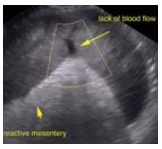

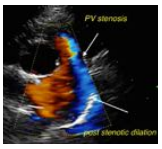

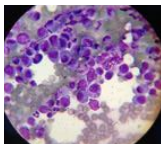
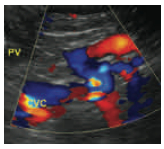

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1-800-838-4268 info@sonopath.com

PATIENT

Snickers Smeltz

SPECIES

Canine

BREED

Cocker

SEX

Neutered male

AGE

4 years

WEIGHT

18.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Clinic

REFERRING VET

Dr. Slenbaker

INVOICE

92595

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for recheck: seen yesterday lethargic that day. Vomited at 1 am – 3-4 times. No known ingestions unless it was outdoors but unlikely. Last bloodwork early June of this year. Previous Health Concerns: IMHA 1.5 yrs. Steroid treatment. Relapsed and had blood transfusion 5/20 Current Medications: Prednisone 20 mg ¼ EOD, Azathioprine 50 mg ½ EOD 5/10/20. Denamarin 1 SID past year. Appetite/When did they eat last: appetite was good until 10/21
Abnormal PE/Chem/CBC/UA Results: CBC: Neu 14.5 H, lym 0.11 L, eos 0.01 L, neu 95.7% H, lym 0.7% L, eos 0% L, hgb 19.6 H Epoc: pO2 96.#% H, cSO2 97.9 H, pCO2 29.2 L, hct 60% H Rads: Loss of serosal detail mid abdomen, mass like effect just cranial to the bladder.

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 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 5.58 cm. The right kidney measured 5.78 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 0.6 cm.

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 was noted.

Liver

The **liver** was mildly swollen. Increased portal markings and lobar biliary mineralization was noted. Swollen, irregular contour was noted in the liver. Gallbladder sand was noted with echogenic gallbladder wall.

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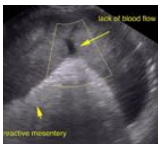
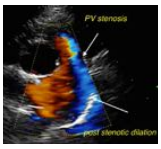
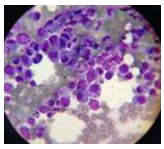
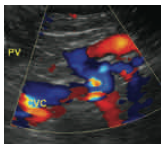

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Gastrointestinal

The reactive mesentery noted in the mid cranial abdomen obscured some visibility of structures. However, there was an overt mixed hypoechoic mass noted and appeared to be deriving from the small intestine. Multiple areas in the midabdomen associated with the small intestine.

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.

Free Abdomen

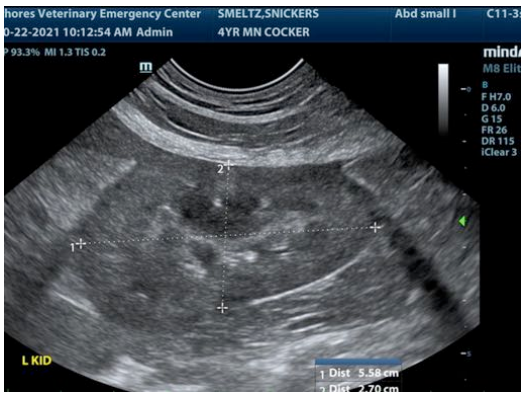
Slight areas of free fluid were noted in the abdomen. Reactive mesentery was noted in the cranial abdomen.

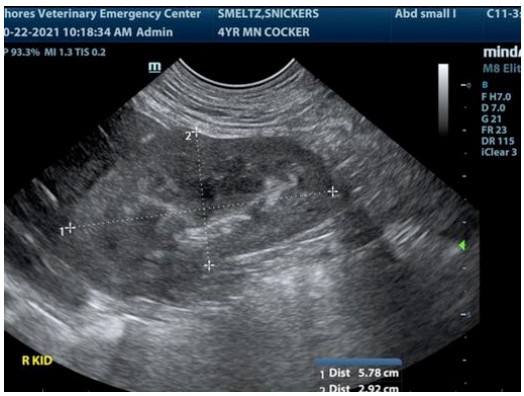
ULTRASONOGRAPHIC FINDINGS

Multi-focal, intestinal neoplasia possibly involving the liver with regional peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prednisone is likely partially suppressing a more aggressive presentation. The prognosis is poor long term. FNA of the intestinal mass and liver could be considered for further definition. This is likely intestinal lymphoma.





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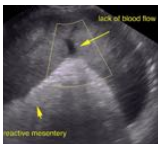
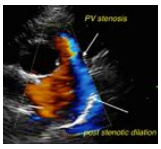
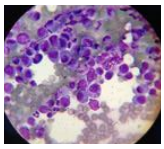
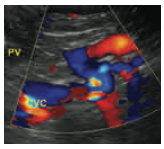

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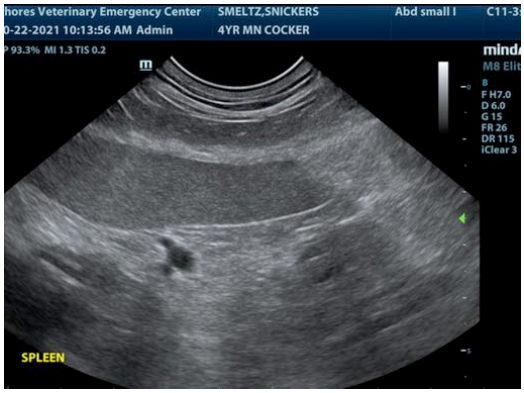

