



**PATIENT**

Maverick Krassner

**SPECIES**

Canine

**BREED**

Rottweiler Labrador  
Mix

**SEX**

Male

**AGE**

6 years

**WEIGHT**

77 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Abdul-Chani

**INVOICE**

42187

**DATE**

10/28/22

**PRESENTING CLINICAL SIGNS**

History: Possible Abdominal mass, elevated WBC's, X-Rays = Interstitial lung pattern; soft tissue mass in Abd. Current Meds: Ceftiofur & Enrofloxacin  
Abnormal PE/Chem/CBC/UA Results: ALP = 678 , Bili = 3.1 , WBC = 64.2 , Neutrophils = 46,224  
Mono = 13,482

**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 right kidney measured 9.06 cm. The left kidney measured 8.65 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 left adrenal gland measured 3.04 x 0.56 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 2.63 x 0.94 cm at the caudal pole and 0.52 cm at the cranial pole.

**Spleen**

The **spleen** was enlarged, irregular and micronodular. Swollen, irregular contour was noted. the spleen was folded upon itself with enhanced surrounding mesentery present. Areas of hypoechoic, nodular changes consistent with neoplastic change or necrosis. The splenic vein did not reveal any thrombosis.

**Liver**

The **liver** was swollen and irregular in contour. The liver, was swollen, and irregular in contour. There were localized areas of free fluid noted as well as subtle micronodular changes present. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. Hepatic lymph nodes are enlarged, rounded and measured up to 3.0 cm.



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**Gastrointestinal**

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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. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. A mesenteric lymph node mass was also noted. The largest lymph node measured up to 6.0 cm.

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**Pancreas**

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Regional inflammation extended to the **pancreas**, which was edematous, hypoechoic and irregular.

**SEX**

**Free Abdomen**

Male

The iliac lymph nodes are enlarged and irregular measuring up to 1.5 cm.

**AGE**

6 years

**ULTRASONOGRAPHIC FINDINGS**

Splenohepatic infiltrative disease with regional lymphadenopathy and inflammation.

**WEIGHT**

77 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen, liver and mesenteric lymph node mass followed by immediate chemotherapeutic intervention is recommended. This is an aggressive presentation. Supportive care, pain management and immediate chemotherapeutic intervention is recommended based on cytology results.

