



**PATIENT**

Theo Norman

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

17 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Schneck

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Schneck

**INVOICE**

42173

**DATE**

10/28/22

**PRESENTING CLINICAL SIGNS**

History: Sunday pt had dark stool, behavior was normal. Today pt ate normal in the morning. at 11am- pt was lethargic, moving slow, white gums. \_ JH 10-11am lethargic. 3-4pm was at Bush. Hct 14-15%. Platelets 16. Progressively worse since on the way to Bush. At Bush not walking.  
Abnormal PE/Chem/CBC/UA Results: PCV/TS: 16% and 5 g/dL CBC: severe regenerative anemia (364 retic /uL) Hct 14.7%, leukocytosis (23.8) with neutrophilia (13.8), platelets 21 K/uL Tachypnea with increased RR/RE Mild tense abdomen NSR, NMA, mm white to slight jaundiced, crt 2-3s, Thready pulse,

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** revealed multiple, expansive, irregular nodular changes with disrupted architecture.

**Liver**

The **liver** revealed multi-focal, hypoechoic nodular changes with disrupted architecture. The largest of which measured 2.0 cm at the right medial liver. An overt 5.6 cm parenchymal hepatic mass was noted with areas of cavitation. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** revealed anechoic stasis. The small intestine and colon were unremarkable. Regional lymph nodes were also enlarged and measured up to 3.0 x 2.0 cm.



**PATIENT**

**Pancreas**

Theo Norman

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SPECIES**

Canine

**BREED**

**Free Abdomen**

Australian Shepherd

No free fluid was noted.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Multi-centric neoplasia, spleen, liver and regional lymph nodes.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen, liver and CBC path review as well as bone marrow aspirate are all recommended in this patient. However, the prognosis is guarded to poor depending upon cytology results. Blood transfusion is also indicated if not already performed. Chest radiographs are recommended to assess for comorbidities.

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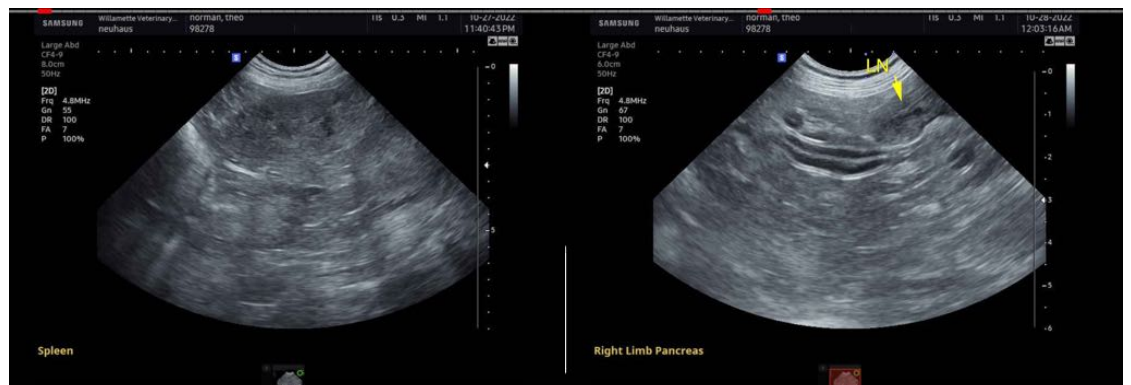
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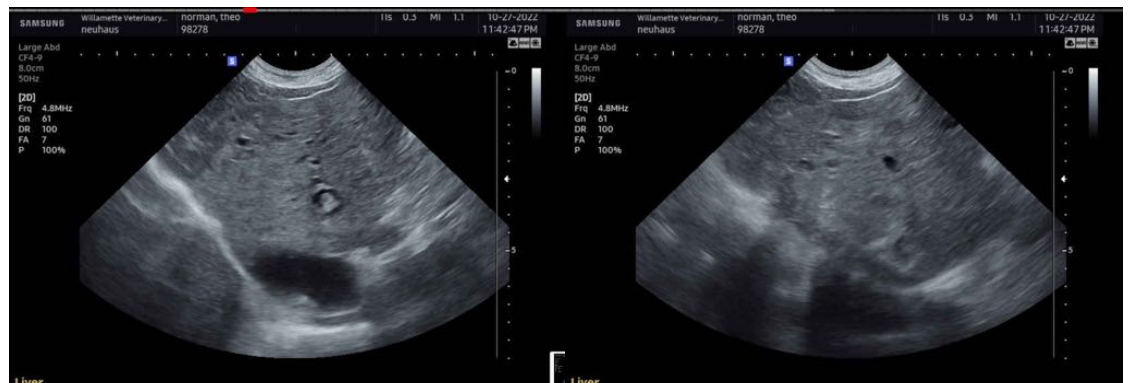
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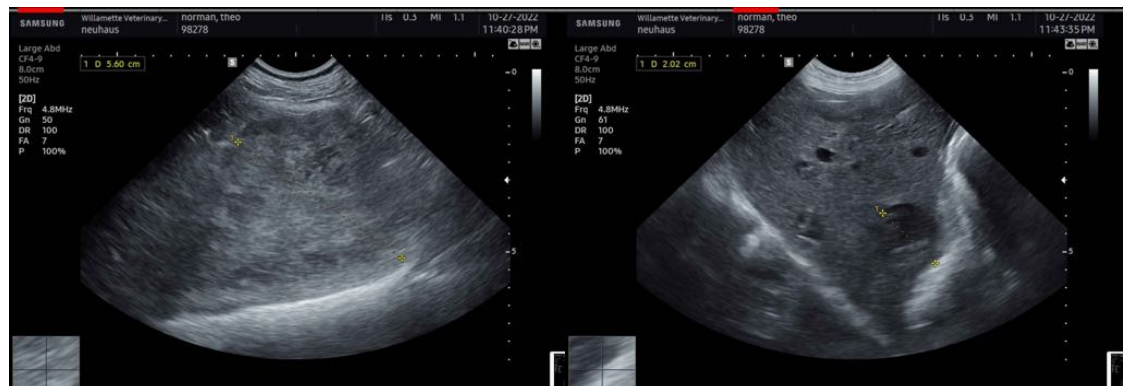
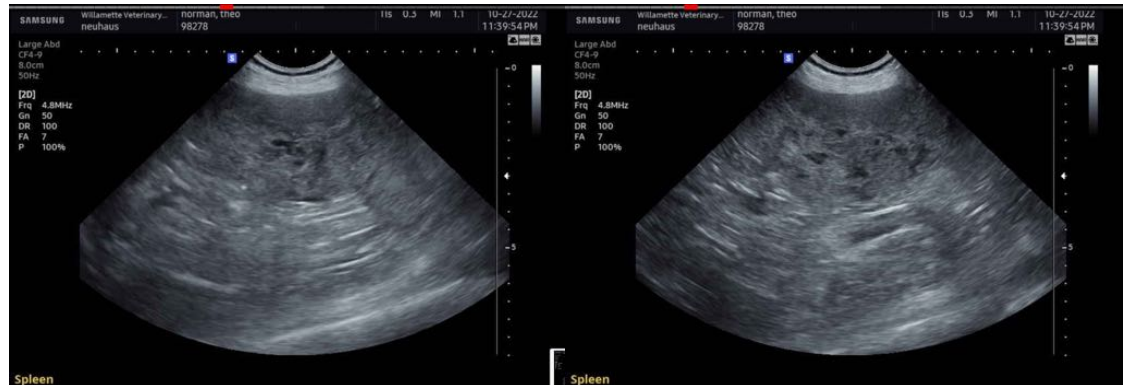
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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