



DATE PRESENTING CLINICAL SIGNS

1/4/23

PATIENT

Zoey Kennedy

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

12/18/14

WEIGHT

97.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Westminster VH

REFERRING VET

Dr. Hall

INVOICE

42507

Pet presented on 12/19/22 for vomiting/anorexia/diarrhea. Bloodwork revealed pancreatitis and elevated ALP. Pet was treated with SQ fluids, Cerenia and bland diet. Owner called this week reporting that pet had stopped eating. On exam there was concern again for cranial abdominal discomfort. A single lateral radiograph was obtained (due to finances and pet's obesity made palpation difficult). There was a large soft tissue opacity in the central abdomen noted. Pet was given supportive care of Cerenia and SQ fluids until abdominal US could be completed.

Current Medications: Cerenia 80mg PO SID started again on 12/28/22, Gabapentin 300-600mg PO BID PRN started again on 12/28/22

Lab Results: 12/19/22: CBC: Retic Hemoglobin: 23.3pg (24.5-31.8); WBC: 19.4K/uL (4.9-17.6); Neutrophils: 15.287K/uL (2.94-12.67); Monocytes: 1.688K/uL (0.13-1.15); BUN: 8mg/dL (9-31); Chloride: 102mmol/L (108-119); Globulin: 4.2g/dL (2.4-4.0); ALP: 390U/L (5-160); Amylase: 10,107U/L (337-1469); Lipase: >1800U/L (0-250);

12/19/22: snap cPL: ABNORMAL

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Rachel Brillhart, RDMS.

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.

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 left kidney measured 7.26 cm. The right kidney measured 6.86 cm.

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 right adrenal gland measured 2.63 x 1.17 cm at the cranial pole and 0.95 cm at the caudal pole. The left adrenal gland measured

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 was noted.

Liver

The **liver** in this patient was riddled with multiple, coalescing disruptive, hypoechoic, nodular changes with surrounding free fluid. Reactive mesentery was noted along with multiple, expansive masses owing to coalescing target lesions. The gallbladder and common bile duct were unremarkable, yet deviated. Pleural effusion was noted through the diaphragm as well. This is suggestive for dual cavity neoplasia.

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.

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.

