

**DATE PRESENTING CLINICAL SIGNS**

10/15/21 History: FUO, Blepharitis, hind limb weakness ataxia.

PATIENT

Current Medications: Orbax, Azithromycin, and Carpaquin
 Lab Results: increased WBC
 Date of Previous IntraPet Ultrasound: No previous
 Sedation: not needed
 Stat Report: not requested

SPECIES

Canine

BREED

Weimeraner

SEX

Intact Female

AGE

2015

WEIGHT

56.5 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

13805

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 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 right kidney measured 7.15 cm. The left kidney measured 7.77 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 2.8 cm x 0.83 cm at the caudal pole and 0.81 cm at the cranial pole. The left adrenal gland measured 3.18 cm x 0.75 cm at the caudal pole and 0.75 cm at the cranial pole.

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 were 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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 **pancreas** was prominent, hypoechoic and mildly irregular in the right limb.

Free Abdomen

The mesenteric **lymph node** (3.02 cm x 2.08 cm) 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

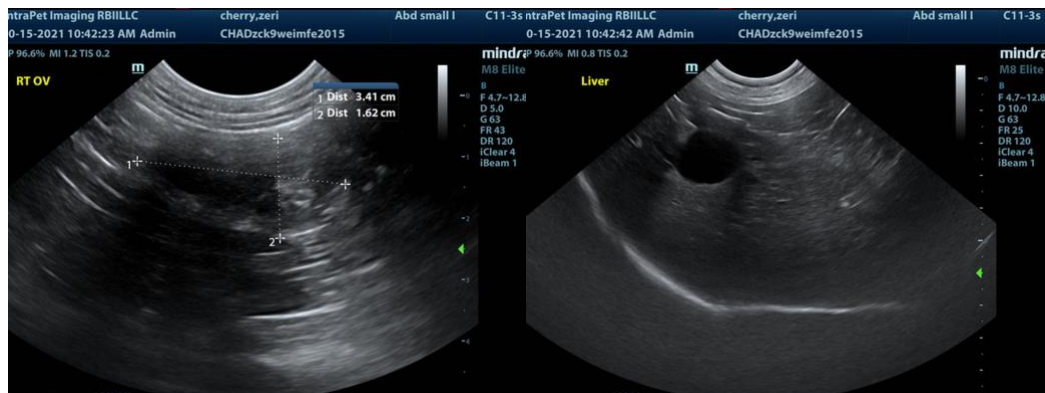
The **uterus** was thickened, measuring 1.7 cm at the base. The left ovary was uniform, measuring 2.2 cm x 1.05 cm. The right ovary was enlarged, heterogeneous and focally mineralized, measuring 3.41 cm x 1.62 cm. Microcystic changes were noted in both ovaries.

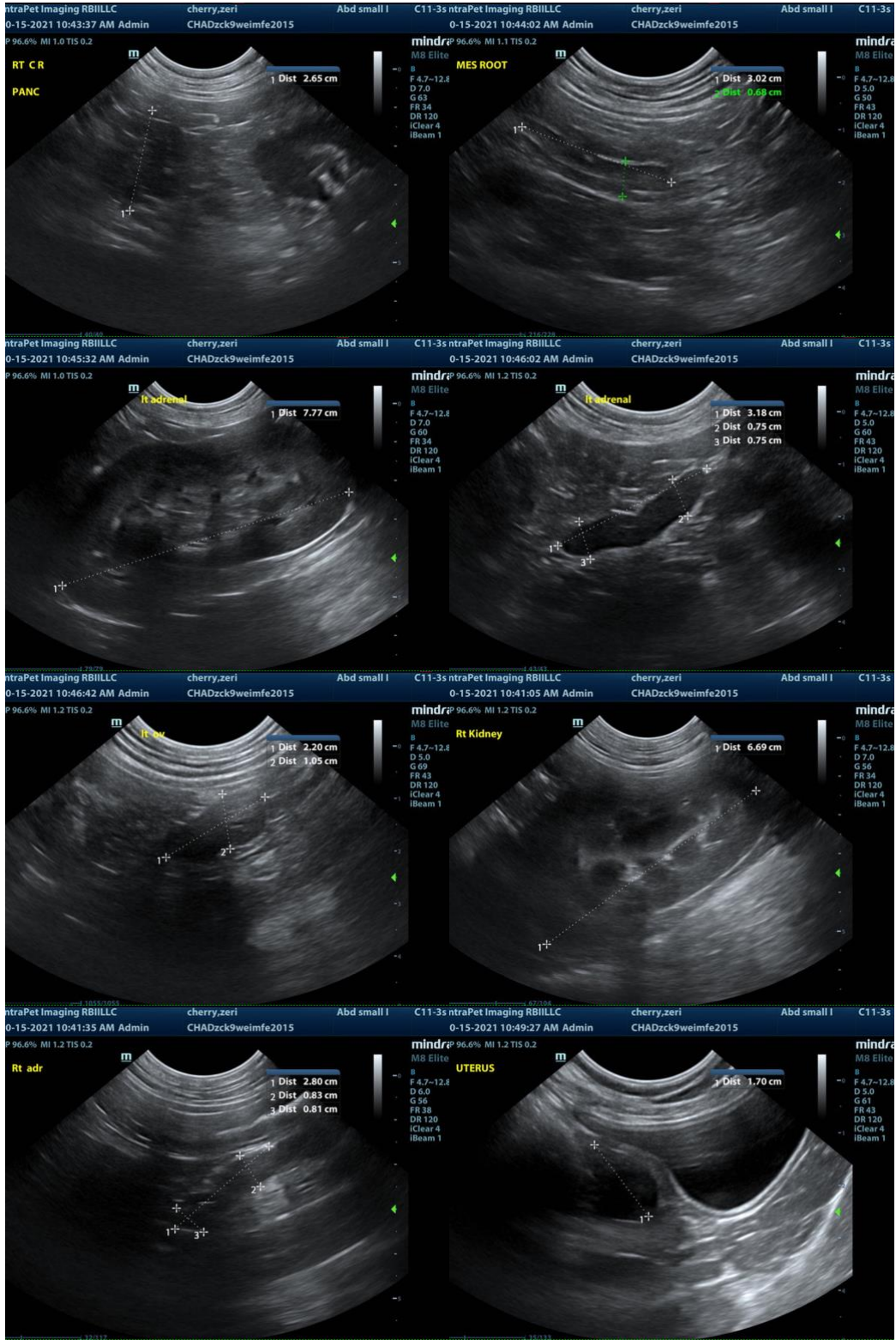
ULTRASONOGRAPHIC FINDINGS

- Prominent uterus
- Mineralized right ovary
- Prominent pancreas
- Reactive mesenteric lymph node
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovariohysterectomy likely in this patient best interest with biopsy of the right ovary. Likely hyperplasia, however, emerging ovarian neoplasia cannot be completely ruled out. Assessment for any vaginal discharge warranted.







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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