

**DATE**

1/6/23

PRESENTING CLINICAL SIGNS

History: 12/7/2022- treated at Northwind for giardia; presented for GI issues; lab work- mild elevation of ALP; below normal PLT; x-ray was not able to be done- Fast scan at RDVM- no free fluid; but nodules noted on the spleen. went to Fullerton- concern about how the patient was breathing; took a lateral chest x-ray; referred here seen at the beginning of last month for GI issues at northwind; treated for giardia- the last couple of days- increased RR/RE on/off- worse today; poor appetite and lethargy no v/s/c/d no other past health problems, is on HWP

PATIENT

Juicy Pugh

SPECIES

Canine

BREED

Shih Tzu

Current Medications: Maropitant.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

1/12/10

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.

WEIGHT

14.3 Pounds

The **kidneys** were swollen and irregular with multifocal hypoechoic nodules, consistent with metastatic disease. The left kidney measured 4.41 cm. The right kidney measured 4.7 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 2.65 cm x 0.67 cm at the caudal pole and 0.69 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was infiltrated with multifocal hypoechoic coalescing target lesions with capsular expansion and disruption.

HOSPITAL NAMEAnmal Emergency
Hospital**Liver**

The **liver** was swollen and irregular with increased portal markings.

REFERRING VET

Dr. Willer

Gastrointestinal

The **gastrointestinal tract** was deviated owing to the expansive regional pathology. Minor upper gastrointestinal thickening was noted. Soft stool was noted in the colon.

INVOICE

20435

Pancreas

The **pancreas** revealed heterogenous parenchymal changes with enhanced mesentery, owing to regional pathology and secondary inflammation.

Free Abdomen

Reactive **mesentery** was noted associated with the various pathology. The hepatic lymph nodes presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was

indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

Other

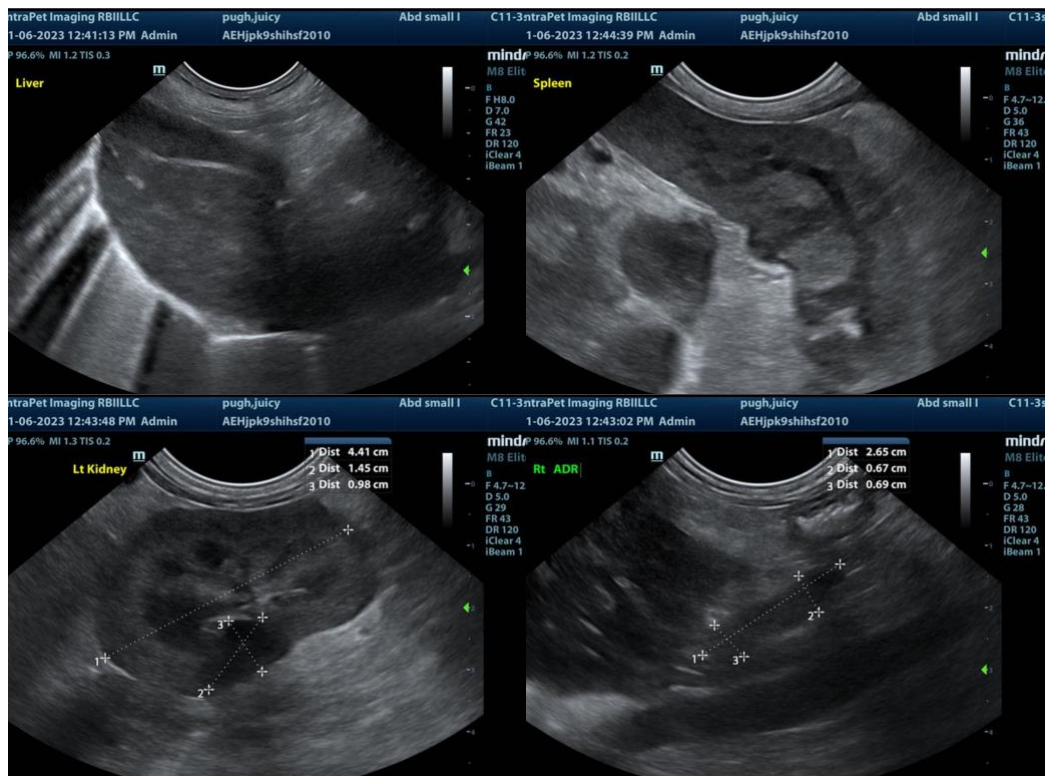
The **heart** appeared normal in size and contour with no volume overload present. The cranial mediastinal lymph nodes were enlarged, hypoechoic and irregular. Comet tail lung pattern noted in the diaphragm.

