

PATIENT PRESENTING CLINICAL SIGNS

Magic Lomba

History: Presented for mild hemorrhagic colitis 7 days ago. Rimadyl was discontinued at that time. 5 days later presented for acute anorexia and jaundice. On leash in yard with limited outdoor exposure but leptospira pending.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Labs at visit 7 days ago -- ALT 231, rest normal. At presentation yesterday - T bili 11.4, ALT 995, ALP>2000, GGT 16

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Boxer

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.

SEX

Neutered male

AGE

9 years

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 7.74 cm. The right kidney measured 7.86 cm.

WEIGHT

90 lbs

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 left adrenal gland measured 1.76 x 0.57 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measured 2.41 x 0.78 cm at the cranial pole and 0.66 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Prescott

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

HOSPITAL NAME

Roundout Valley VA

REFERRING VET

Dr. Prescott

Liver

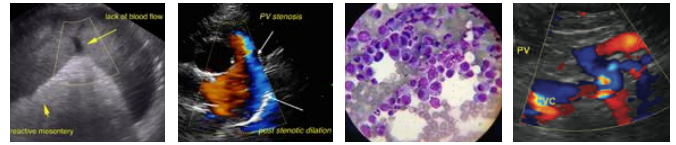
The **liver** was swollen and hypoechoic with irregular contour. Enhanced pericapsular fat was noted. The liver revealed increased portal markings. The gallbladder was unremarkable other than minor wall thickening and increased echotexture.

INVOICE

92666

DATE

10/26/21



PATIENT

Gastrointestinal

Magic Lomba

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.

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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.

SEX

Neutered male

Free Abdomen

Reactive mesentery was noted.

AGE

9 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

90 lbs

Strong concern for infiltrative hepatic disease, possibly splenic involvement. Otherwise, acute on chronic inflammatory hepatopathy. Cholangiohepatitis.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver are essential in this patient. Assessment for Leptospirosis and empirical treatment for Leptospirosis is warranted. However, I am strongly concerned for infiltrative hepatic disease/lymphoma or similar.

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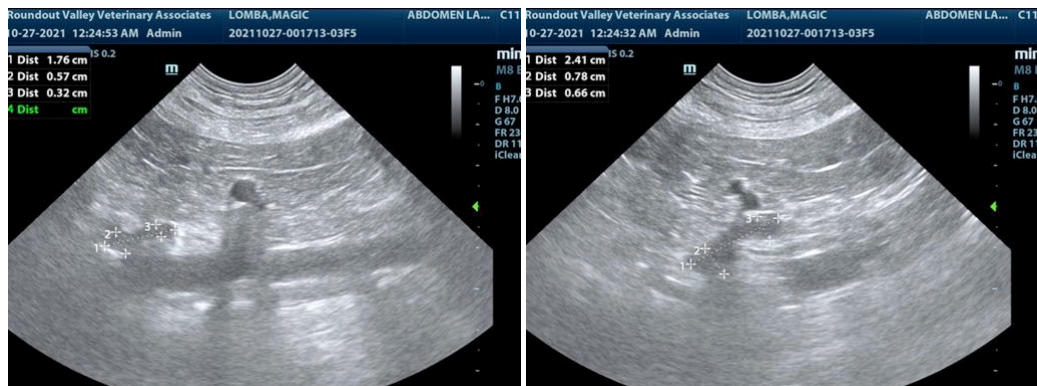
Dr. Prescott

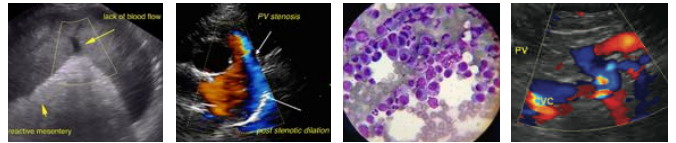
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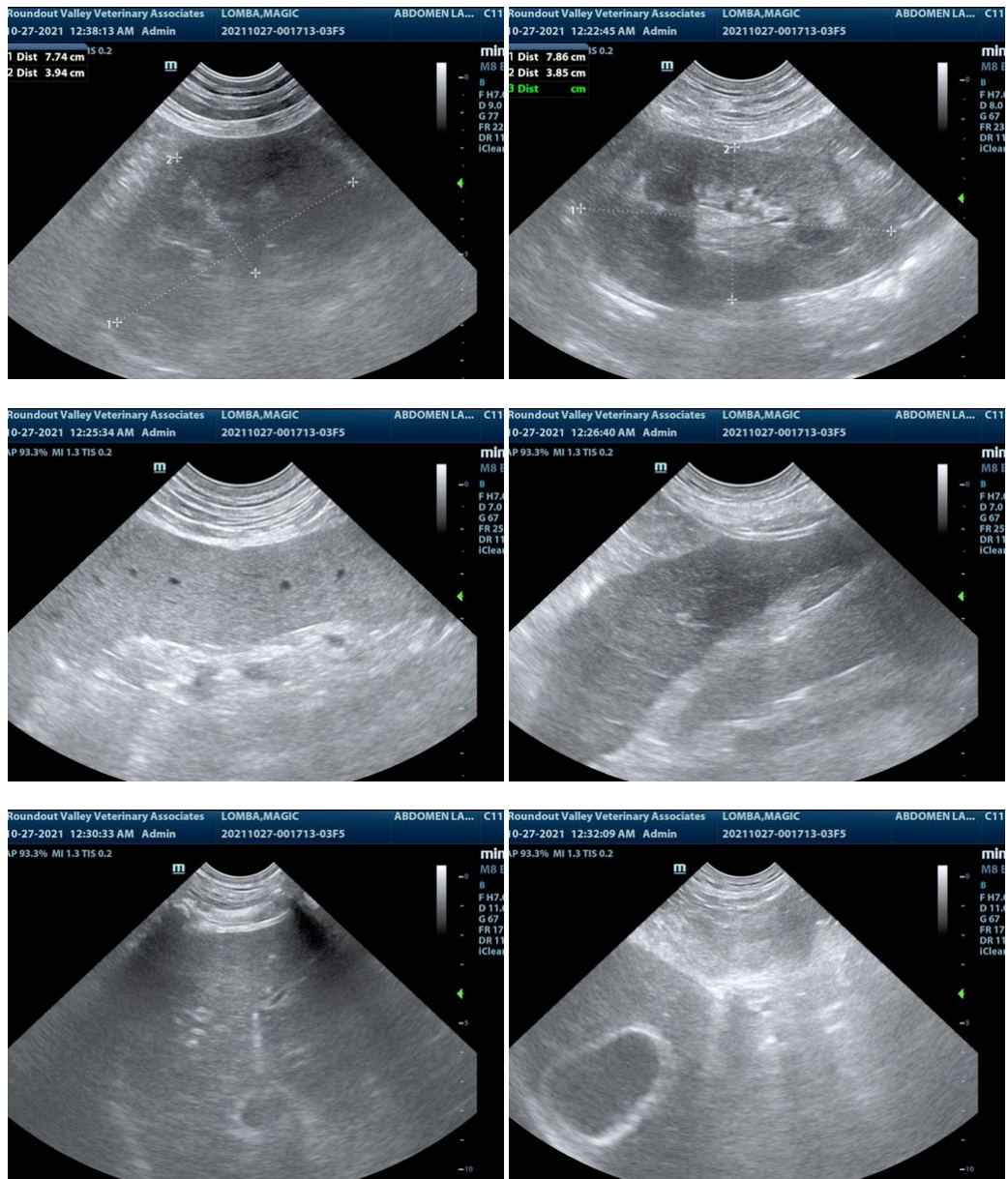
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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