

**DATE PRESENTING CLINICAL SIGNS**

10/1/21

History: Presented on 09/24/2021 for vomiting, diarrhea, inappetence and weight loss of over a week. PE demonstrated pale pink gums and slightly tacky. Abdomen very tense on palpation.

**PATIENT**

Gideon Carpenter-Gonia

Current Medications: Being treated for GI issues (possible pancreatitis)  
 - On Metronidazole 500mg every 12 hours, Cerenia 60 mg every 24 hours.

Lab Results: GHP1 done: elevated ALT, ALKP, GGT. Non-regenerative anemia.

**SPECIES**

Radiographs: Two view radiographs done and possible mass effect noted in cranial abdomen (splenic vs kidney vs liver).

Canine

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

**BREED**

Stat Report: not requested / declined

Labrador Retriever Mix

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

Neutered Male

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.

**AGE**

2011

The **left kidney** revealed an expansive parenchymal mass (6.0 cm x 3.3 cm), undifferentiated. The left kidney was enlarged with significant disruption of architecture, measuring 9.3 cm.

**WEIGHT**

59 Pounds

The **right kidney** was enlarged with scalloping irregular contour with nodular changes. The right kidney measured 9.07 cm.

**INTERPRETED BY****Adrenal Glands**

Eric Lindquist, DMV DABVP, Cert. IVUSS

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 2.84 cm x 0.91 cm at the caudal pole and 0.96 cm at the cranial pole. The right adrenal gland measured 3.38 cm x 0.72 cm at the caudal pole and 0.91 cm at the cranial pole.

**HOSPITAL NAME****Spleen**

Swan Creek VC

The **spleen** revealed diffuse coalescing hypochoic micronodular changes with swiss cheese/honeycomb type appearance.

**REFERRING VET****Liver**

Dr. Receski

The **liver** was mildly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Hepatic lymph nodes were slightly enlarged.

**INVOICE**

13443

**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.

### **Other**

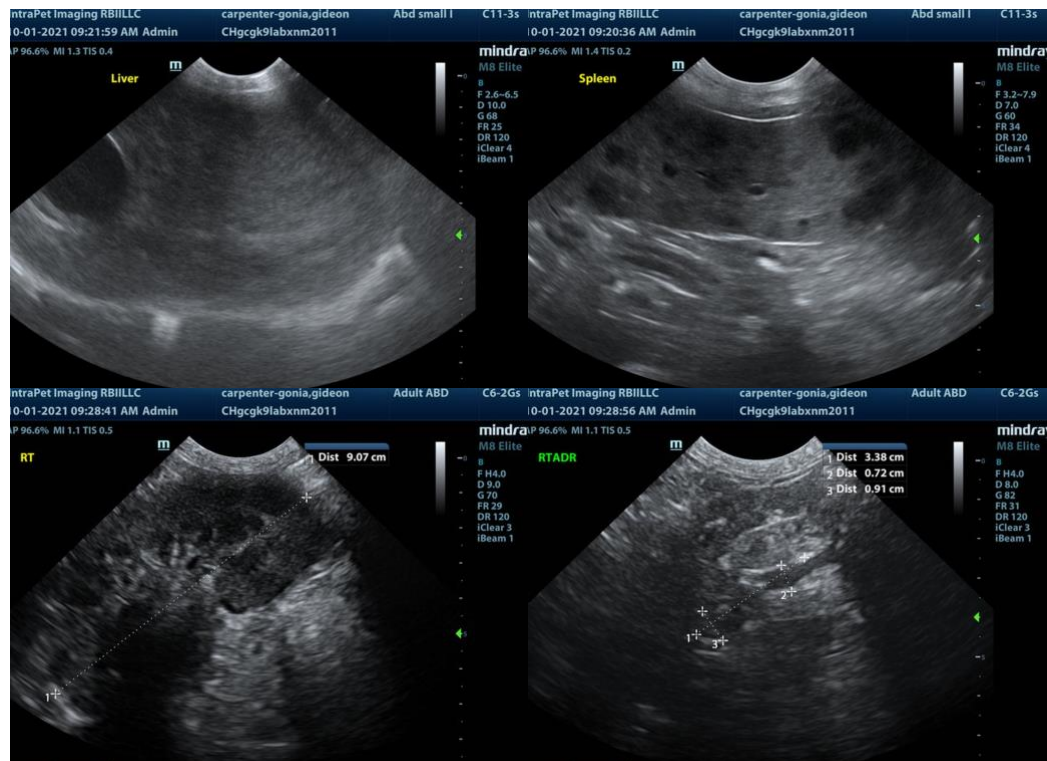
A rapid view of the **heart** revealed no evident pathology.

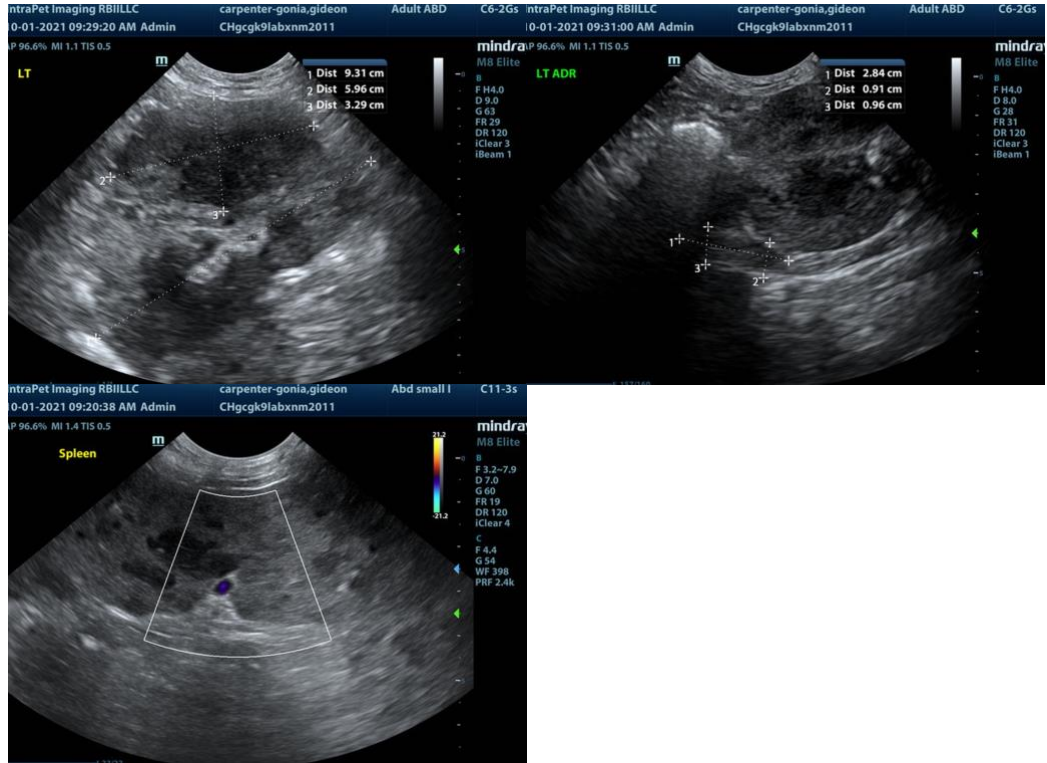
### **ULTRASONOGRAPHIC FINDINGS**

- Splenorenal round cell neoplastic pattern
- Vacuolar hepatopathy with age-related hepatic changes, possible micrometastasis

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

Prognosis is poor. FNA of the spleen and kidney recommended + liver for staging purposes. Immediate chemotherapeutic intervention recommended.





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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