



PATIENT

Oscar Thorstraten

SPECIES

Canine

BREED

Australian Shepheard

SEX

Neutered male

AGE

12 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Bray

INVOICE

42183

DATE

10/27/22

PRESENTING CLINICAL SIGNS

History: P seen and treated at ER on 10/18/2022 for acute vomiting/elevated liver values and abnormal cPL. On radiographs they believed he had an abdominal mass. US at that point showed: "Abnormal small intestinal segment within the right cranial abdomen may represent neoplasia or an ulcer. Scant anechoic peritoneal effusion. Insufficient amount to sample without sedation." P was sedated and the area was sampled: septic suppurative inflammation, culture was indicated but not performed. P wasn't put on antibiotics, just Cerenia, gabapentin, sucralfate
Abnormal PE/Chem/CBC/UA Results: P seen yesterday in our clinic. P is eating, doing great, off all meds. Sedated and scanned again to recheck. Labs showed a very mild neutrophilia, much improved and slightly increased ALP. P is slightly uncomfortable with abdominal palpation.

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 and right kidney measured 6.0 cm.

Adrenal Glands

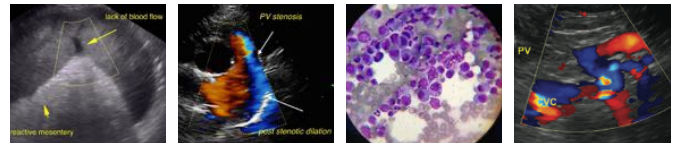
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.7 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland was not visualized.

Spleen

The **spleen** revealed subtle micronodular changes, yet was folded upon itself cranially. Minor enhanced mesentery was noted. FNA of the spleen is warranted to ensure a benign reactive state or splenitis as opposed to emerging round cell neoplasia.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The **gastrointestinal tract** revealed variable thickening with irregular jejunum and reactive mesentery. The jejunal thickening measured approximately 3.0 cm in length x 1.5 cm in width. There was loss of mural detail.

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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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Free Abdomen

Cranial abdominal lymph node is enlarged and measured 2.5 x 1.0 cm with reactive mesentery.

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ULTRASONOGRAPHIC FINDINGS

Early infiltrative splenic pattern.

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Mid abdominal lymphadenopathy and irregularly thickened intestine.

Multi-focal, round cell neoplasia is suspected.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver and mesenteric lymph nodes are all indicated. The prognosis is guarded. Chest radiographs are warranted to assess for comorbidities.

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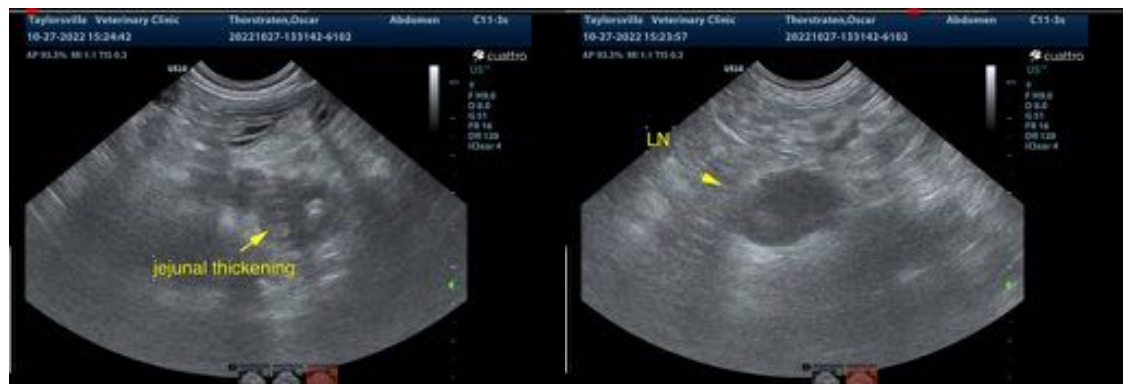
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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