Thorax

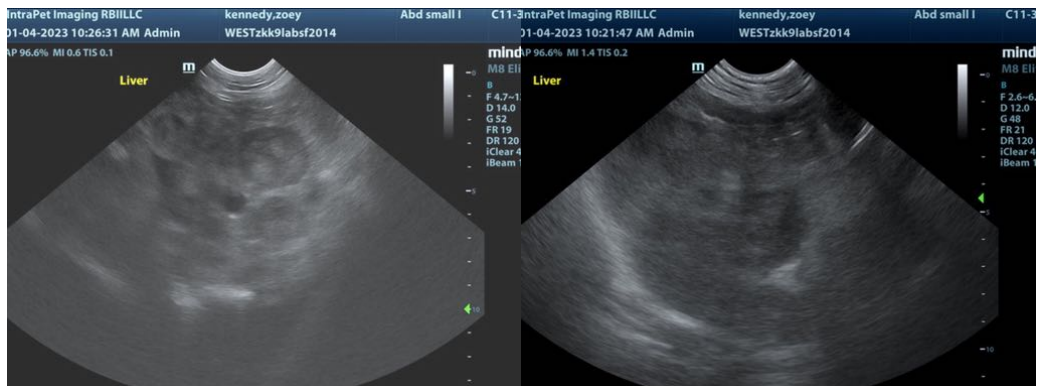
Pleural effusion was noted³

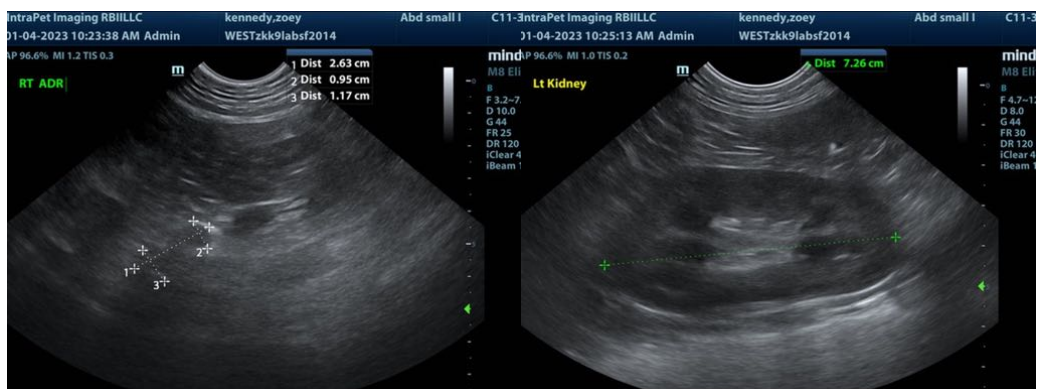
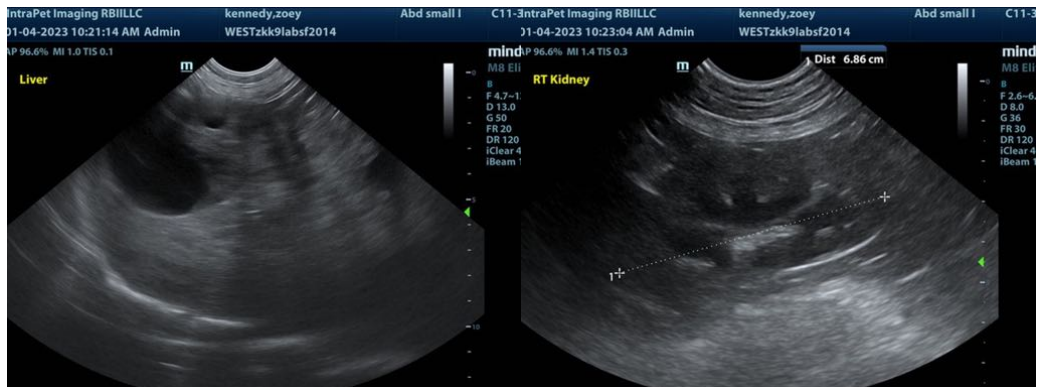
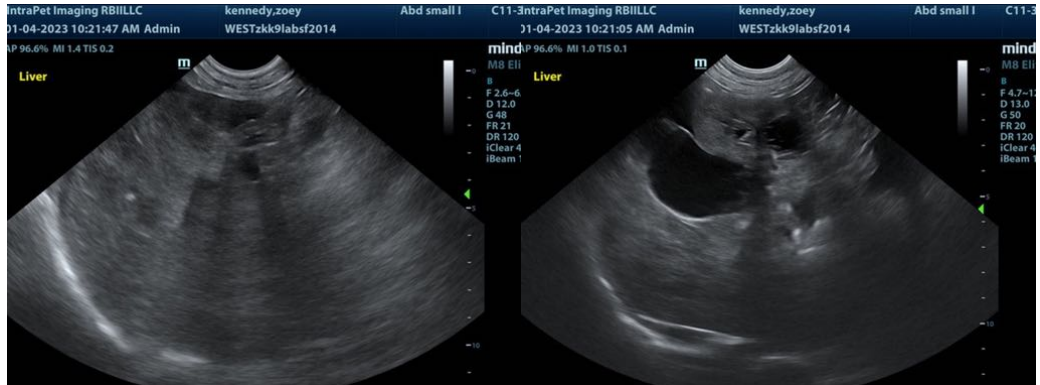
ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic neoplasia with secondary free fluid owing to portal hypertension or paraneoplastic effusion. Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver should prove effective regarding a definitive diagnosis with immediate chemotherapeutic intervention. An abdominocentesis and pleurocentesis with cytospin would also prove fruitful. Pleural effusion was noted likely owing to thoracic neoplastic spread.





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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