



PATIENT

Stella Smith

SPECIES

Canine

BREED

Mini Goldendoodle

SEX

Spayed Female

AGE

6 Years

WEIGHT

10.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

ShoresVEC

REFERRING VET

Dr. Miller

INVOICE

34302

DATE

1/17/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating, vomiting, possible seizures. Her last seizure was in Oct. She was started on medication. Last night she became restless after a seizure episode (patient stretches neck) then seemed out of it. She drank a lot of water but then vomited. O not able to give meds. Previous Health Concerns: seizures Current Medications: Phenobarb ½ tab BID

Abnormal PE/Chem/CBC/UA Results: Abdominal: very tense cranial abdomen, no obvious mass noted Radiographs: empty stomach, no signs of intestinal obstruction, severe loss of serosal detail in cranial abdomen and retroperitoneal space with possible splenomegaly Chemistry: BUN 61.4 H, Creat 2.8 H, Phosphorus 5.1 H, Amylase 1917 H, Lipase >1000 H CBC: WBC 20.75 H, PMN 18.49 H, stress leukogram EPOC: Potassium 3.3 L, BUN 46 H, Creat 3.33 H, HCT 37% cPL: abnormal

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** presented normal size and contour with minor subjectively degenerative changes, yet structure was largely maintained. Corticomedullary definition and renal pelvises were normal. Pericapsular fluid accumulation noted around both kidneys. The left kidney measured 5.93 cm. The right kidney measured 5.63 cm.

Adrenal Glands

The **right adrenal gland** was visualized, no evident pathology, measuring 0.60 cm at the cranial pole and 0.40 cm at the caudal pole.

Undefined masses were noted mediocaudal to the left kidney, suspected adrenal or lymph node origin with likely caval invasion. The primary mass was undifferentiated and hypoechoic and measured approximately 5.0 cm x 3.0 cm. The mass continued into the sublumbar space and caudal abdomen.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

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.

Pancreas

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Enhanced mesentery noted around the **pancreas**, yet no primary pancreatic pathology noted.

Free Abdomen

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Reactive mesentery noted in the mid abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Undifferentiated masses in the mid and caudal abdomen – either lymph node or adrenal origin
- Secondary free fluid owing to inflammation and likely lymphatic obstruction
- Secondary paraneoplastic azotemia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and ultrasound guided 25-gauge FNA indicated.

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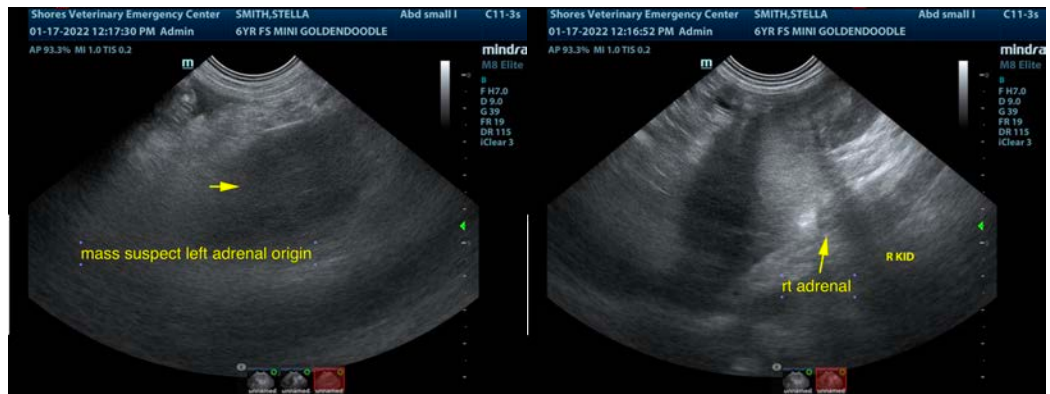
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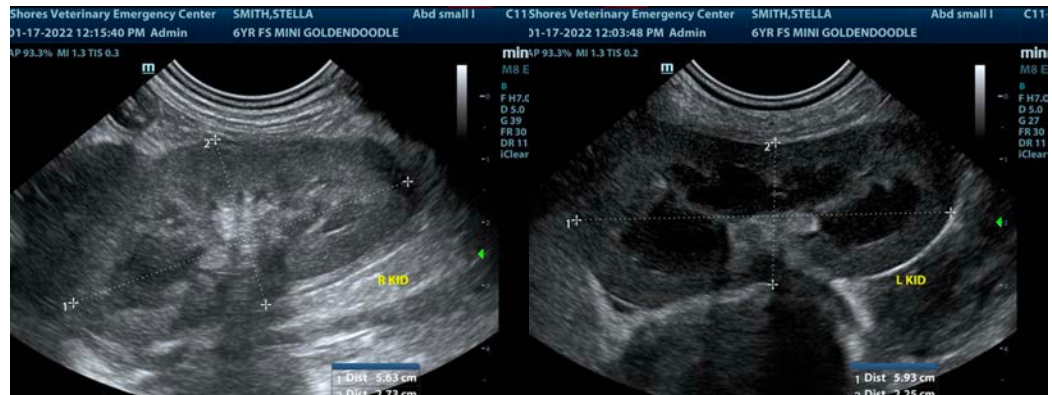
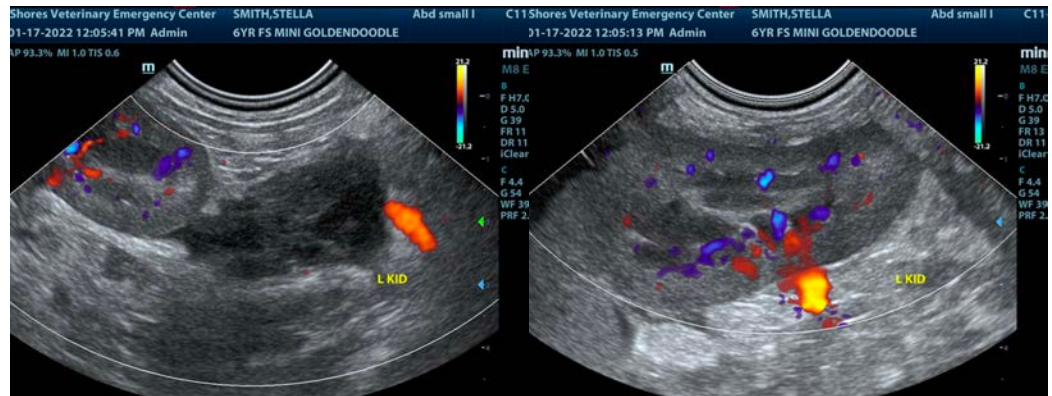
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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