory hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

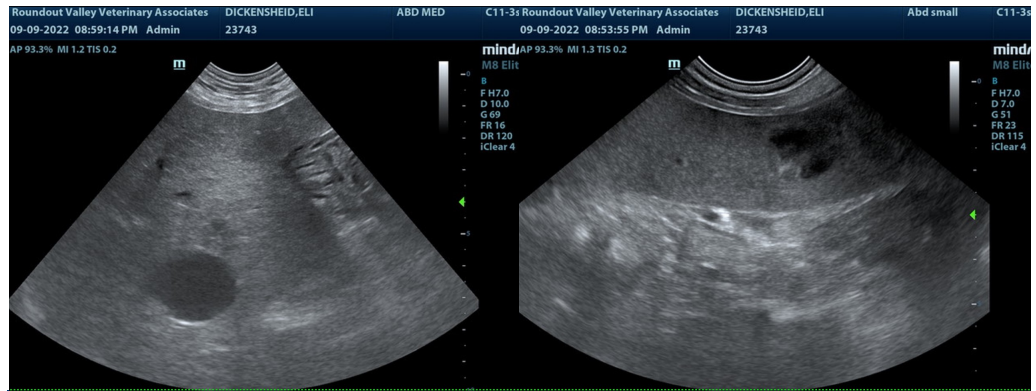
Concerning splenic nodules/emerging masses. I recommend three view chest radiographs and echocardiogram to assess the right auricle and pericardium to ensure metastatic disease is not an issue. If no evidence of metastatic disease then splenectomy and liver biopsy is indicated. There was no evidence of metastatic disease. Differentials on the splenic lesions include hemangiosarcoma, round cell neoplasia less likely, abscessation or necrosis.

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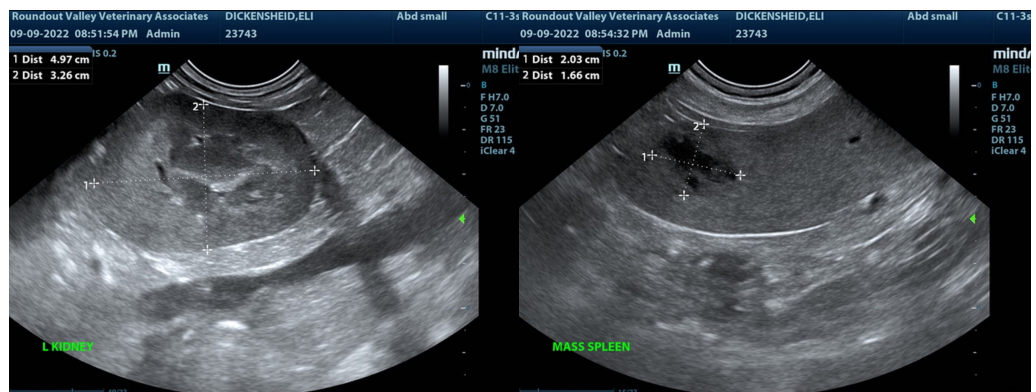


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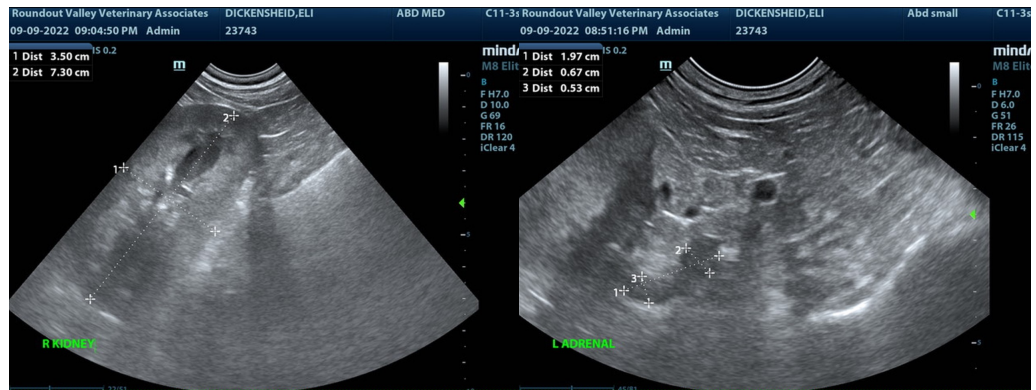
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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