



PATIENT

Agan Bella

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

17 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Bailey

INVOICE

17962

DATE

10/30/22

PRESENTING CLINICAL SIGNS

History: Patient presents for: 8/21 started vomiting and had decreased appetite. Seen at Maplewood and BBVSH. Did well initially on Clavamox but now vomiting again and decreased appetite. - Maplewood notes = Seen 9/6/22 for being unable to hold urine. USG 1.010, rod bacteria. Vaccinated for Rabies and DHLPP. Home on Proin. 18.5 KG. - BBVSH notes = Bloodwork/UA 10/18/22 showed anemia 28.7%, non-regenerative, T.P. 8.8, Glob 6.2, Alb 2.6, USG 1.016, suspected cocci. Started on Clavamox. Urine C&S WNL. History of: UTI? No known medical issues or sensitivities Medications: Course of Clavamox just finished for possible UTI on 10/18 -- did well but clinical signs returned 48 hours after discontinuing.

Abnormal PE/Chem/CBC/UA Results: O: QAR; very thin BCS 3/9. Wt = 15.2 kg, T = 105.5 F, P = 130 bpm, R = 36/min. MM's pale pink, tachy, CRT < 2 sec - Weight 9/6 = 18.5 kg; weight today = 15.2 kg - Bloodwork = Glob 5.2, Alb 2.6, TP 7.8, ALP 229, Cl 108, HCT 21%, appears to be regenerative, platelets 194,000

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 **kidneys** were swollen and enlarged. Loss of corticomedullary definition was noted. Granular mixed echogenic cortical appearance was noted with pyelectasia. Both left and right kidneys revealed similar presentation. The right kidney measured 7.6 cm. The left kidney measured 8.0 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 0.57 cm. The right adrenal gland measured 0.54 cm at the caudal pole and 0.8 cm at the cranial pole.

Spleen

The **spleen** was swollen, enlarged, irregular and heterogenous. Cranial folding of the spleen was noted. Enhanced mesentery was noted around the spleen.

Liver

The **liver** was enlarged with compressed vasculature. Hepatic lymphadenopathy was noted, the lymph nodes were rounded. Enhanced pericapsular inflammatory pattern was noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was thickened with some early loss of mural detail. The small intestine and colon were unremarkable.



PATIENT *Pancreas*

Agan Bella The extension of the regional mesenteric inflammation reached the **pancreas** with minor heterogenous changes.

SPECIES
Canine *Free Abdomen*

Multifocal iliac and sublumbal, as well as mid abdominal **lymph nodes** were enlarged, rounded and hypoechoic.

BREED
Mix **ULTRASONOGRAPHIC FINDINGS**

SEX

Spayed Female

- Multifocal infiltrative pattern in the spleen, kidneys, lymph nodes and liver. This is strongly suggestive for round cell neoplasia. Multifocal to systemic inflammatory presentation is possible yet less likely.
- Thickened stomach with early loss of mural detail
- Heterogenous pancreas

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, kidneys, lymph nodes and liver are all indicated.

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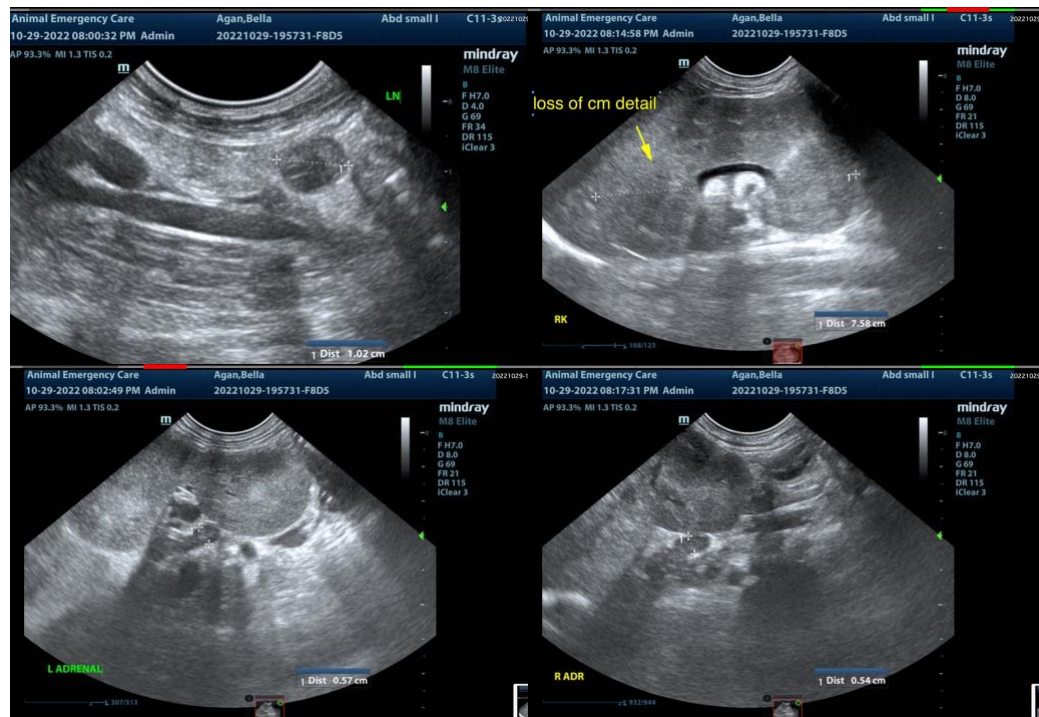
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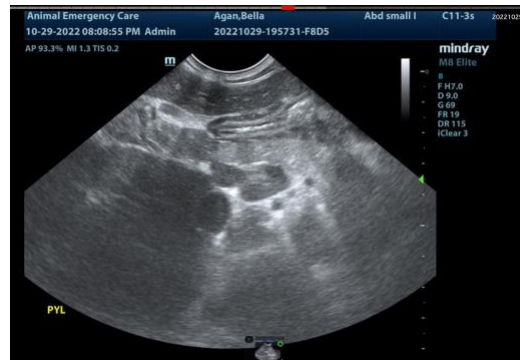
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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