

PATIENT PRESENTING CLINICAL SIGNS

Kozmo Lane Decreased Appetite x3 for weeks. Not eating this past week; weight loss ALT 139 "10/4", currently 347 10/20. Trace Glucosuria on senior exam and dilute urine SG 1.019

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Labrador Retriever X

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 residual prostate was uniform at 0.84 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX

Neutered Male

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 5.41 cm.

AGE

7 Years

Adrenal Glands

WEIGHT

20 kg

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 0.62 cm at the caudal pole and 0.48 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

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.

IMAGING BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Wignall AH

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. Dependent gallbladder debris noted.

REFERRING VET

Dr. Leigh DeMarco

Gastrointestinal

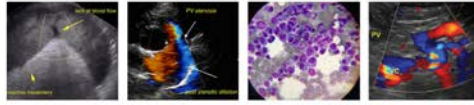
The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction. An enlarged, disruptive mesenteric lymph node was noted. Ultrasound guided FNA warranted. The lymph node measured approximately 3.0 cm x 2.0

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26538

DATE

10/21/21



PATIENT cm. Regional inflammation noted. A grouping of lymph nodes measured approximately 4.0 cm x 3.0 cm in the mesenteric root.

Kozmo Lane

Pancreas

SPECIES 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.

Canine

BREED

ULTRASONOGRAPHIC FINDINGS

Labrador Retriever X

- Gastroenteritis pattern with mesenteric lymphadenopathy

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Aggressive lymphadenitis versus round cell neoplasia/lymphoma. No other organs appear to be overtly involved.

AGE

7 Years

WEIGHT

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IMAGING BY

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HOSPITAL NAME

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REFERRING VET

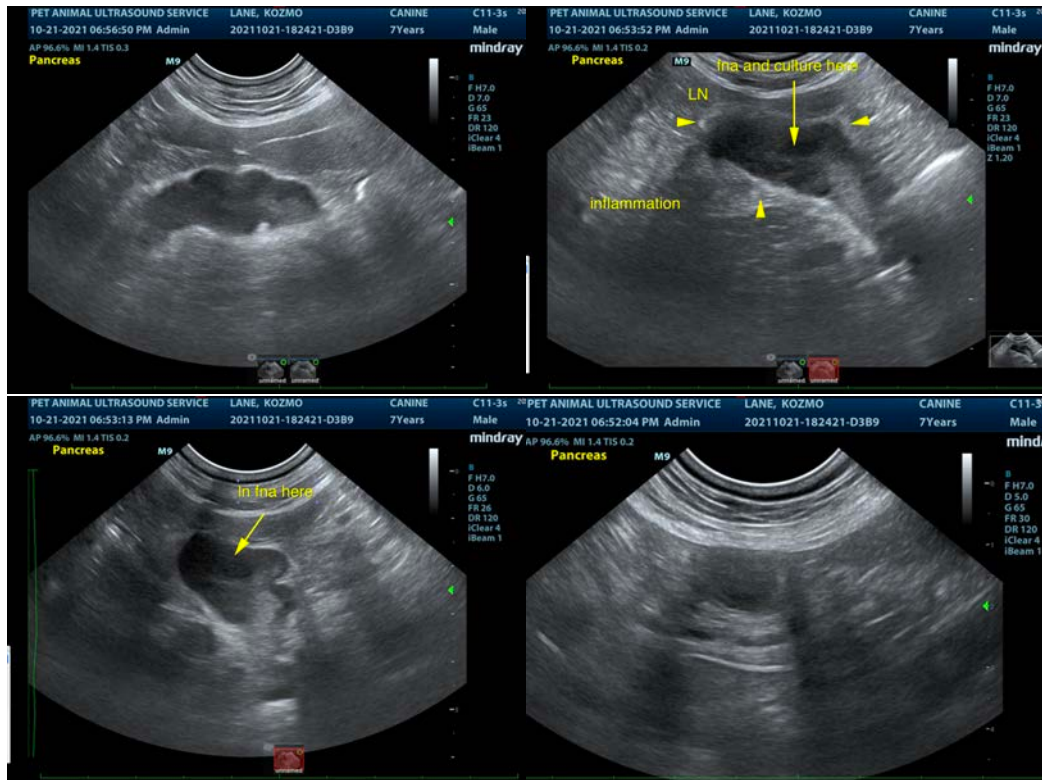
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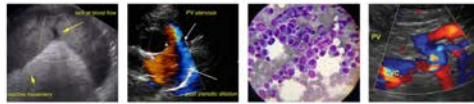
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 Kozmo Lane