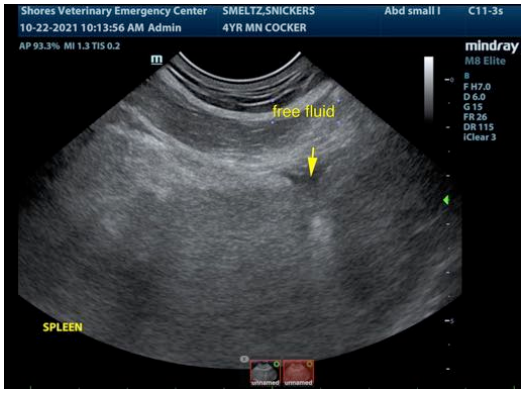

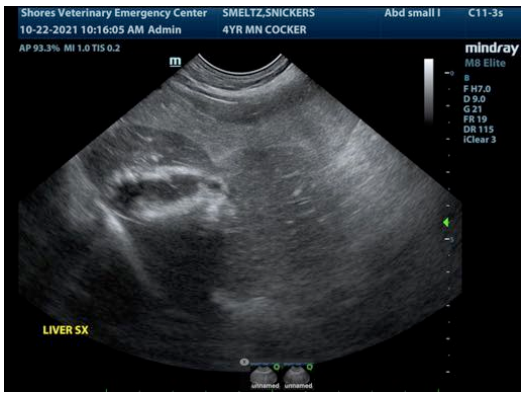

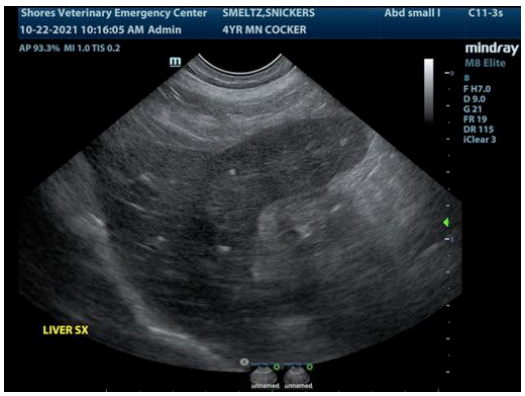

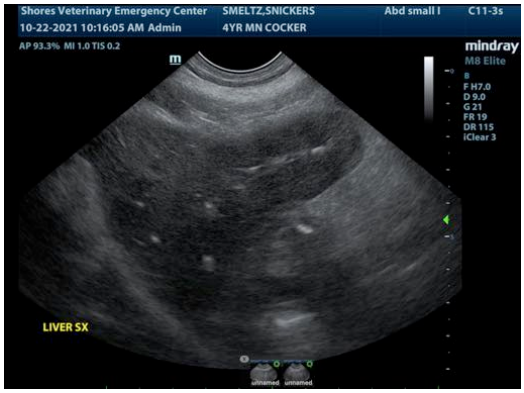

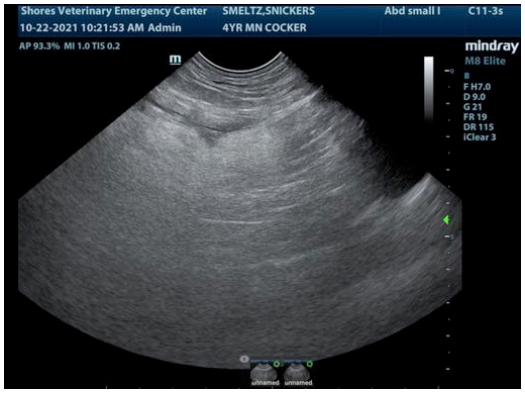

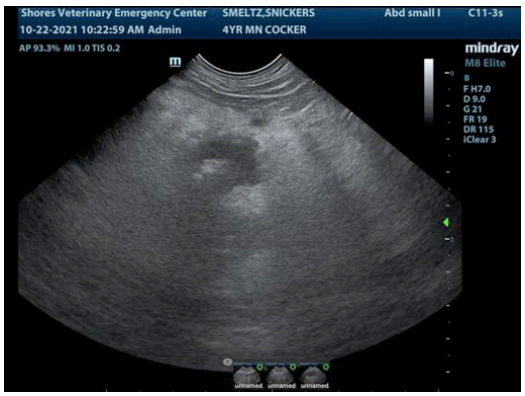

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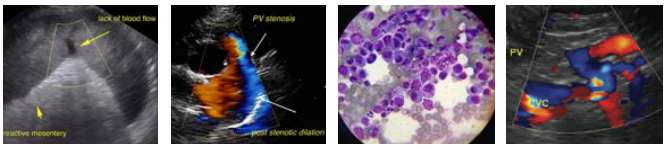

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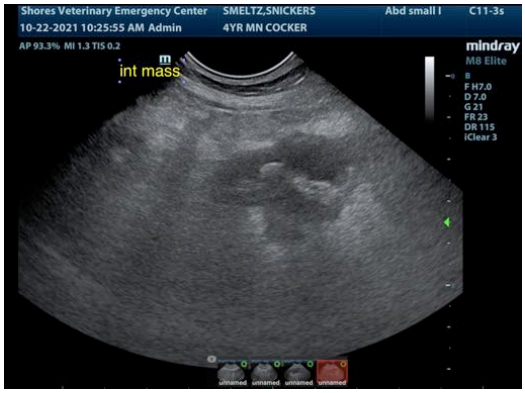

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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