



PATIENT

Eldrick Frelone

SPECIES

Canine

BREED

Retriever X

SEX

Neutered Male

AGE

9 Years

WEIGHT

38.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Central Island VEC

INVOICE

17745

DATE

10/16/22

PRESENTING CLINICAL SIGNS

History: Referred to emerg for suspected pancreatitis on October 14th. History of eating ham (no bone) out of garbage. No other abnormal food lately. Vomited overnight on October 13th with ham in vomitus. Continued to vomit morning of October 14th. On PE, Eldrick had pale pink mucous membranes and was listless. He was painful on abdominal palpation. He is overweight (BCS=8/9) Bloodwork showed azotemia with leukocytosis. He has been hospitalized on: IV fluids at 2 x maintenance pantoprazole at 1 mg/kg IV BID Methadone at 0.2 mg/kg IV q 4-6 hrs ampicillin at 22 mg/kg IV q 8 hrs Cerenia at 1 mg/kg IV SID metronidazole 10 mg/kg IV BID Noted both pericardial and pleural effusion on scan of chest. Occasional VPCs. Echo referral also sent stat to cardiologist today.

Abnormal PE/Chem/CBC/UA Results: October 15, 2022: HCT=25.8 (37.3-61.7) (low retics) Neutrophils=13.75 (2.95-11.64) with suspected bands Platelets=46 (148-484) SDMA=32 (0-14) Creat=302(44-159) Urea=23.2 (2.5-9.6) ALT=257 (10-125) UA(cysto) usg=1.014 pH=6 WBC=2/hpf RBC=2/hpf Suspected cocci

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight pyelectasia was noted in the left kidney (0.47 cm). The left kidney measured 7.1 cm. The right kidney measured 7.5 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 3.19 cm x 0.53 m at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 3.23 cm x 0.5 cm at the caudal pole and 0.54 cm at the cranial pole.

Spleen

The **spleen** was enlarged and irregular with scalloping contour and heterogeneous hypoechoic nodular changes. Enhanced surrounding mesentery was noted. The spleen measured 2.65 cm. Splenic blood flow was subnormal, underlying thrombosis may be an issue as well.

Liver

The **liver** revealed mild increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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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.

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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.

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Pleural effusion was noted through the diaphragm.

A rapid view of the **heart** revealed pericardial effusion. The right ventricular free wall appeared thickened in a region of approximately 2.0 cm x 3.0 cm- this may represent a neoplastic process. Further imaging is necessary.

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ULTRASONOGRAPHIC FINDINGS

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- Infiltrative splenic pattern with concurrent pleural effusion- strong concern for splenic neoplasia.
- Mild increased portal markings in the liver
- Pleural and pericardial effusion
- Irregular right ventricular free wall
- Age-related renal changes with left pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full echocardiogram is recommended to assess for cardiac neoplasia. Strong concern for underlying hemangiosarcoma. FNA of the splenic pathology, pleurocentesis and pericardiocentesis with further imaging of the right auricle and right ventricular free wall is indicated. Coagulation panel is warranted prior to sampling the spleen. No tamponade effect was noted at this time, as the hepatic veins were not dilated nor was the vena cava at this point.

