



PATIENT

Bella Solimine

SPECIES

Canine

BREED

Havanese

SEX

Spayed female

AGE

15 years

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Chester AH

REFERRING VET

Dr. Migliaccio

INVOICE

42262

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Lethargy, inappetence, weakness. Patient eats bones- chews on deer legs. X-ray - splenic enlargement, boney intestinal content. Current meds: I/D diet, Famotidine
Abnormal PE/Chem/CBC/UA Results: Alk Phos 246, Glucose 66, WBC 5, Platelets 79, lymph 630

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 3.5 cm. The right kidney measured 4.49 cm.

Adrenal Glands

The right adrenal gland was mildly irregular and measured 2.1 x 0.58 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland was mildly irregular primarily at the caudal pole measuring 2.1 x 0.95 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

The **spleen** was uniformly enlarged and heterogenous with hyperechoic, lipogranulomatous type changes and a hypoechoic nodule at the cranial pole measuring 1.4 cm and folded upon itself cranially as well.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Multi-focal, hypoechoic, non-disruptive nodular changes are present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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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Irregular adrenal glands.

Splenic enlargement with lipogranulomatous type nodules.

Nodular hyperplasia liver pattern, likely benign.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA was performed without complication. I suspect benign hyperplasia.

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Multiple abnormalities were noted regarding the adrenal glands, spleen and liver. However, these are all likely benign. I recommend assessing cytology. If the clinical signs are stable and no adrenal based clinical disease is present then no specific intervention is necessary in this patient.

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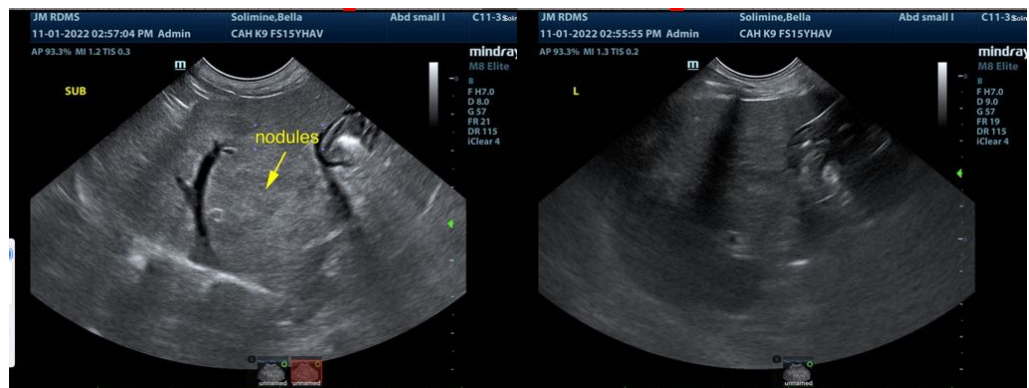
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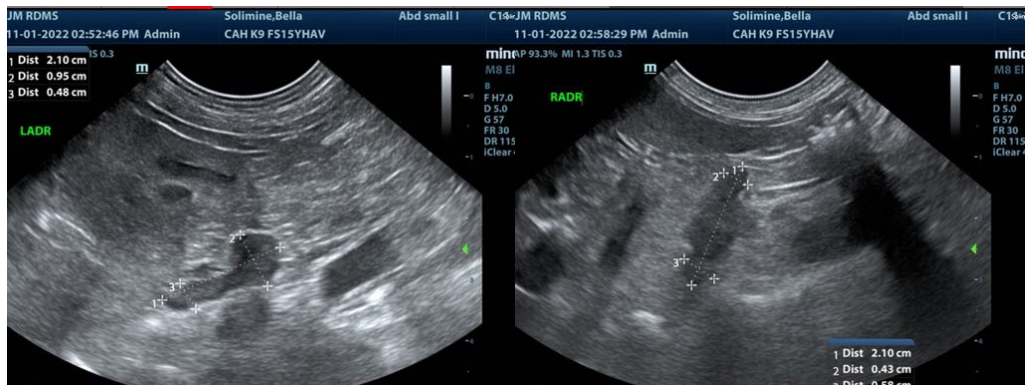
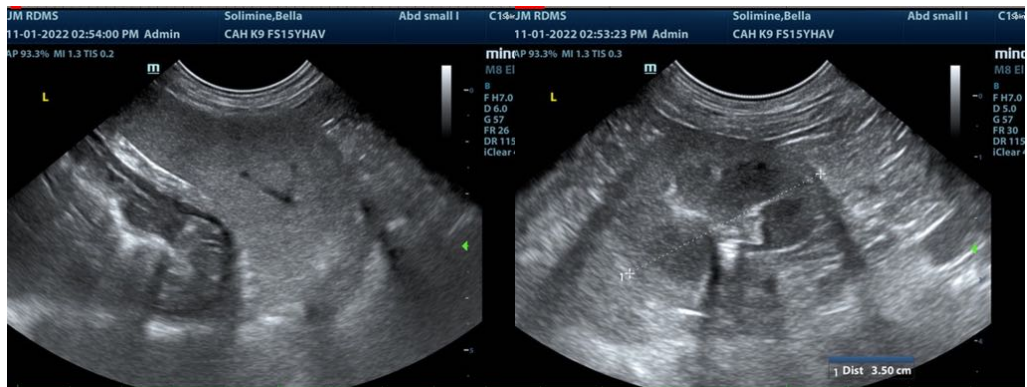
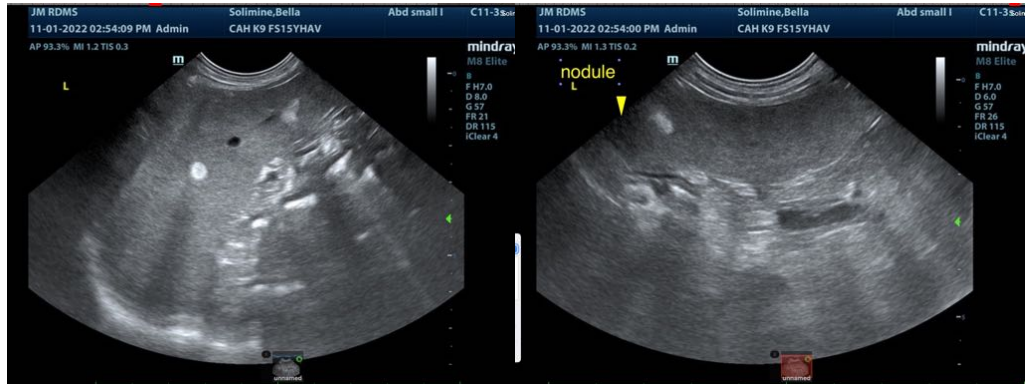
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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