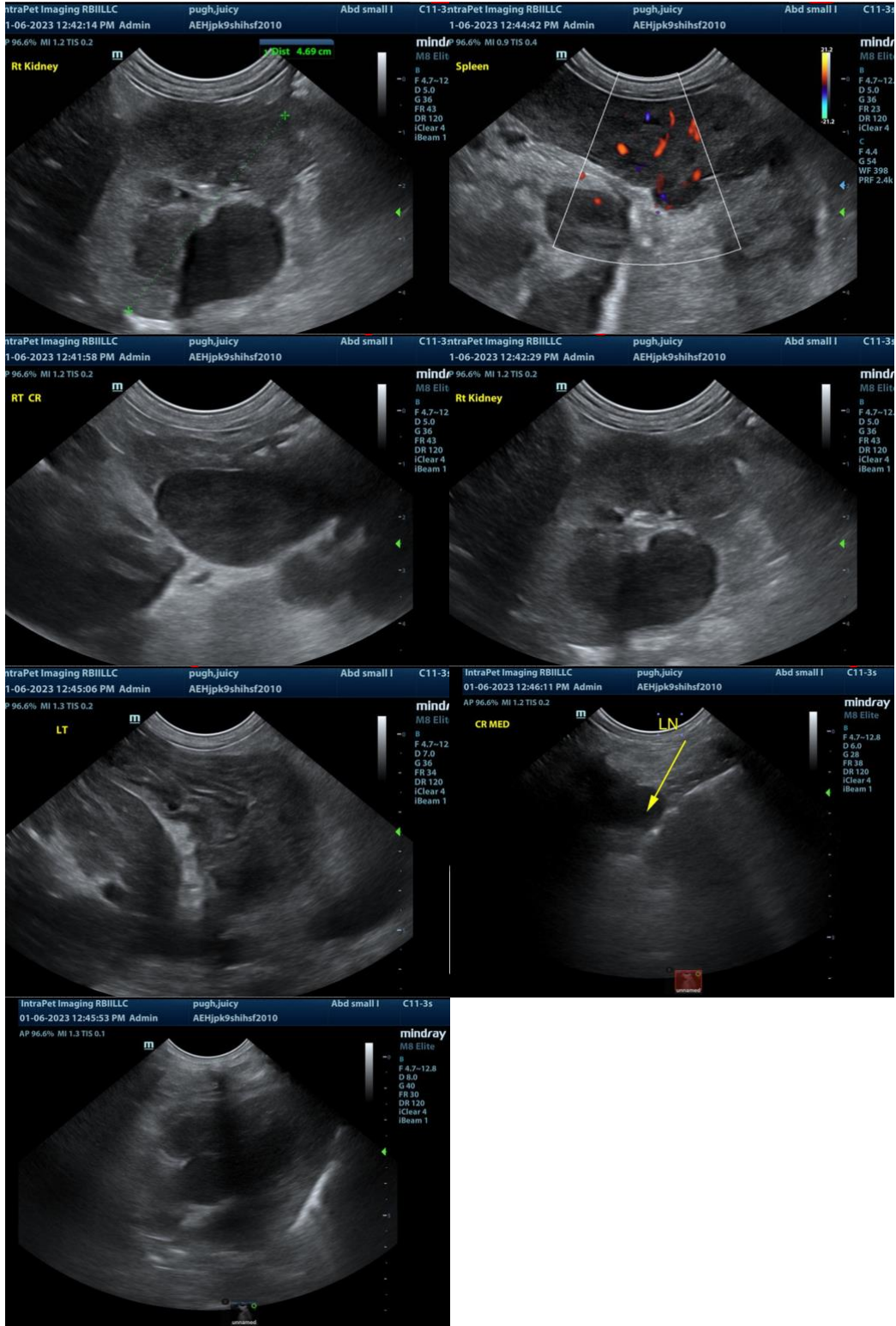
ULTRASONOGRAPHIC FINDINGS

- Aggressive multicentric round cell neoplastic pattern involving the spleen, liver, kidney and GI tract, as well as multiple lymph nodes
- Heterogenous pancreas
- Comet tail lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver, kidneys and lymph nodes would all be valid. Likely metastatic disease to the chest given the comet tail lung patterns and cranial mediastinal lymphadenopathy.





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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