



PATIENT

Jazz Schmitt

SPECIES

Canine

BREED

Coonhound

SEX

Spayed Female

AGE

10 years

WEIGHT

33.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

92449

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Started approx 1 mo ago with not eating well, vomiting, losing weight. Took to ER 10/9/21 tx with outpatient meds and rec AUS if no improvement. Still NE well but no more vomiting. Licking a lot. Previous Health Concerns: Hypothyroid Current Medications: Sucralfate, Mirtazapine, Thyroid med, Pepcid Appetite/When did they eat last: last night Abdominal: tender caudally Blood work- CBC- stress leukogram Pre-surg- BUN 6.3(L) EPOC- lactate (3.79)(H) BUN 6 (L) pH 7.357(L) Radiographs showed a thickened stomach wall, but no obvious masses/fluid, etc.

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 left kidney measured 7.67 cm. The right kidney measured 7.29 cm.

Adrenal Glands

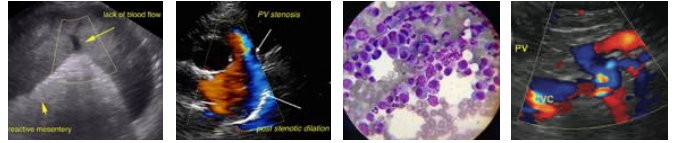
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.8 x 0.85 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with scalloping contour. Hypoechoic nodule was noted and measured 1.0 cm with capsular expansion and disrupted architecture. Enhanced mesentery was noted around the spleen with localized free fluid.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation.

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Gastrointestinal

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The stomach in this patient presented concentric wall thickening with loss of detail measuring up to 1.5 cm.

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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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Free Abdomen

Regional lymph nodes were enlarged.

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ULTRASONOGRAPHIC FINDINGS

Splenic enlargement with reactive mesentery and mesenteric lymphadenopathy.

Gastric thickening.

Mild, heterogenous hepatic changes.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen, liver and accessible lymph nodes are recommended. There is a strong concern for round cell neoplasia/lymphoma. The prognosis is guarded. Gastrointestinal protectants would be warranted. Gastric biopsies would be ideal, but would necessitate endoscopy or full thickness biopsies as FNA will not likely exfoliate adequately in this presentation.

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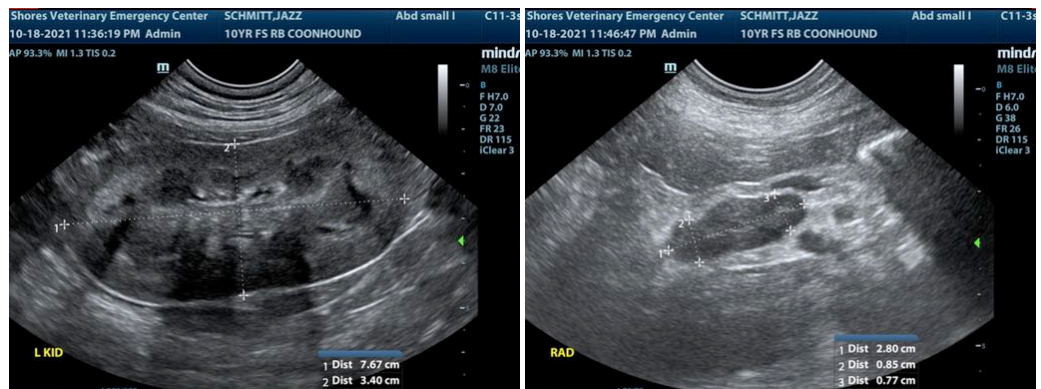
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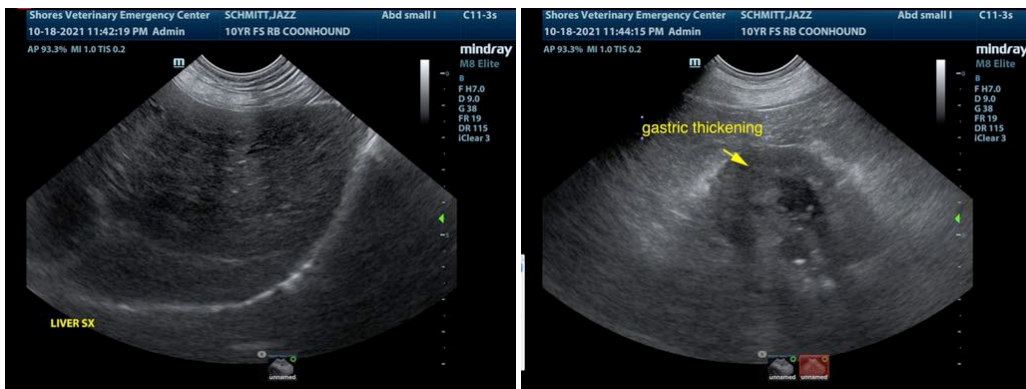
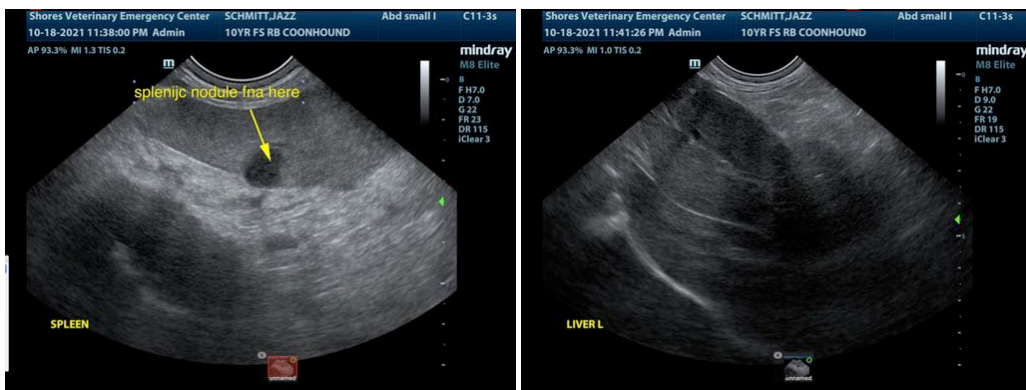
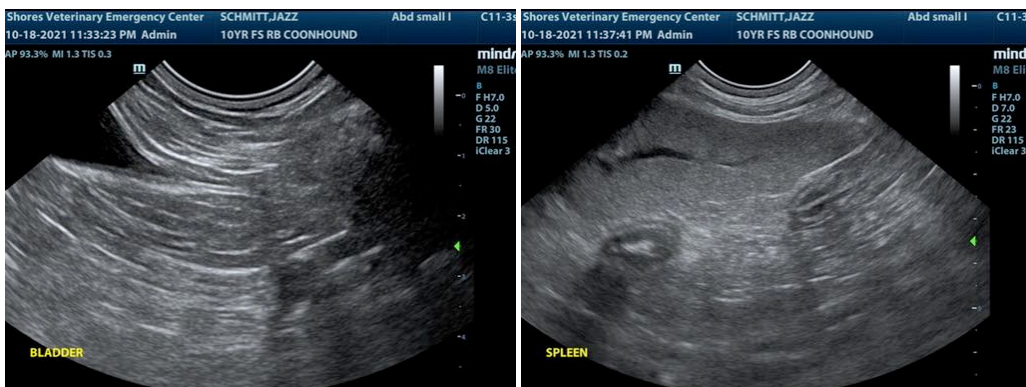
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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