**DATE PRESENTING CLINICAL SIGNS**

1/27/23

Newly adopted geriatric dog. Limited history from rescue. 10lb weight loss in months preceding 11/2022. Good appetite, not PU/PD. Normal stools and neg HW test (including heat treated test). Fecal – neg. PE - thin (muscle wasted also), Grade II/III systolic murmur left side, periodontal disease, gum color not as pink as should be.

**PATIENT**

Finn VanEmden

Current Medications: None other than HW Px and flea and tick Px

Lab Results: Regenerative, microcytic, hypochromic anemia, Elevated K, with low Na/K ratio - concern for atypical Addisons dz, Elevated Alk phos.

**SPECIES**

Canine

Radiographs: lungs are clear with mild cardiomegaly, abdomen - lipoma visible at right flank on VD.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Hound Mix

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SEX**

Neutered male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. A trace amount of sand was noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

**AGE**

8/10/10

The residual prostate was uniform and measured 0.7 cm.

**WEIGHT**

52 lbs

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 6.06 cm. The left kidney measured 5.88 cm with a cortical infarct noted in the caudal pole of the left kidney.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

Both **adrenal glands** were mildly enlarged. A slight, hyperechoic nodule was noted at the cranial pole of the right adrenal gland. The right adrenal gland measured 2.06 x 0.58 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 2.48 x 0.87 cm at the caudal pole and 0.54 cm at the cranial pole.

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Schaupp

**Spleen**

The **spleen** revealed multi-focal, hypoechoic nodular changes that were mildly disruptive.

**INVOICE**

42367

**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.

### ***Gastrointestinal***

The **gastrointestinal tract** revealed an intestinal mass that measured 4.3 x 2.8 cm. The mass was annular and constrictive with enhanced surrounding mesentery.

### ***Pancreas***

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.

### **ULTRASONOGRAPHIC FINDINGS**

Geriatric abdomen with annular intestinal mass. Suspect carcinoma.

Undefined splenic nodules.

Minor bladder sand.

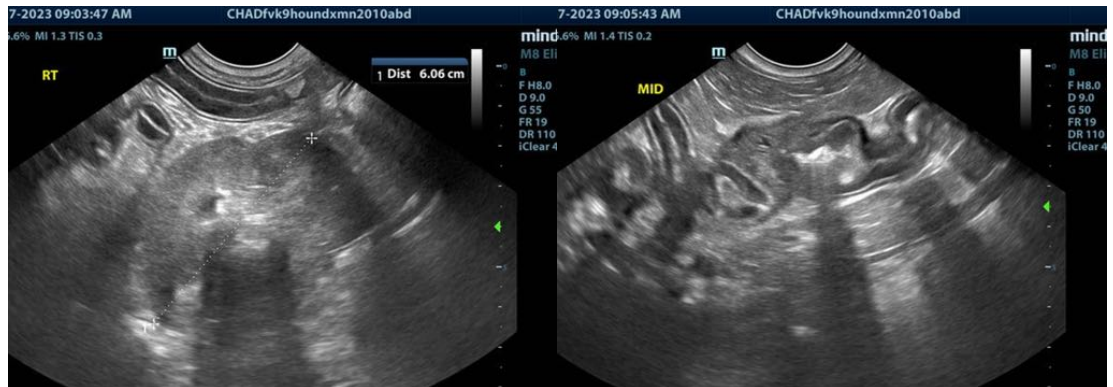
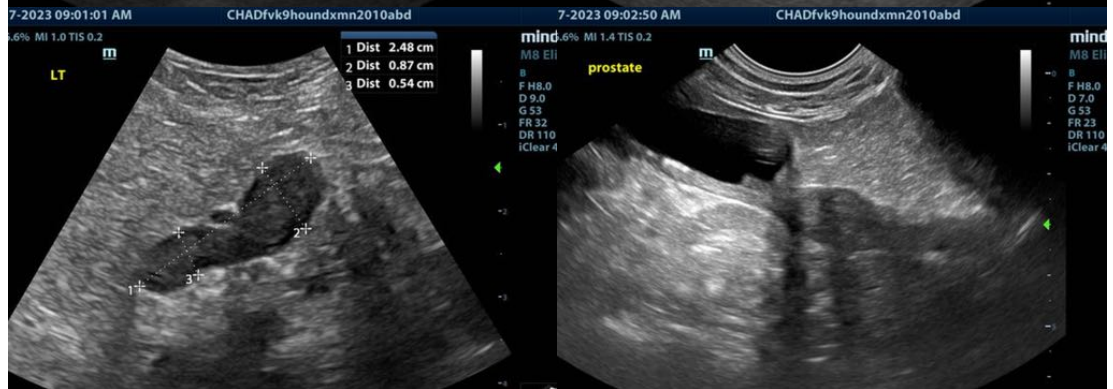
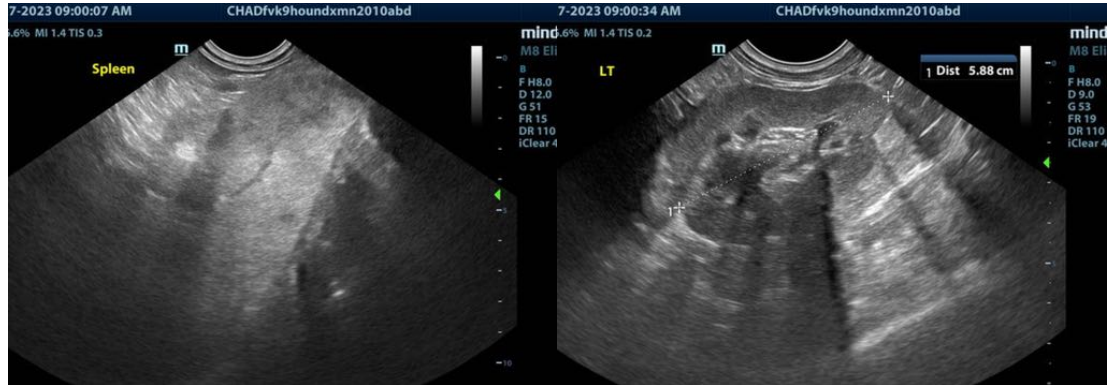
Mildly enlarged adrenal glands with a nodule on the right. Hyperplasia versus emerging PDH is a potential.

