



PATIENT

Little Miss Carlin

SPECIES

Canine

BREED

Pug Cross

SEX

Spayed Female

AGE

14 years

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Clark

DATE

12/14/21

Invoice

94596

PRESENTING CLINICAL SIGNS

History: Gastrointestinal: slightly tense abdomen, flatulence, empty rectum on exam. Otherwise WNL
Abnormal PE/Chem/CBC/UA Results: Blood work in 10/2021 showed elevated liver enzymes- ALKP & ALT.

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. The capsules were acceptably uniform without significant irregularities. Pinpoint mineralization was noted. The left kidney measured 4.98 cm. The right kidney revealed similar changes to the left with minor pyelectasia. The right kidney measured 5.16 cm.

Adrenal Glands

The left **adrenal gland** was enlarged, nodular and irregular measuring 2.55 x 1.48 cm at the caudal pole and 1.06 cm at the cranial pole. The right adrenal was enlarged, heterogenous and swollen measuring 3.72 x 1.72 cm at the cranial pole and 1.03 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive parenchymal mass that measured 3.0 x 2.5 cm with regional inflammation. Ultrasound-guided FNA was performed without complication.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional, hypoechoic nodular change was noted and non-disruptive. This is unlikely to be a metastatic lesion. 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.



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Excessive gastrointestinal gas was noted. Variable small intestinal thickening was noted variable luminal fluid and hyperperistalsis.

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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. 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.

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Heart

AGE

14 years

Rapid view of the heart revealed no evidence of pathology.

WEIGHT

32 lbs

ULTRASONOGRAPHIC FINDINGS

Splenic mass with regional inflammation.

Bilateral adrenal enlargement with nodular changes.

Mild hepatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for history of GI sings is recommended. The splenic mass is a surgical urgency. Serial blood pressure measurements are warranted. If the urine specific gravity is less than 1.020 then work-up for Cushing's is indicated with LDDST. However, splenectomy, liver inspection and biopsy as well as GI biopsies would be warranted for long term management of the GI issues. Splenic differentials include hemangiosarcoma, benign hyperplasia possible or round cell neoplasia is possible.

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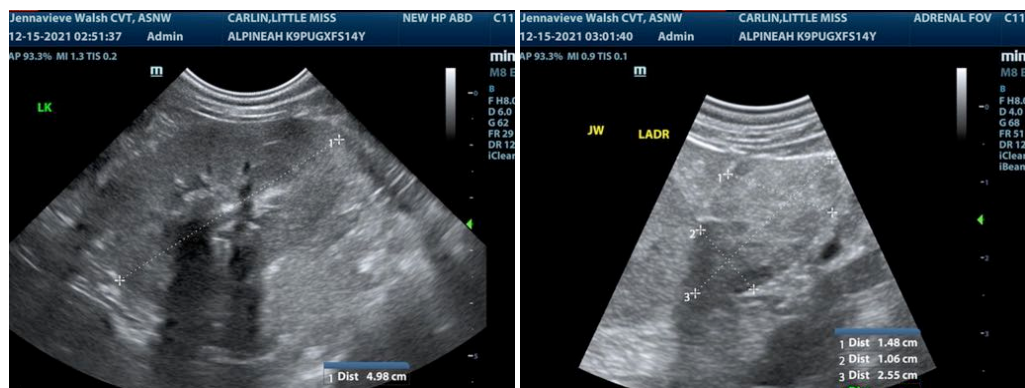
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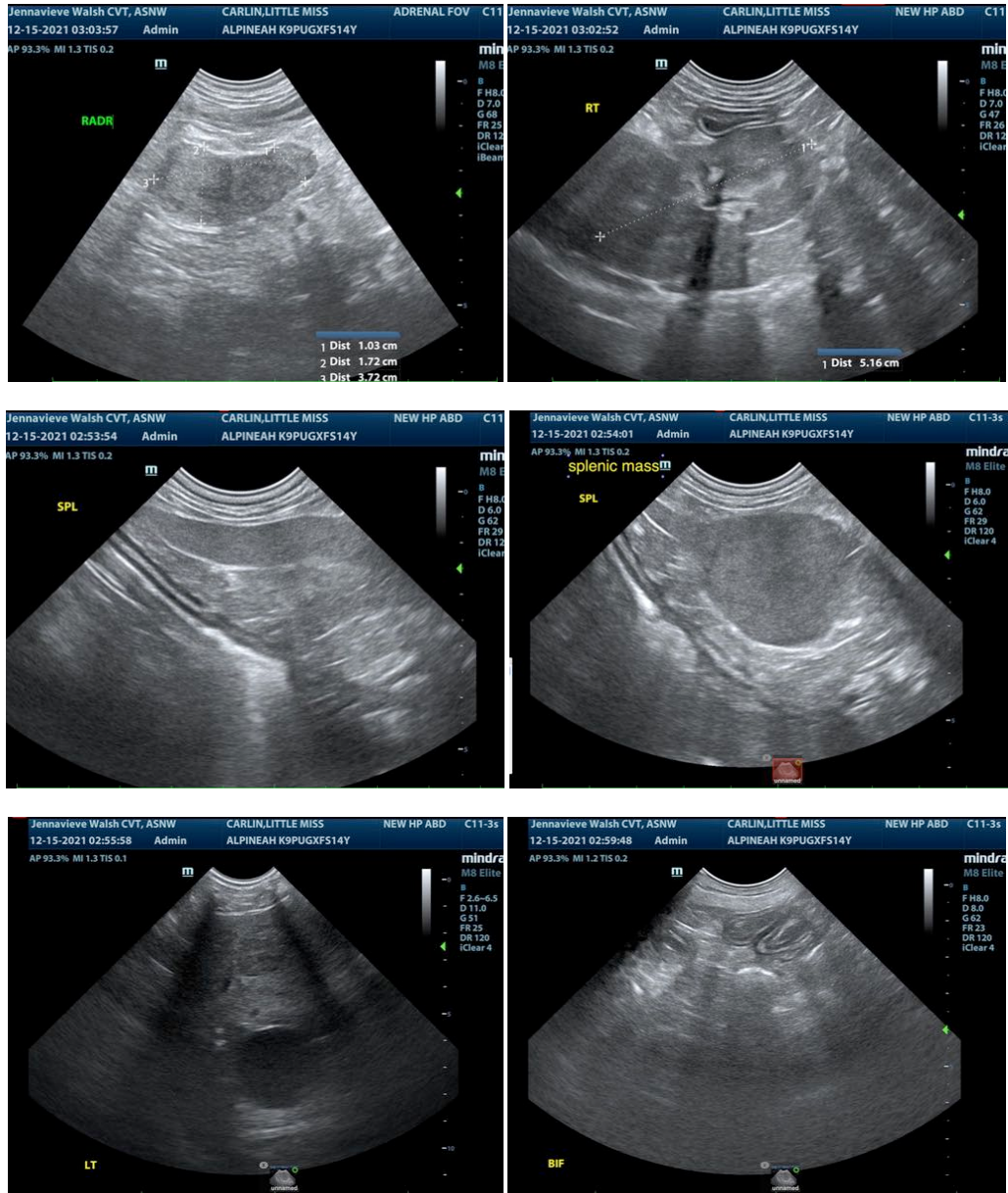
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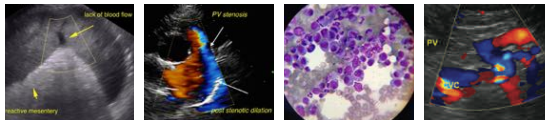
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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CEO of Sonopath.com

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Eric.Lindquist@SonoPath.com

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