



PATIENT

Annie Winslow

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

16.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

17546

DATE

10/3/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating, and diarrhea. Tuesday P began not eating, diarrhea, and red + swollen skin and ears. O took to RDVM on Thursday and sent with oral medications that O has not been giving. O says they are unable to medicate at home. O last saw P have a bowel movement on Saturday. O is giving pan cooked chicken at home and normal adult dry dog food. At home O thinks P's breathing is abnormal and is also whining. Previous Health Concerns: fatty liver Current Medications: Denamarin, cephalixin, Atarax, metronidazole – O not giving these meds currently, + Zymox Appetite/When did they eat last: NE/Tuesday 9/27/22

Abnormal PE/Chem/CBC/UA Results: Respiratory: mild increase BV sounds Abdominal: full/tender; no deep palpation due to size rads- extensive lumbar vertebral spondylosis; left hip dysplasia noted in part of coxofemoral joint visible; hepatomegaly; fluid filled bowel; no obvious fb/ obstruction; cardiomegaly concerns CBC- neutrophilic leukocytosis (17.2k/ 12.5k) ; moderate anemia(Hct 21.7 RBC 2.88 Hgb 8.0) thrombocytopenia(35k) Chem- IP 5.5(H) ALP >993(H) ALT 210(H) GGt 20(H) EPOC- BUN 35(H) Hct 21.7(L)

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 were noted. Ureteral papillae were normal.

The **left kidney** presented hyperechoic cortical thinning and loss of corticomedullary definition. The left kidney was subnormal in size. The left kidney measured 3.92 cm. This change is consistent with significant degenerative disease with possible underlying infection, depending on urinalysis results. Cortical infarcts were also noted in the left kidney.

The **right kidney** 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. Mineralization was present in the right kidney. The right kidney measured 5.49 cm. Blood flow appeared to be significantly subnormal in regional portions of the right renal cortex.

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.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.



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Liver

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The **left liver** revealed a mixed echogenic mass with capsular expansion. The remainder of the liver appeared unremarkable and uniform. Mild inflammatory pattern was noted around the left liver mass, potentially at risk for torsion. The gallbladder and common bile duct were unremarkable.

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The **stomach** presented mild mucosal hypertrophy without loss of mural detail. Anechoic fluid filled lumen noted, most consistent with gastritis or non-specific GI upset. The small intestine and colon were unremarkable with normal uniform curvilinear patterns. No loss of mural detail and unremarkable. lumen.

SEX

Pancreas

Spayed Female

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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ULTRASONOGRAPHIC FINDINGS

WEIGHT

16.6 Pounds

- Left sided liver mass with regional inflammation, suspect carcinoma
- Moderate degenerative left renal changes/mild degenerative right renal changes
- Gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Surgical intervention with left liver lobectomy is recommended. Full urinary work up is warranted. There is minimal free fluid noted around the liver lobe, however, would not justify the complete anemia. Concurrent Evan's syndrome may be playing a role. If bilirubin is normal as reported, then bone marrow disease should be considered. CBC path review is indicated. Differentials for the left liver mass include hepatocellular carcinoma, necrosis or abscessation (less likely).

