



PATIENT

Fin Ferguson

SPECIES

Canine

BREED

Greyhound

SEX

Neutered male

AGE

8 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

Dr. Werfal

INVOICE

92353

DATE

10/12/21

PRESENTING CLINICAL SIGNS

History: 8yo MN Greyhound with a recent history of weight loss (~10lbs over the last 4 months) and difficulty apprehending eating (dropping food). Weight loss noted at visit for bite wounds with housemate about 3 weeks ago, but since then has been eating very little and having significant loose stool with melena. Recent bloodwork revealed hypoalbuminemia.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.85 cm. The left kidney measured 7.56 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 left adrenal gland measured 2.48 x 0.6 cm.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



PATIENT

Gastrointestinal

Fin Ferguson

The **gastrointestinal tract** revealed pyloric thickening with loss of detail measuring 2.78 cm. The pyloric thickening continued into the upper duodenum and extended for approximately 5.0 cm of infiltrative pattern from the pylorus into the duodenum. A jejunal mass was noted in this patient and measured 2.2 cm in width x 4.0 cm in length. Variable intestinal thickening was noted adjacent to the urinary bladder. A 4.4 x 3.0 cm, undifferentiated, hypoechoic lymph node was noted associated with the small intestine. Regional inflammation was noted.

SPECIES

Canine

BREED

Greyhound

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.

SEX

Neutered male

AGE

8 years

Free Abdomen

Regional free fluid was noted.

WEIGHT

51 lbs

ULTRASONOGRAPHIC FINDINGS

Multi-focal gastrointestinal neoplasia involving the stomach, duodenum, jejunum, regional lymphadenopathy and free fluid.

INTERPRETED BY

Reactive mesentery.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Harris

The free fluid is likely owing to lymphatic congestion and hydrostatic pressure and/or inflammation. Concurrent peri-neoplastic protein losing enteropathy is likely. Ultrasound-guided FNA of the gastrointestinal masses and lymph node is recommended with immediate chemotherapeutic intervention. Round cell neoplasia is suspected. Three view chest radiographs are warranted if not already performed to assess for metastatic disease.

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

Dr. Werfal

INVOICE

92353

DATE

10/12/21



PATIENT

Fin Ferguson

SPECIES

Canine

BREED

Greyhound

SEX

Neutered male

AGE

8 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

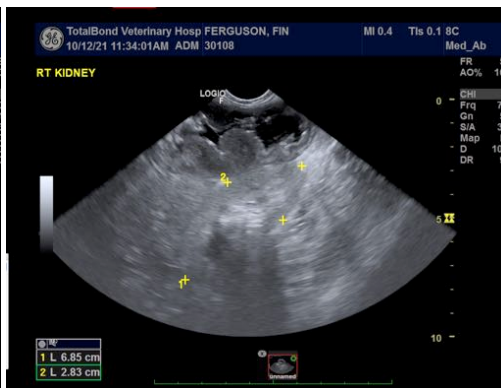
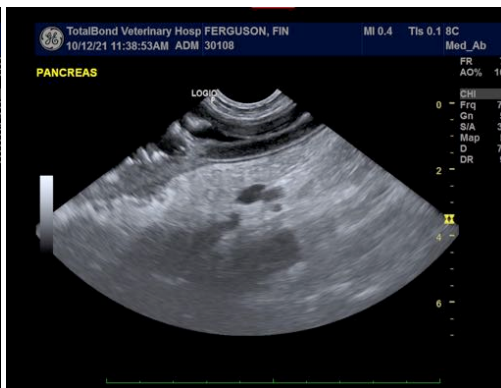
Dr. Werfal

INVOICE

92353

DATE

10/12/21





PATIENT

Fin Ferguson

SPECIES

Canine

BREED

Greyhound

SEX

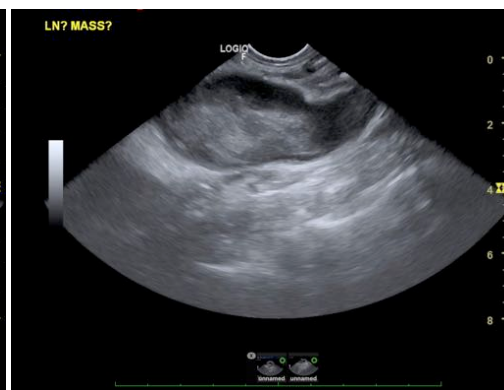
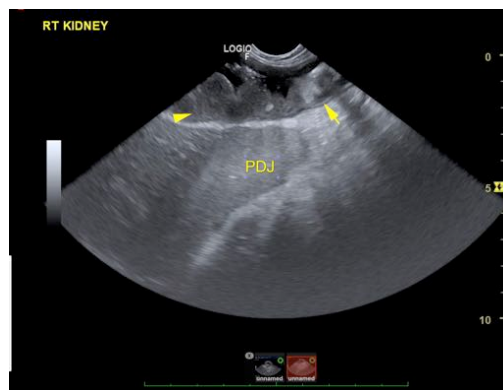
Neutered male

AGE

8 years

WEIGHT

51 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

Dr. Werfal

INVOICE

92353

DATE

10/12/21

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