



PATIENT

Munchie Walkley

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

16 Years

WEIGHT

46.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

26192

DATE

10/11/21

PRESENTING CLINICAL SIGNS

Presented on after hours emergency due to vomiting, anorexia and lethargy 2 days duration, recent urinary incontinence. Reported to have been diagnosed elsewhere with an intestinal mass approximately 1 year ago. Vomiting noted at that time resolved with medical therapy until current episode.

Abnormal PE/Chem/CBC/UA Results: marked paresis, tense abdomen, unable to adequately palpate. CBC: lymphocytes= 510 (1000-4800) /uL, neutrophil=14730 (3000-12000) /uL CHEM: ALP=343 (20-150) U/L, ALT=724 (10-118) U/L, K=3.1 (3.7-5.8) mmol/L

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A cortical cyst was noted in the left kidney. Slight pyelectasia noted in the left kidney. The left kidney measured 5.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.5 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was enlarged with scalloping contour with slight coarse heterogeneous parenchyma.

Liver

The **liver** presented mild coarse architecture. Slight increased portal markings noted. Regional free fluid and lymphadenopathy noted. The gallbladder was partially collapsed. Enhanced surrounding mesentery noted. Possible low-grade cholecystitis. This should be monitored. No evidence of free fluid around the gallbladder.

Gastrointestinal

The **stomach** presented concentric hypertrophy with empty lumen. The caudal abdomen revealed a mixed hypoechoic mass with enhanced surrounding mesentery. The mass was undifferentiated, measuring 4.0 cm x 3.0 cm. It appears to be deriving from intestinal wall. Variable intestinal thickening noted. Spiderweb type expansion noted into the regional mesentery. This does not appear to be surgical.



PATIENT

Pancreas

Munchie Walkley

The pancreas was slightly irregular and mildly hypoechoic to surrounding fat. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Possible low-grade inflammation.

SPECIES

Canine

Free Abdomen

ULTRASONOGRAPHIC FINDINGS

BREED

Mixed

- Intestinal mass with regional lymphadenopathy and reactive mesentery
- Enlarged spleen
- Minor renal pyelectasia

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass, spleen and liver recommended in this patient. Given the patient history, this is likely recurrence of the prior pathology and may be chemoresponsive. This is not surgically resectable.

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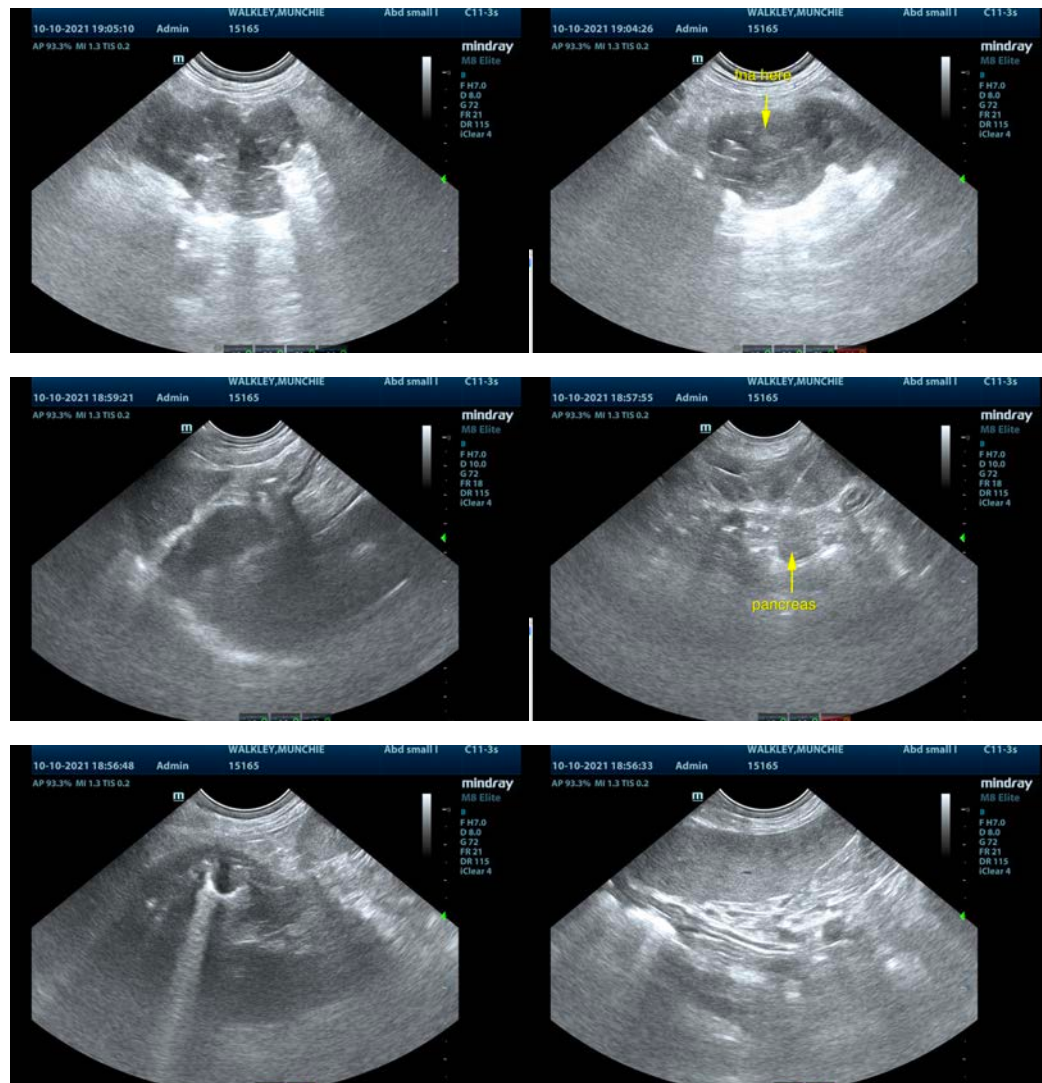
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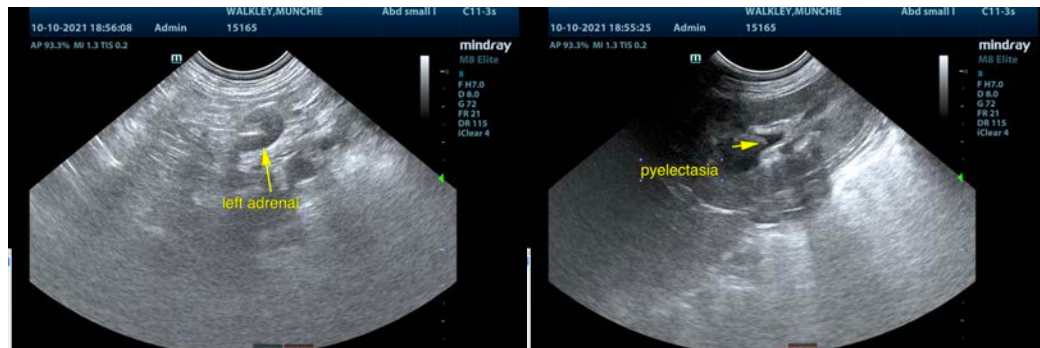
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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