



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Thor Sandler  
**SPECIES**  
Canine  
**AGE**  
1 Year  
**WEIGHT**  
50 Pounds

Presented ADR on 10/21/21 for vomiting and decreased appetite. Vomiting several times a week x 4 months. Worsened recently. Wt loss of 1.5lbs. Originally from N. Carolina as a 2 month old puppy. FNA of liver and cytopsin of abdominal free fluid.  
Abnormal PE/Chem/CBC/UA Results: ALP 463, ALT 1,121, GGT 20, T. Bili 0.9, Bile Acids 50. RADS (chest, done after US): clear, NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mixed

**SEX**

Male

**AGE**

1 Year

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 **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 right kidney measured 5.68 cm. The left kidney measured 7.05 cm.

**Adrenal Glands**

**WEIGHT**

50 Pounds

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 1.41 cm at the cranial pole and 0.85 cm at the caudal pole. The left adrenal gland measured 0.55 cm at the caudal pole and 0.47 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented minor non-disruptive, coalescing micronodular changes, yet no macronodular changes noted in the spleen.

**IMAGING PERFORMED BY**

Dr. Ebersole

**Liver**

The **liver** in this patient presented multifocal hypoechoic nodular changes. Ultrasound guided FNA performed without complication. A significant amount of free fluid noted around the liver. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

**HOSPITAL NAME**

Scanvet

**Gastrointestinal**

**REFERRING VET**

Dr. Drummond

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.

**INVOICE**

26618

**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.

**DATE**

10/25/21



**PATIENT**

**Free Abdomen**

Thor Sandler

Free fluid noted in the abdomen.

**SPECIES**

Canine

- Diffuse aggressive, disruptive macronodular hepatic changes with secondary free fluid – strong concern for round cell neoplasia or other aggressive neoplastic event with secondary paraneoplastic effusion owing to lymphatic obstruction.

**BREED**

Mixed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Effusion may be owing to portal hypertension as well. Round cell neoplasia, suppurative lesions, fungal disease all possible yet less likely. Prognosis is extremely guarded to poor depending upon cytology results.