IMAGING PERFORMED BY

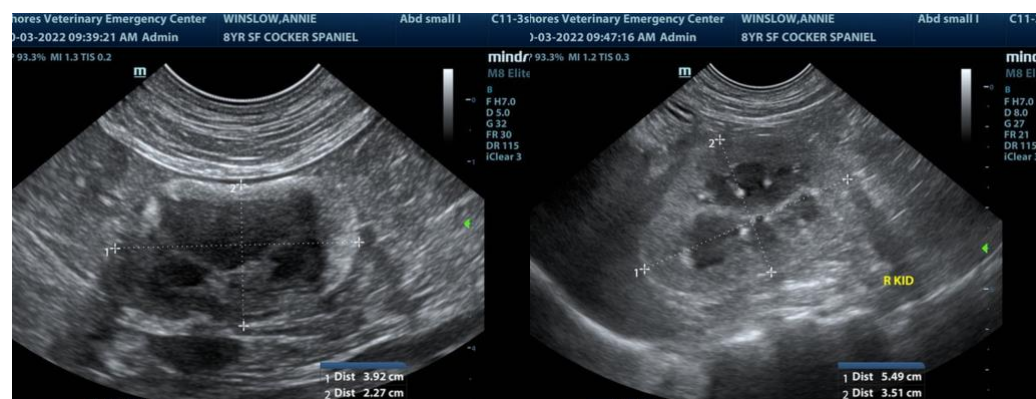
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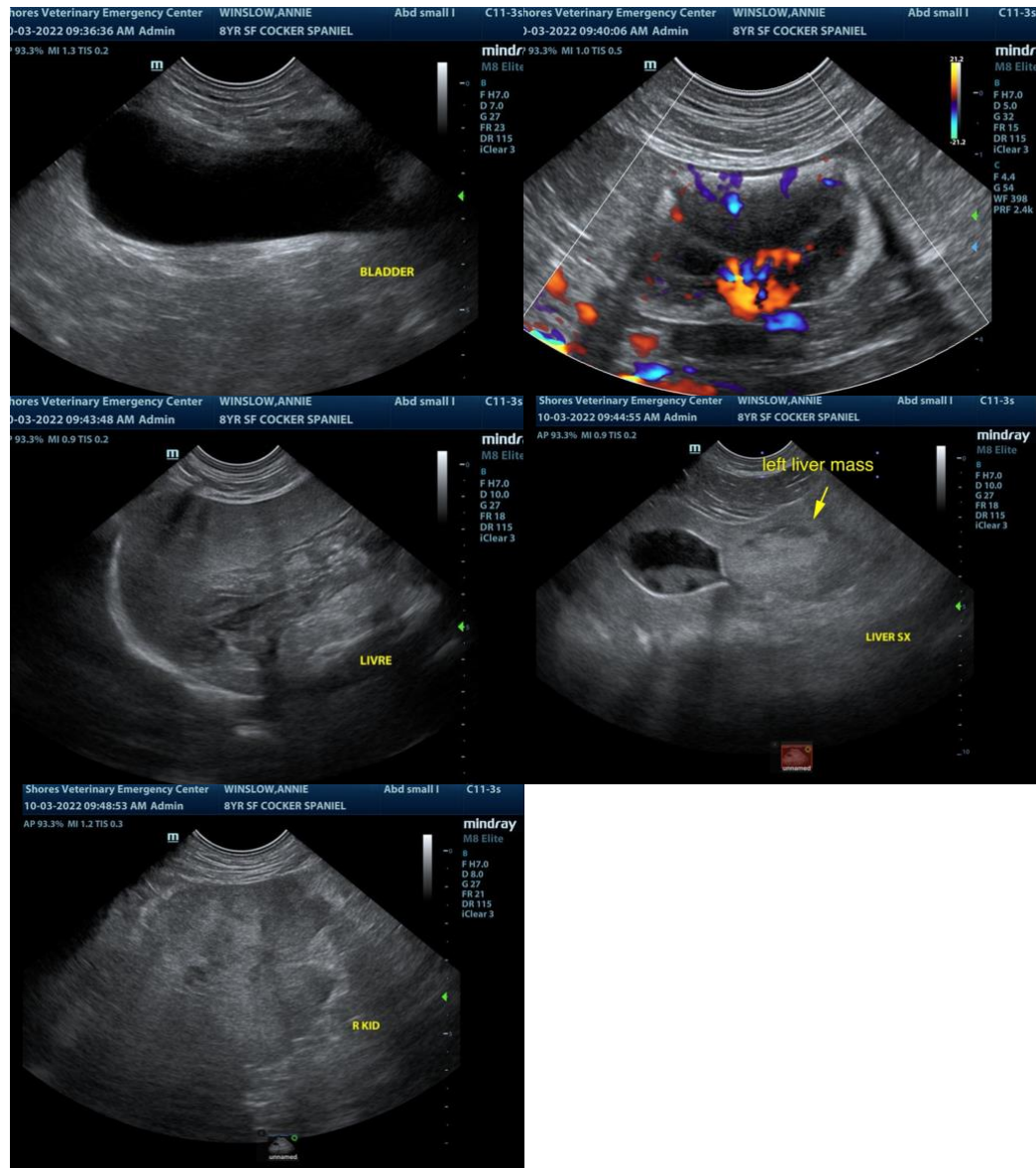
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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