



PATIENT PRESENTING CLINICAL SIGNS

Bree Still lethargic, not eating, enlarged spleen and liver on rads. Concern for rat poison toxicity per owner. not on any meds. moderate regenerative anemia, thrombocytopenia, liver values high, TP and globulin low
Abnormal PE/Chem/CBC/UA Results: HCT 19%

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. The right kidney measured 7.22 cm. The left kidney measured 7.5 cm with a 1.0 cm anechoic cyst at the caudal pole. Slight pericapsular fluid noted along the left kidney.

AGE

9 Years

WEIGHT

56.2 Pounds

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 left adrenal gland measured 1.92 cm x 0.49 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was enlarged and irregular. An expansive parenchymal nodule measured 2.7 cm. Coalesced honeycomb pattern noted with enhanced surrounding mesentery. No evidence of thrombosis.

IMAGING PERFORMED BY

Diane McFadden

Liver

The **liver** was enlarged and irregular with scalloping contour. The gallbladder was compressed and deviated. Slight areas of free fluid noted. Hepatic lymphadenopathy noted.

HOSPITAL NAME

Animal Care Center of
Landing

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.

REFERRING VET

Dr. Casulli

Pancreas

INVOICE

34145

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.

DATE

1/12/22

ULTRASONOGRAPHIC FINDINGS

- Splenohepatic infiltrative pattern – round cell neoplasia such as lymphoma or similar suspected, systemic inflammatory pattern.



PATIENT

Bree Still

- Variable areas of free fluid noted
- Variable gastrointestinal thickening present without evidence of obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

FNA spleen and liver with immediate chemotherapeutic intervention recommended. Bone marrow involvement likely given the anemia.

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SEX

Spayed Female

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WEIGHT

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IMAGING PERFORMED BY

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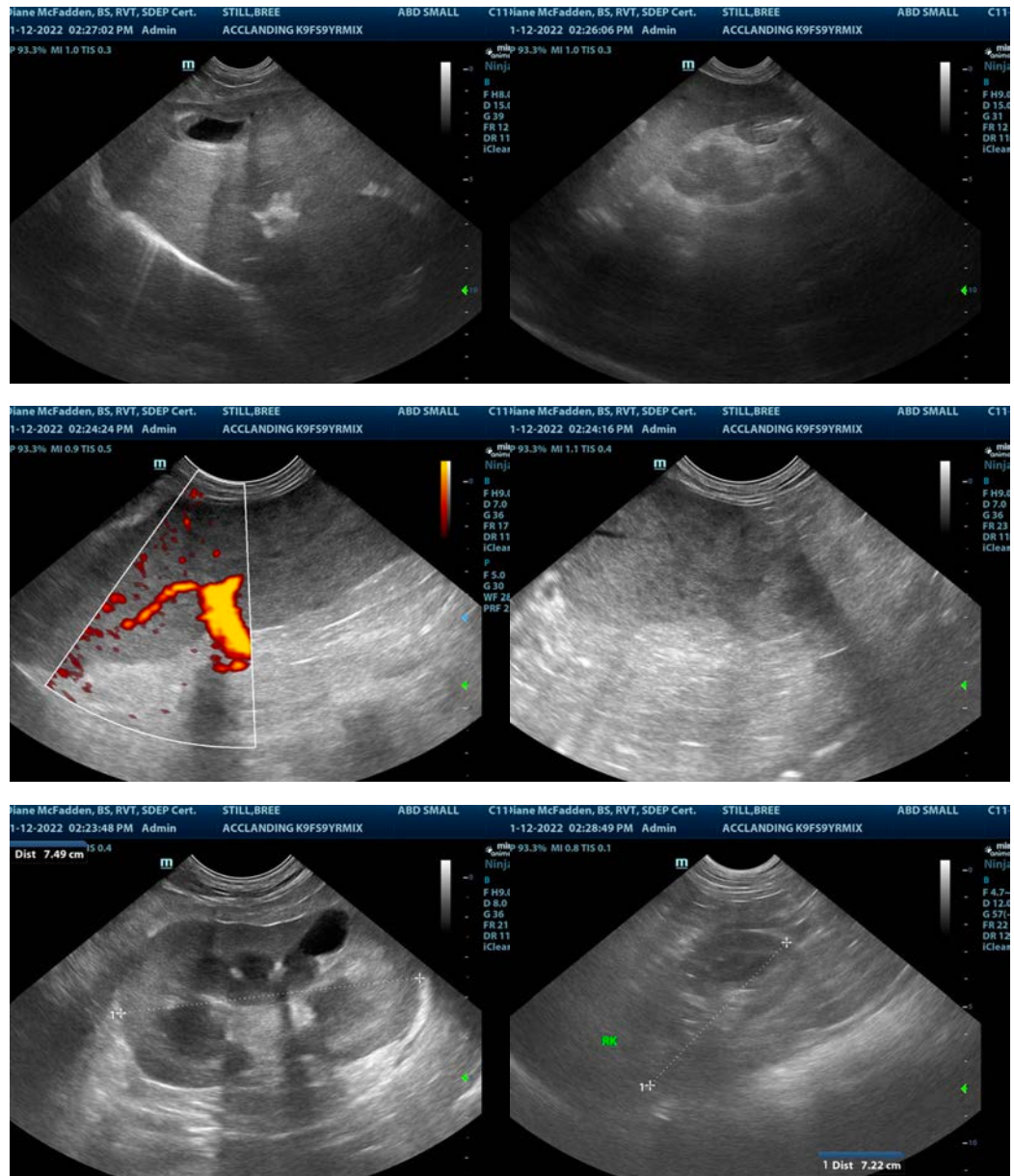
Dr. Casulli

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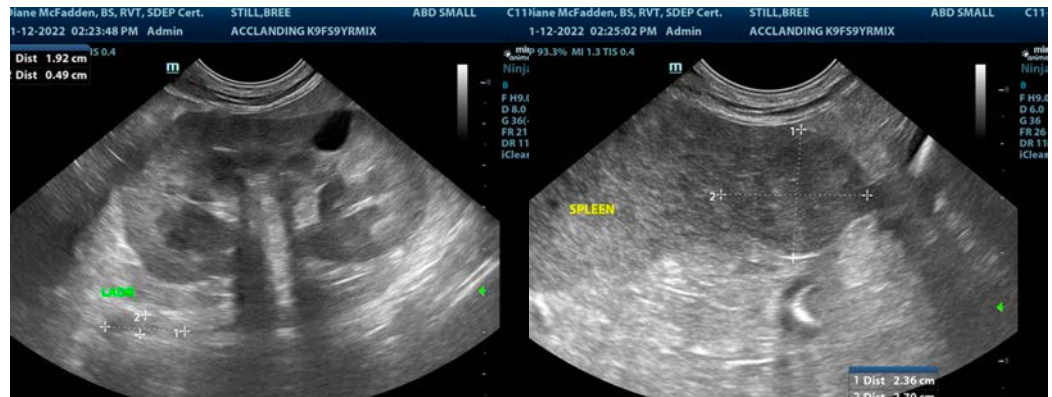
Dr. Casulli

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DATE

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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