



PATIENT

Sparkles Rosen

PRESENTING CLINICAL SIGNS

History: mild hepatomegaly. SAP 2999 (was 3700 in Feb 2022). PSL 304. UA: protein 3+ free catch; USPG 1.022

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

West Highland Terrier

SEX

Spayed female

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. Both kidneys measured 4.0 cm.

AGE

14 ½ years

Adrenal Glands

WEIGHT

17 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. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Diane McFadden, RVT

The **spleen** revealed an overt parenchymal mass measuring 4.0 cm with other heterogenous nodular changes.

HOSPITAL NAME

East Plane AH

Liver

REFERRING VET

Dr. Rosen

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. 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. Slight, heterogenous hepatic lymph nodes were noted and measured up to 1.5 cm with microcystic changes. This is unlikely to be neoplastic.

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DATE

9/15/22

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



PATIENT *Pancreas*

Sparkles Rosen

SPECIES

Canine

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West Highland Terrier

SEX

Spayed female

AGE

14 ½ years

WEIGHT

17 lbs

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

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Pancreas

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.

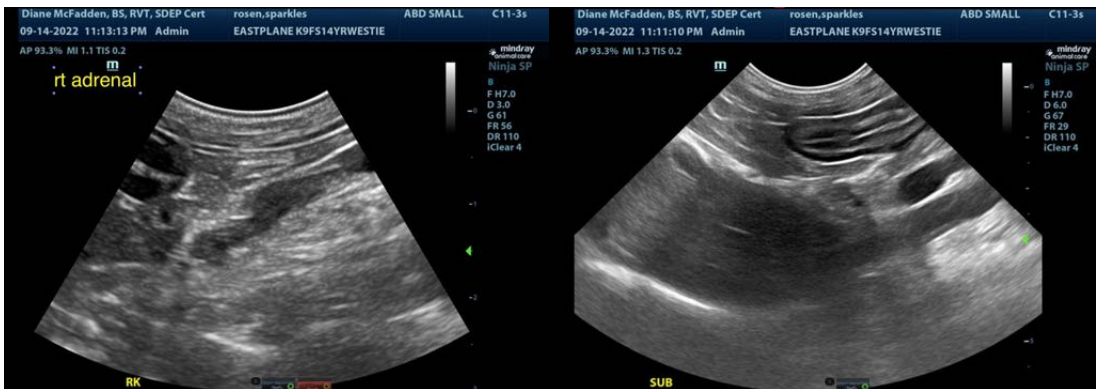
ULTRASONOGRAPHIC FINDINGS

Splenic mass and nodules.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs, splenectomy, liver biopsy +/- renal biopsy is warranted given the proteinuria. However, the kidneys appear to have expected age related changes from a sonographic perspective. Hemangiosarcoma versus round cell neoplasia or benign hyperplasia is all possible; however, the spleen is a surgical presentation.





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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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Info@SonoPath.com