IMAGING PERFORMED BY

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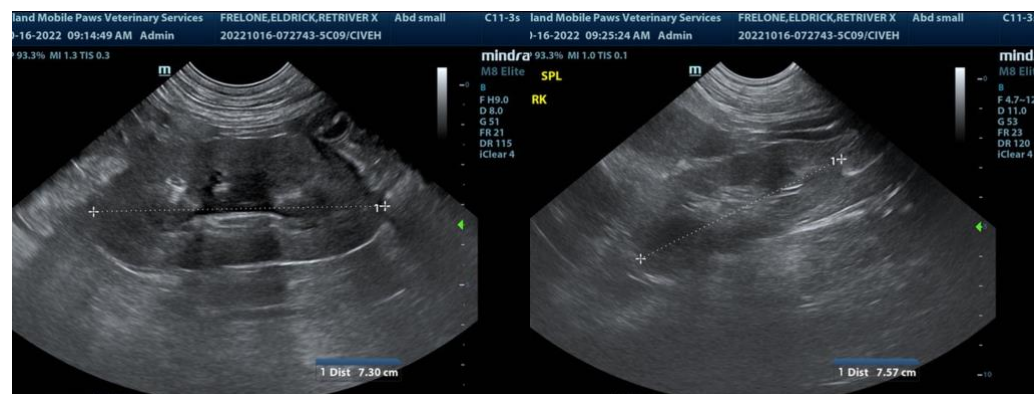
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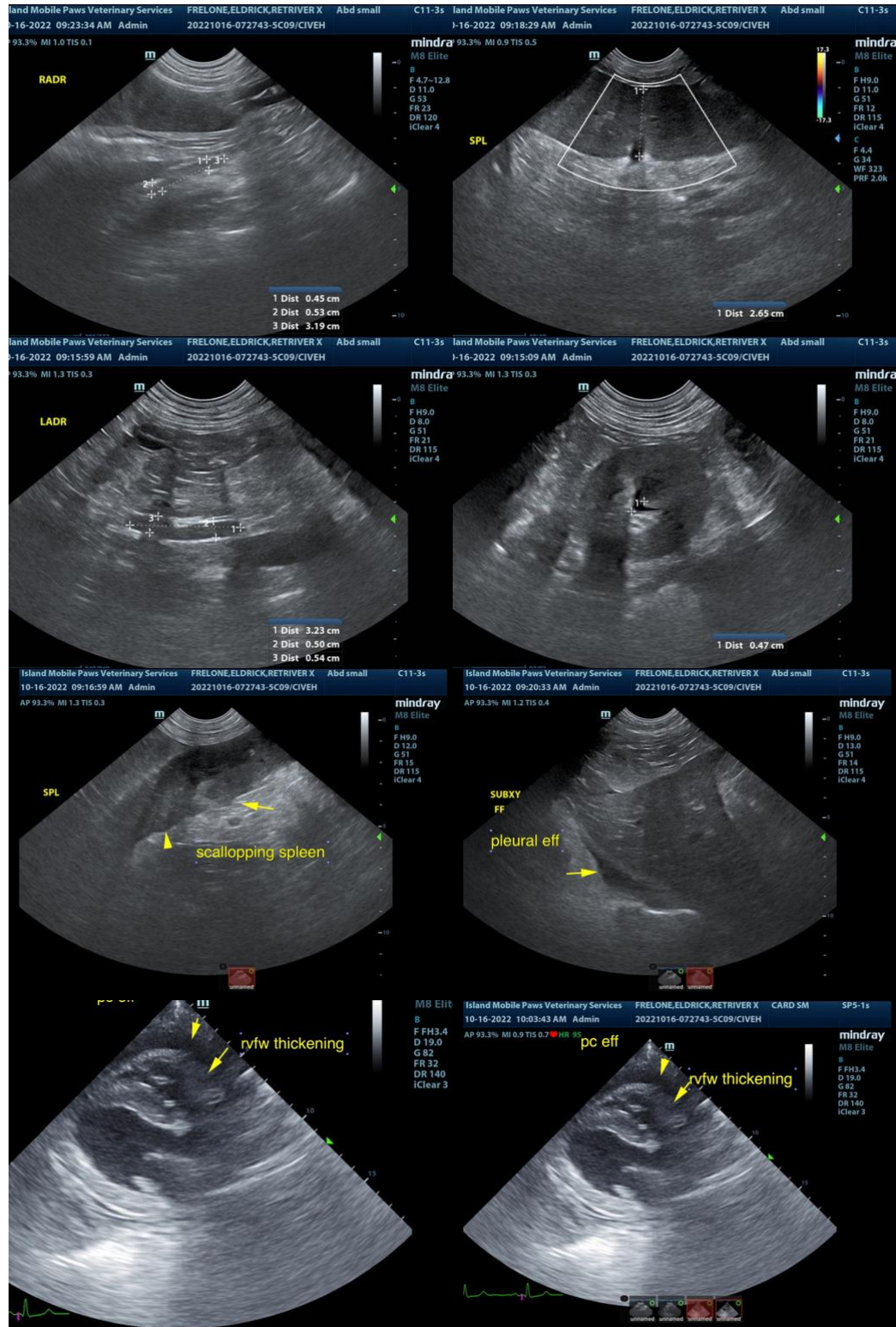
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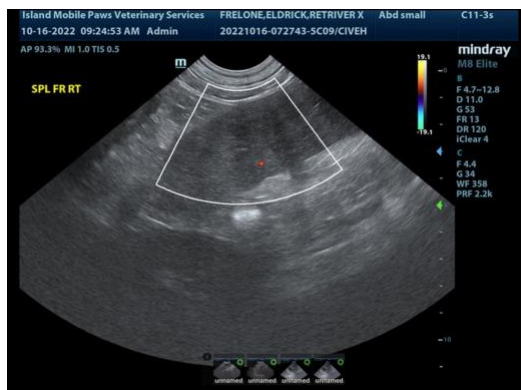
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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