



## PATIENT

Gunner Jasper-McClelland

## SPECIES

Canine

## BREED

Saint Bernard mix

## SEX

Neutered male

## AGE

9 years

## WEIGHT

115 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Silver Creek Animal  
Clinic

## REFERRING VET

Dr. Tangeman

## DATE

1/18/23

## Invoice

42230

## PRESENTING CLINICAL SIGNS

Patient was seen recently at an emergency clinic for diarrhea and sudden collapse. On brief ultrasound and radiographs there they found an enlarged spleen and enlarged liver. Bloodwork normal except elevated Lipase. Coagulation panel normal. Metronidazole, Cerenia, Clavamox, FortiFlora, and Gabapentin. On brief ultrasound and radiographs there they found an enlarged spleen and enlarged liver.

## 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. A trace amount of sand was noted and was non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. A slight, cortical nodule was noted at the left renal cortex. This is likely lipogranuloma. The left kidney measured 7.8 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 2.37 x 0.7 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 2.7 x 2.03 cm at the cranial pole and 1.22 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.



**PATIENT**

**Liver**

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver contour and structure. The liver was uniformly enlarged. 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 some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Areas of hyperperistalsis was noted in the small intestine with reactive surrounding mesentery. This is consistent with transmural enteritis. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. 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**

Enteritis pattern.

Benign splenohepatomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for enteritis, enterotoxins, fecal test and broad spectrum anti-parasitic protocol is all indicated. Recheck sonogram is recommended if the patient is not responding over the next 4-6 days. Enterotoxins or parasitic disease is likely.



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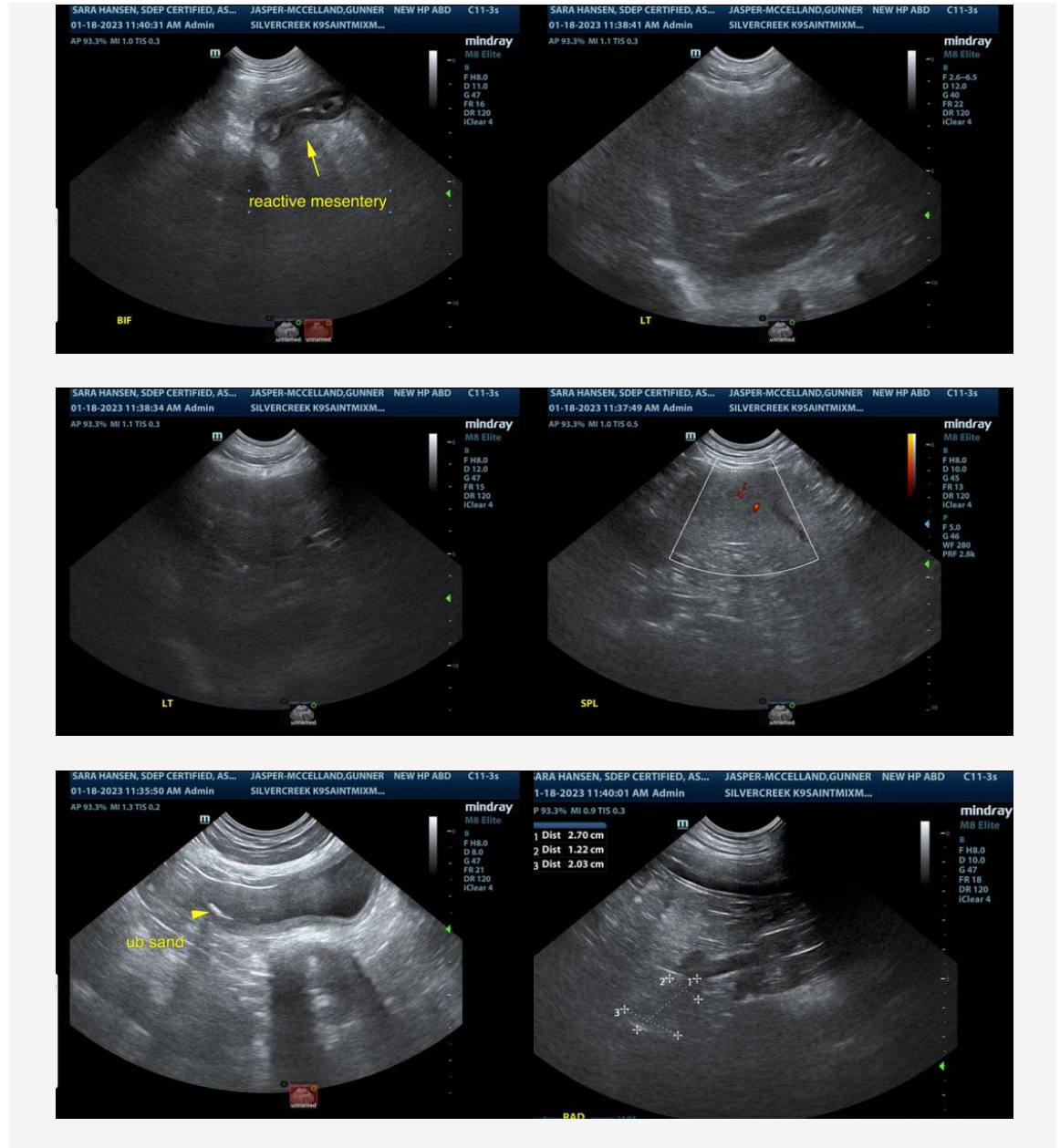
Dr. Tangeman

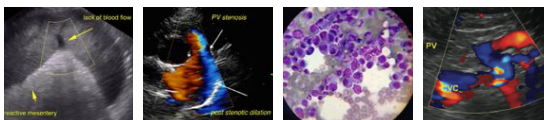
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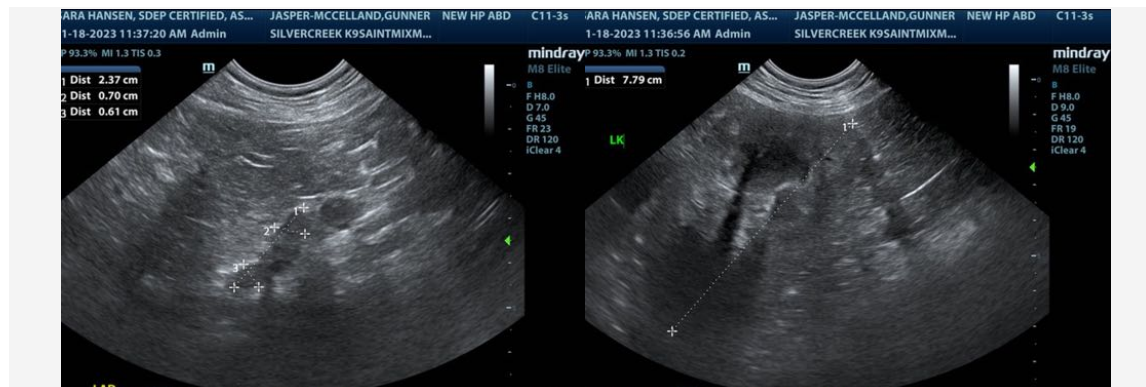
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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