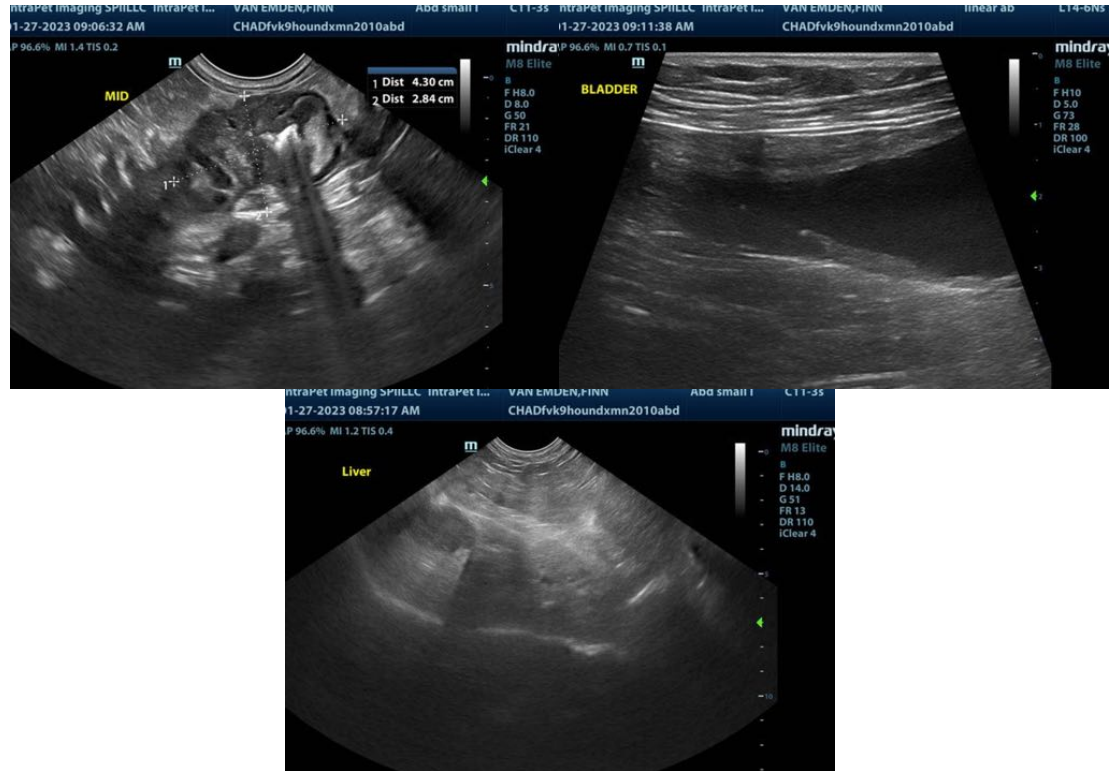
This is not a primary issue.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen is indicated for further definition and to assess for round cell neoplasia, metastatic disease or pronounced hyperplasia. FNA of the intestinal mass is warranted for staging purposes. If the spleen is free of evident pathology then surgical intervention with resection and anastomosis of the intestinal mass can be considered +/- cystostomy and normal and retrograde flushing to liberate the bladder sand and assess culture and sensitivity. The intestinal mass is potentially leiomyosarcoma as well as possible round cell neoplasia. Chest radiographs are recommended to assess for comorbidities.







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.

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