



PATIENT	PRESENTING CLINICAL SIGNS
Amelia DeRenzis	History: Elevated liver enzymes. Hx of uterine adenocarcinoma removed 5/2022. Current meds: Metacam, Gabapentin for arthritis.
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALT 215 (74 H); AST 150 (77H); TBILI 0.4 (0.2H); CHOL 120 (65 H); CK 396 (372H)
Lagamorph	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mini Lop	Urinary System
SEX	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.
Spayed female	
AGE	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 left kidney measured 3.53 cm. The right kidney measured 3.32 cm.
7 years	
WEIGHT	Adrenal Glands
4.2 lbs	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.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	The spleen was significantly enlarged and measured 1.76 cm.
IMAGING PERFORMED BY	
Shari Reffi, CVT	Liver
HOSPITAL NAME	The liver presented slight coarse architecture with increased portal markings. The liver was mildly subnormal in size with surrounding free fluid. Non-specific cholangitis and cholangiohepatitis pattern was noted. 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. Comet tail lung pattern was noted in the lung fields.
Shohola VH	
REFERRING VET	Gastrointestinal
Dr. Gramazio	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. The gastrointestinal tract
INVOICE	
42425	
DATE	
11/10/22	



PATIENT revealed normal dense stool and dense gastric ingesta. A mesenteric lymph node is enlarged measuring 2.39 cm. The length to width ratio was maintained.
Amelia DeRenzi

SPECIES *Pancreas*
Lagamorph 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.

BREED
Mini Lop *Heart*

SEX Rapid view of the heart revealed no evidence of pathology.
Spayed female

ULTRASONOGRAPHIC FINDINGS
AGE Splenomegaly. Splenitis, lymphadenitis and infectious agents are all possible, yet less likely.
7 years Mesenteric lymphadenopathy.
Mild, chronic inflammatory hepatopathy.

WEIGHT Free fluid.
4.2 lbs

INTERPRETED BY INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Eric Lindquist, DMV DABVP, Cert. IVUSS
FNA of the spleen and lymph nodes are recommended. As well as abdominocentesis if possible with cytospin for further definition. There is a strong concern for round cell neoplasia/lymphoma. Guarded prognosis.

IMAGING PERFORMED BY

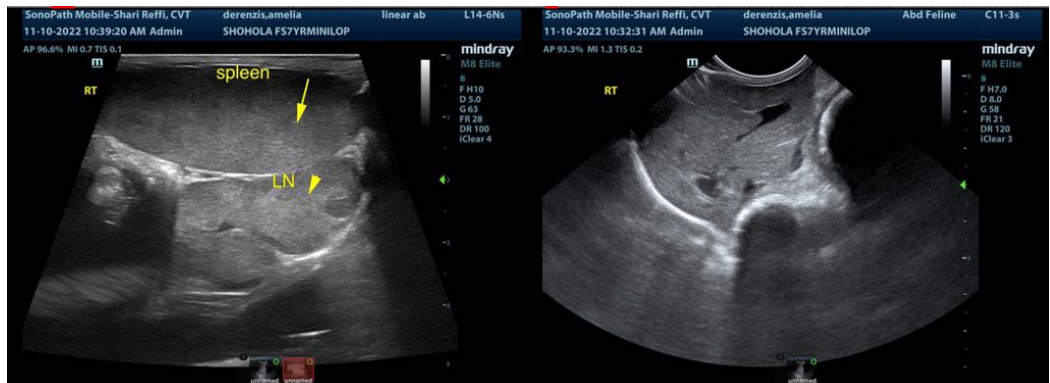
Shari Reffi, CVT

HOSPITAL NAME Shohola VH

REFERRING VET Dr. Gramazio

INVOICE 42425

DATE 11/10/22





PATIENT

Amelia DeRenzis

SPECIES

Lagamorph

BREED

Mini Lop

SEX

Spayed female

AGE

7 years

WEIGHT

4.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

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REFERRING VET

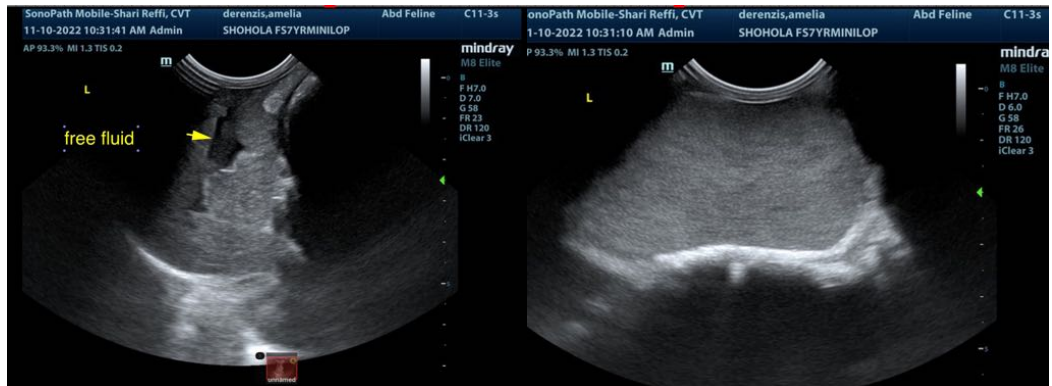
Dr. Gramazio

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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
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