

**PATIENT**

Eddie Broda

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

34.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Miller

**INVOICE**

13348

**DATE**

1/10/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for possible seizure. P had herniated disk repair done in July and had been recovering nicely from that. In Sept, P had first seizure that lasted about 3 minutes, then in November had second seizure that lasted about 1 minute. Tonight around 9:30pm, P had third seizure that O stated last about 20 minutes. P was still very dazed when getting him into the vehicle. Previous Health Concerns: Herniated disk Current Medications: Gabapentin 100 mg SID Appetite/When did they eat last: Not eating; last ate yesterday

Abnormal PE/Chem/CBC/UA Results: Abdominal: very painful to palpate abdomen; unable to assess epoc: nr cbc: wbc:42,000 ( primary neuts) chem: globlin 4.3 alp 278 rad; abnormal detail in abdomen

**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 were noted. Ureteral papillae were normal.

The **kidneys** were swollen and mildly irregular in contour. Slight free fluid was noted around the left kidney. The left kidney measured 7.3 cm. The right kidney measured 7.4 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** was enlarged with scalloping contour. Splenic folding was noted. Micronodular changes were noted. Trace fluid was noted around the spleen.

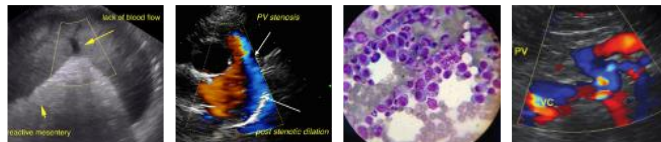
**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Increased portal markings were noted in the liver. Some minor 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.

**Gastrointestinal**

The **stomach** and upper duodenum were unremarkable. However, distal small intestinal thickening present with regional free fluid. The colon was also thickened.

**Pancreas**



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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.

## SPECIES

Canine

## Free Abdomen

Reactive Mesentery was noted throughout the mid **abdomen**. Mesenteric lymph node enlargement present, measuring up to 4 cm.

## BREED

Golden Retriever

## ULTRASONOGRAPHIC FINDINGS

- Infiltrative pattern involving intestine, spleen and lymph nodes with reactive mesentery
- Kidneys, swollen and irregular

## SEX

Neutered Male

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

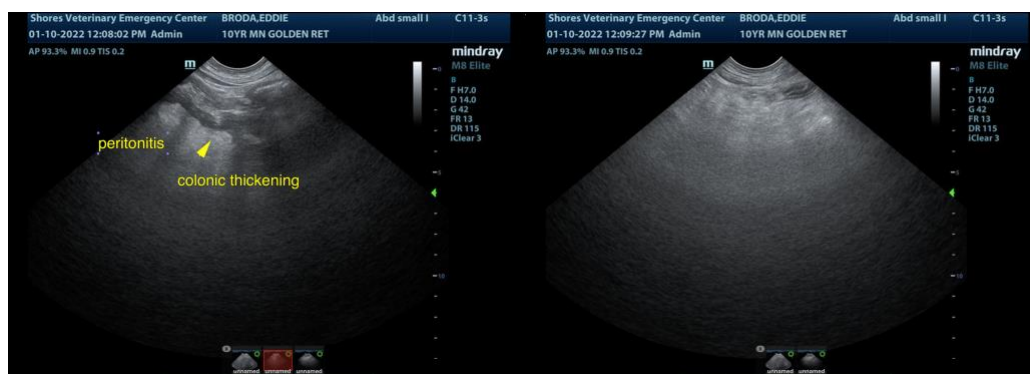
Ultrasound guided FNA of the lymph nodes and spleen recommended. Possible early hepatic involvement. Prognosis is guarded to poor. Enteritis with lymphadenitis and reactive spleen possible yet less likely. Regional peritonitis secondary to extensive intestinal lymph node-based inflammation. Three-view chest radiographs warranted to assess for any metastatic disease. Given the seizure activity, CT with contrast of the CNS recommended.

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## INTERPRETED BY

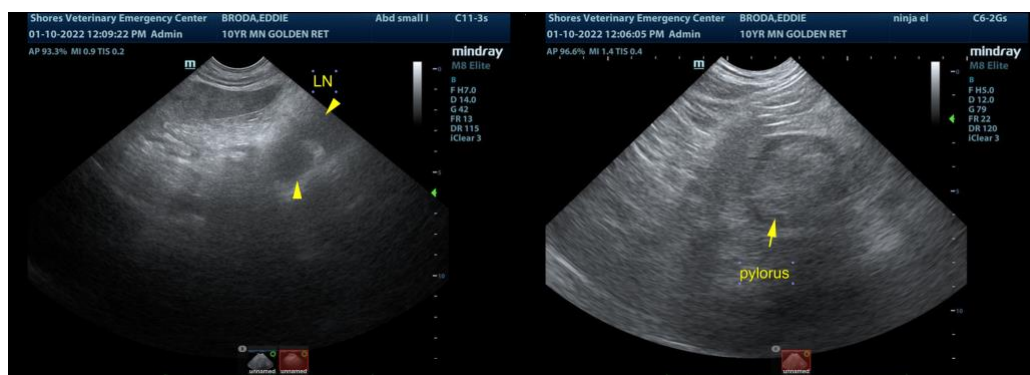
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## IMAGING PERFORMED BY

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## REFERRING VET

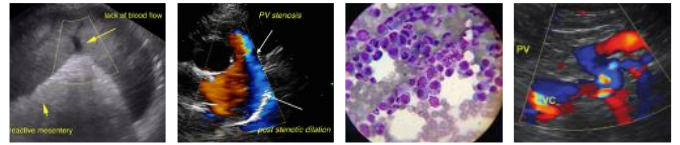
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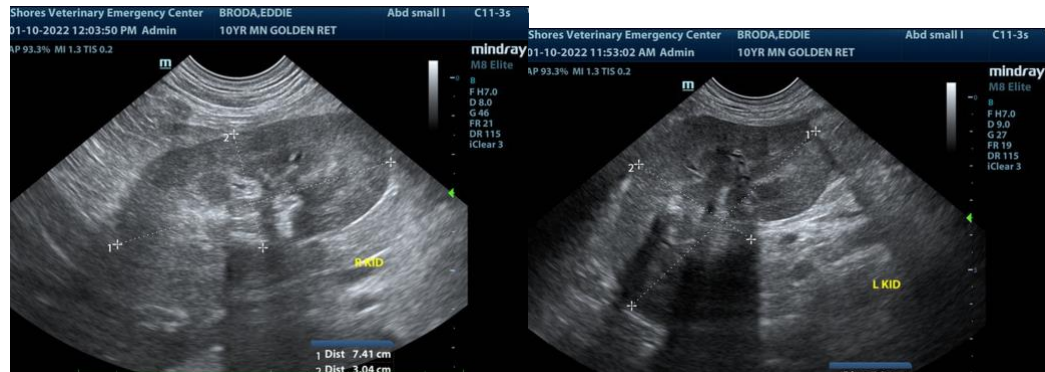
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com