SPECIES
 Canine

BREED
 Labrador Retriever X

SEX
 Neutered Male

AGE
 7 Years

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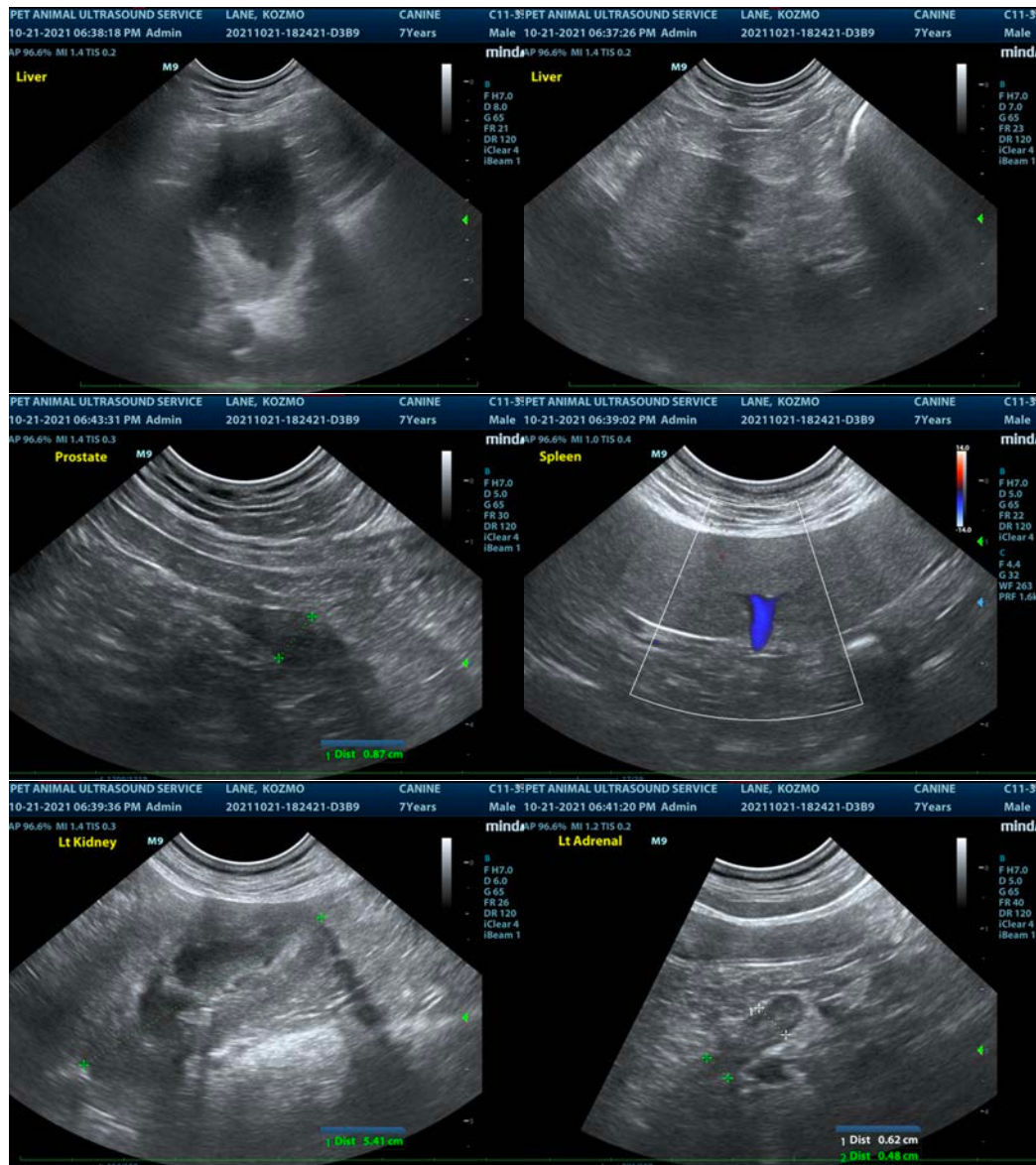
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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