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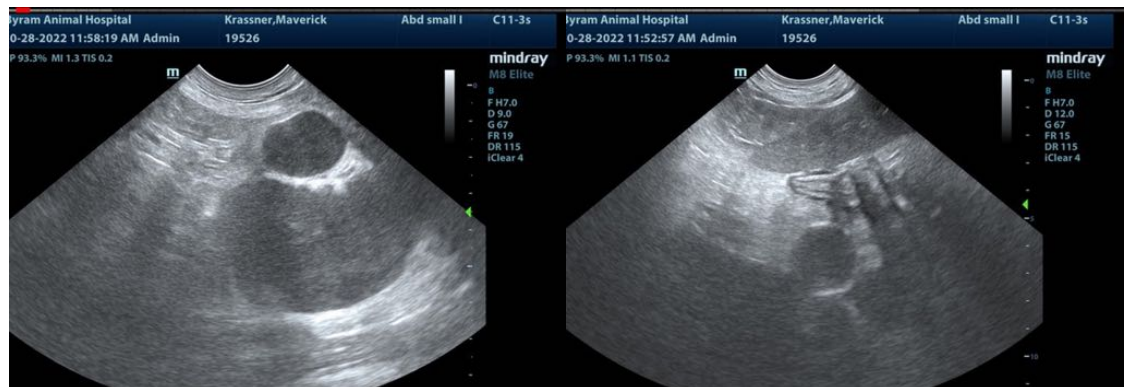
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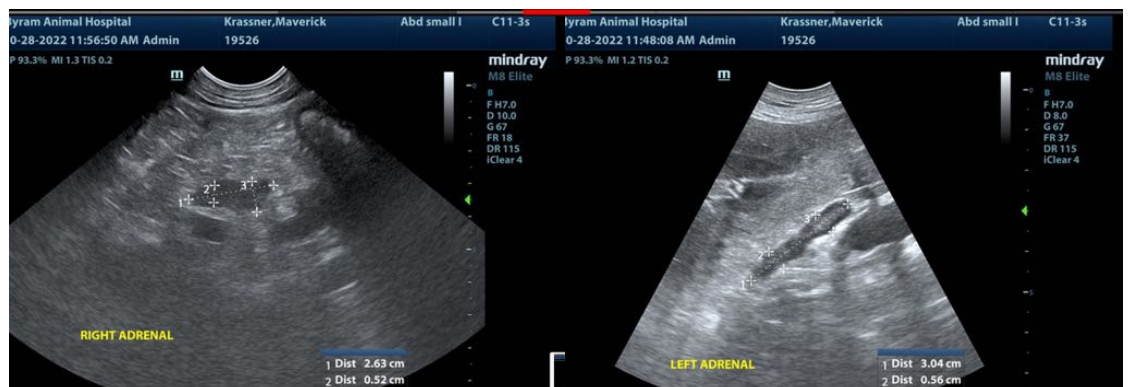
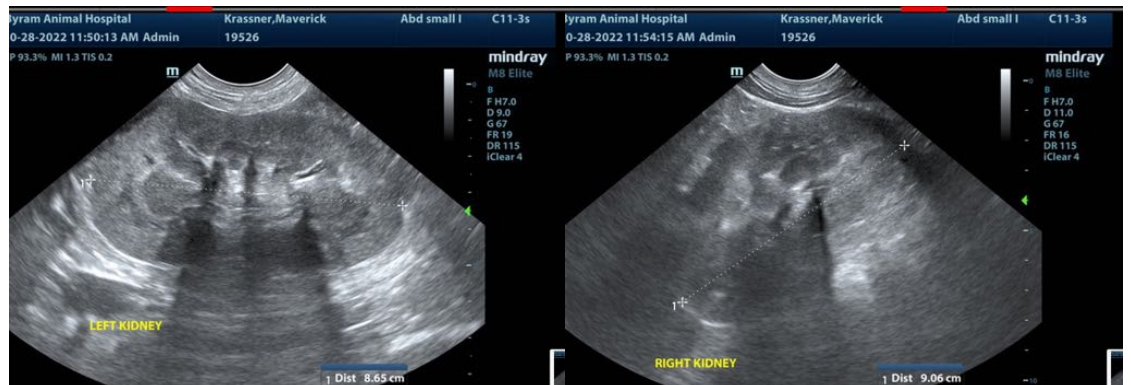
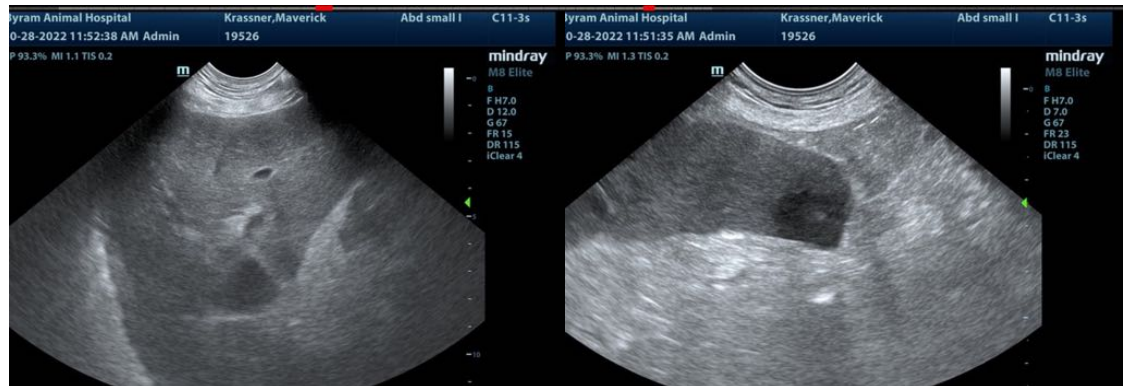
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com