



PATIENT

Jax Bordonaro

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

10 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Kozak

INVOICE

42598

DATE

1/10/23

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, vomiting and diarrhea, PU/PD and lameness.

Anemia 38 %, WBC 3700, increased TP > 12, decreased cholesterol 47, decreased amylase.

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 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. The left kidney measured 8.8 cm. The right kidney measured 8.8 cm.

Adrenal Glands

The left adrenal gland was enlarged, nodular and irregular with capsular expansion. There was no evidence of capsular escape or vascular invasion. The left adrenal gland measured 3.93 x 2.42 cm. The right adrenal gland measured 2.87 x 1.68 cm at the cranial pole and 1.0 cm at the caudal pole with a hyperechoic nodule at the cranial pole measuring 1.14 cm.

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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.



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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.

ULTRASONOGRAPHIC FINDINGS

Enlarged left adrenal gland. Adenoma, adenocarcinoma, pheochromocytoma are all possible, this appears resectable.

Nodular right adrenal gland.

Splenic enlargement, likely hyperplasia, potential for round cell neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is recommended. There is a potential for round cell neoplasia. Serial blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated +/- left adrenalectomy.

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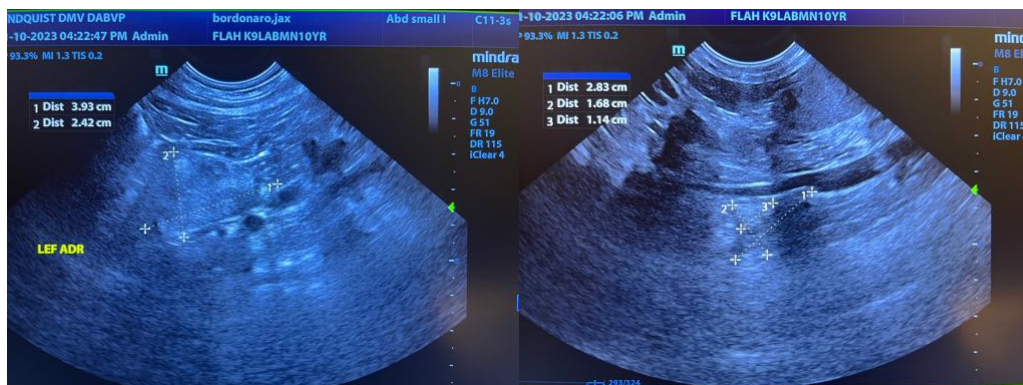
Dr. Kozak

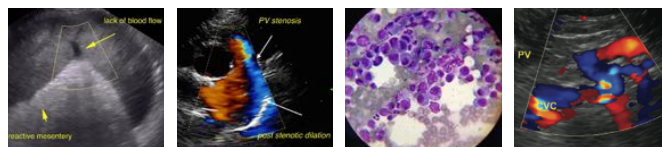
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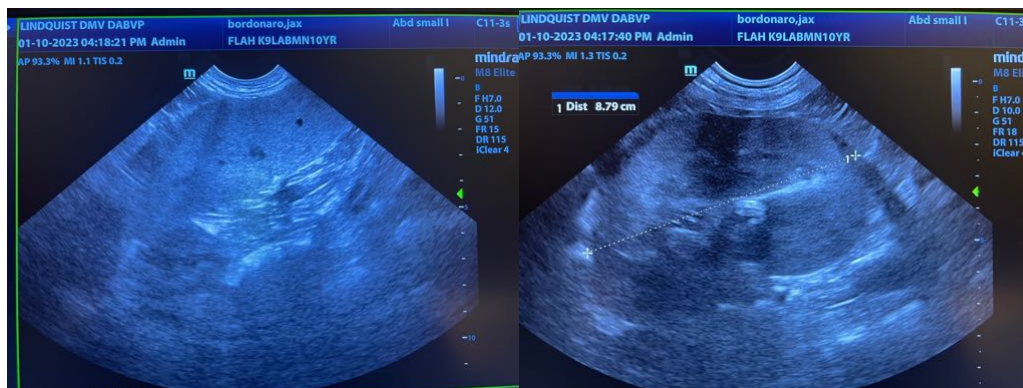
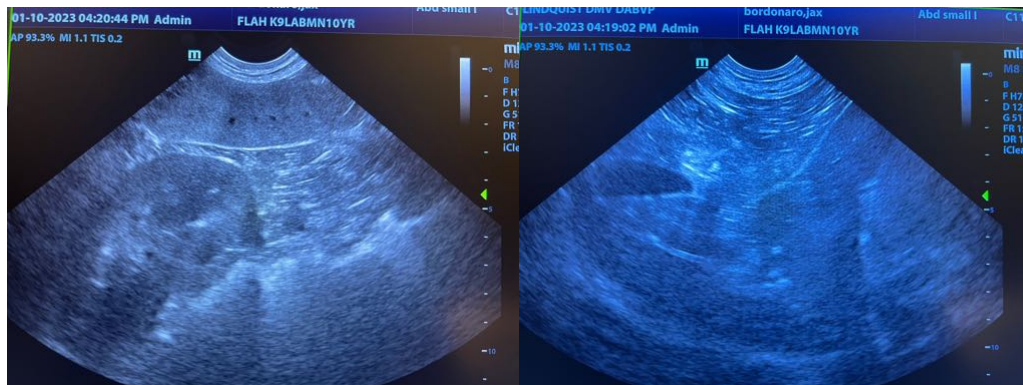
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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