



PATIENT

Abbi Bryant

SPECIES

Canine

BREED

GSD

SEX

Intact Female

AGE

7 Years

WEIGHT

33.6 kg

INTERPRETED BY

Eric Lindquist, DMores
VECV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

13462

DATE

10/2/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for transferring from Dillsburg for foreign body. P was seen at rDVM for not acting herself and being sluggish. Noticed about a week and a half ago. They also ran out of Thyro-tabs around the same time. RDVM did radiographs where they found multiple mineralized objects in stomach and a few pieces in part of colon/feces. RDVM more concerned of pale gums and lethargy and suspects a toxicity. Current Medications: Thyro-tabs (ran-out about a week ago) Appetite/When did they eat last: Decreased appetite; ate a few milk-bones today and slices of lunch turkey

Abnormal PE/Chem/CBC/UA Results: MM/crt pale Rdm Rads: 3-4 mineralized objects in the stomach and a few places in part of colon/feces; appears to be rock-like. No obstructive pattern. Rdm Bloodwork: GLOB 4.5; ALT 551; AST 117; ALP 986; GGT 32; WBC 19.28; NEU 16.89; LYM 0.38; NEU% 87.6; LYM% 1.9; RBC 4.38; HGB 8.5; HCT 25.5; MCV 58.2; MCH 19.5; PLT 135

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 2.0 cm beyond the cystourethral junction.

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 left kidney measured 7.7 cm. The right kidney measured 8.3 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was enlarged, irregular, heterogeneous, and nodular with swollen contour. Enhanced surrounding mesentery was noted.

Liver

The **liver** was enlarged, irregular and nodular with enhanced surrounding mesentery. Increased portal markings were noted. The gallbladder was mildly over distended with minor suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Slight areas of free fluid noted.

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



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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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ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenohepatic patterns

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia suspected, hemangiosarcoma less likely. Prognosis is guarded to poor depending upon responsiveness to chemotherapy. Splenic torsion is a possibility, however, would not explain the hepatic pattern. Supportive care recommended. FNA of the spleen and liver strongly recommended for further definition.

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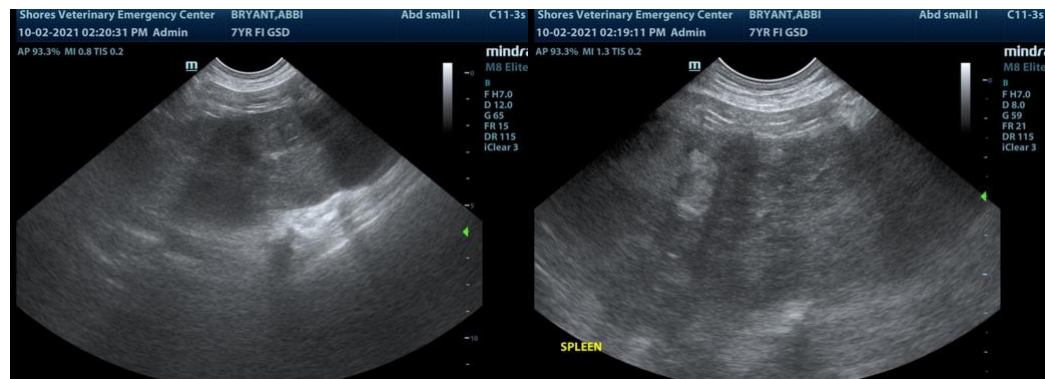


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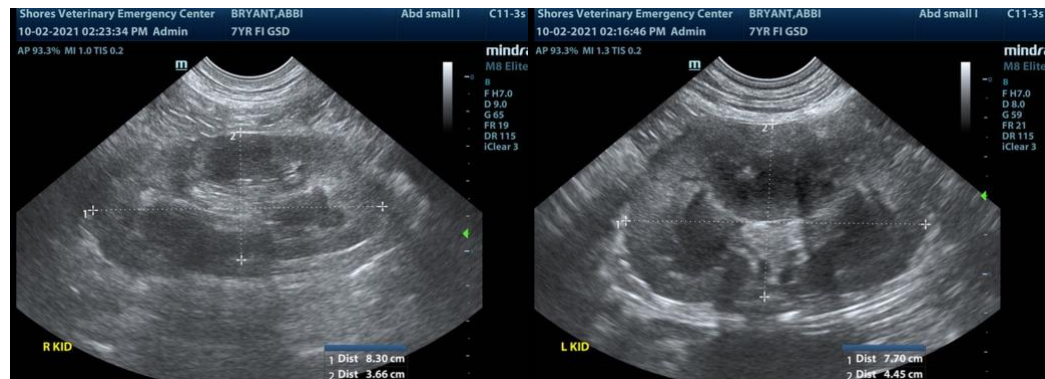


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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