**SEX**

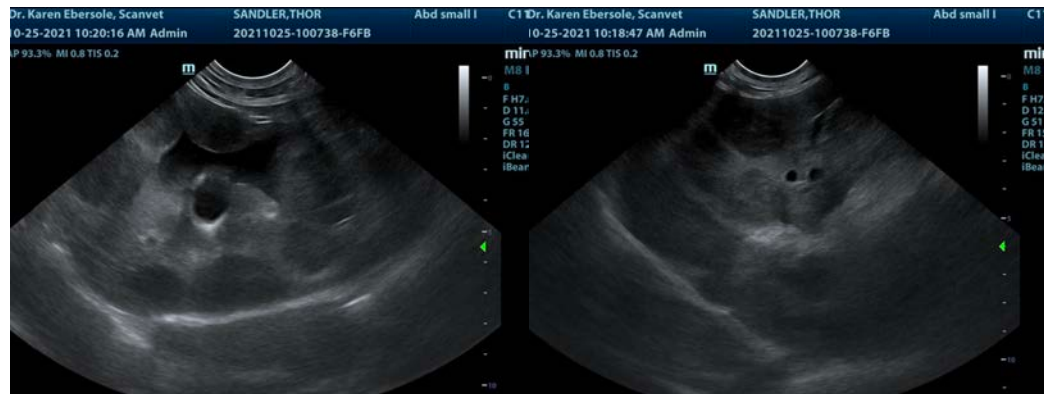
Male

**AGE**

1 Year

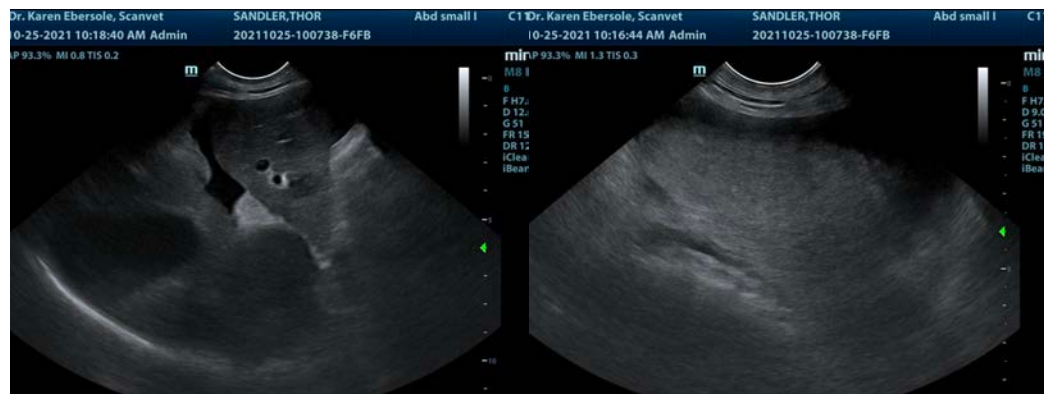
**WEIGHT**

50 Pounds



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

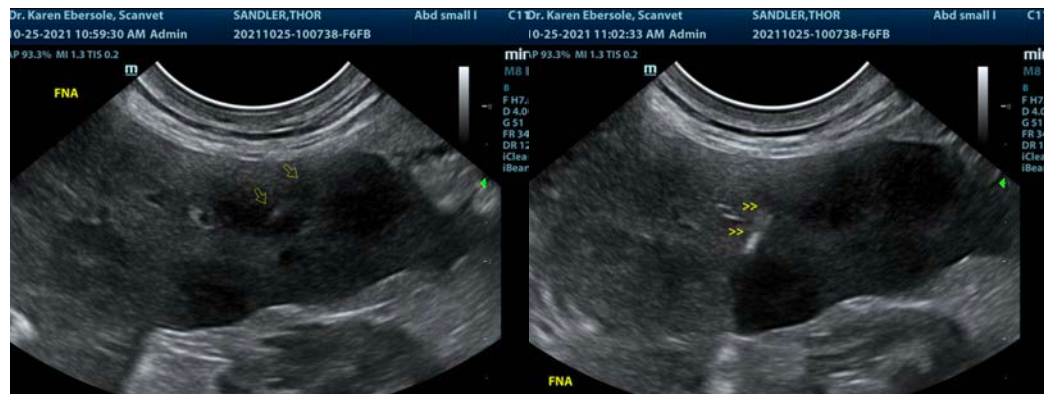
Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Drummond



**INVOICE**

26618

**DATE**

10/25/21



**PATIENT**

Thor Sandler

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Male

**AGE**

1 Year

**WEIGHT**

50 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

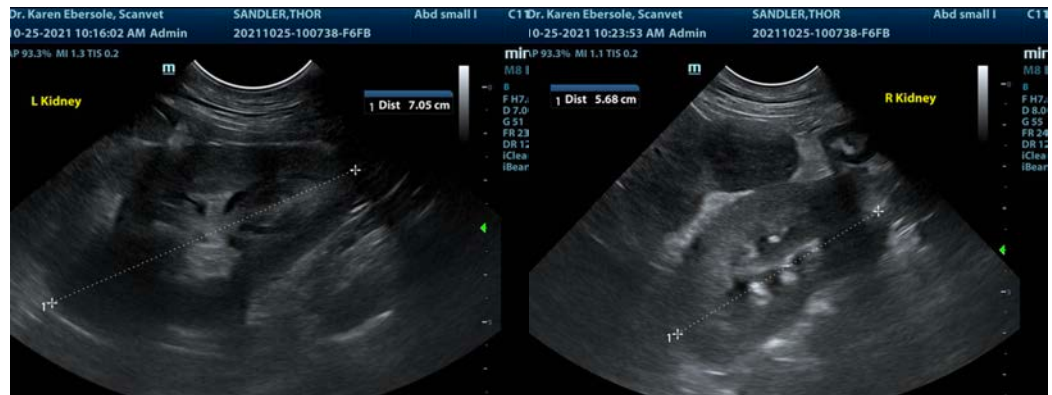
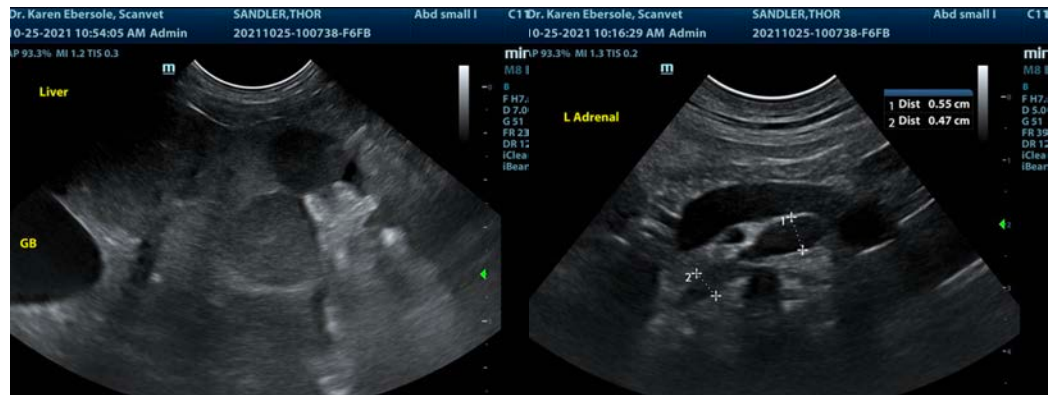
Dr. Drummond

**INVOICE**

26618

**DATE**

10/25/21



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](mailto:info@SonoPath.com)