



**PATIENT**

Rusty Scalora

**PRESENTING CLINICAL SIGNS**

History: pre- anesthetic bloodwork for dental showed elevated ALKP and spec PSL. non clinical  
Abnormal PE/Chem/CBC/UA Results: ALKP 419, spec PSL 365

**SPECIES**

Canine

**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.

**BREED**

Mix

**SEX**

Neutered male

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 right kidney measured 4.73 cm. The left kidney measured 4.45 cm.

**AGE**

10 years

**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 right adrenal gland measured 2.34 x 0.47 cm at the caudal pole and 0.85 cm at the cranial pole. The left adrenal gland measured 1.87 x 0.42 cm at the caudal pole and 0.35 cm at the cranial pole.

**WEIGHT**

23 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed an expansive, hypoechoic 2.36 x 1.37 cm nodule. The nodule presented disrupted architecture.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**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. 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.

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Lovell

**INVOICE**

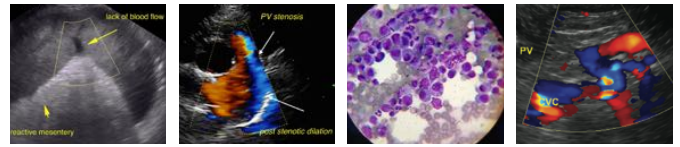
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**DATE**

6/27/23

**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.

**SPECIES**

**Pancreas**

Canine

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**

Mix

**Heart**

**SEX**

Neutered male

Rapid view of the heart revealed no evidence of pathology.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

Splenic nodule. Strong concern for round cell neoplasia.

Age related hepatic changes, no evidence of metastatic disease.

**WEIGHT**

23 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided splenic FNA or direct splenectomy is indicated. There is a strong concern for round cell neoplasia.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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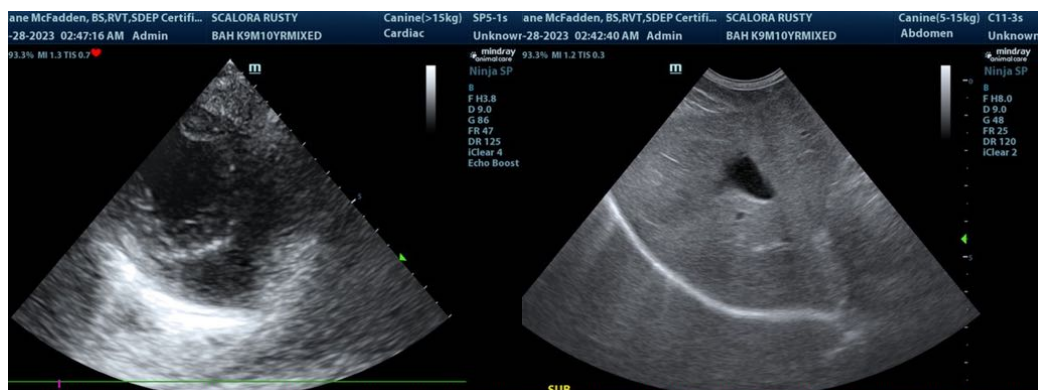
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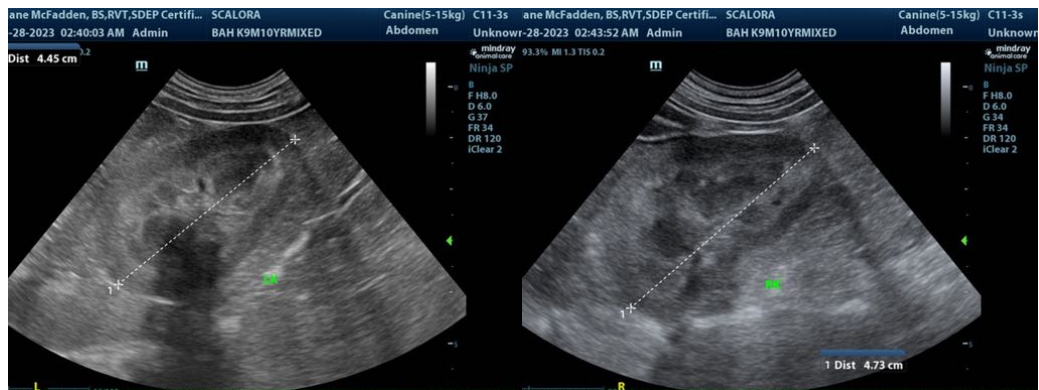
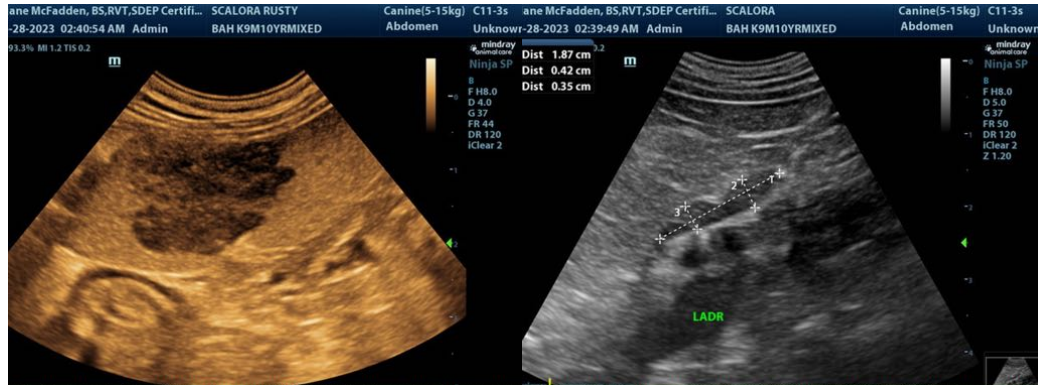
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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