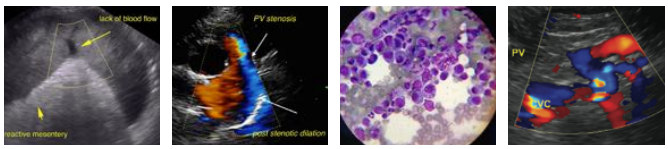
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Molly Odell

SPECIES
Canine

BREED
Retriever Cross

SEX
Spayed female

AGE
7 years

WEIGHT
33 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Biederbeck

HOSPITAL NAME
Lomsnes VH

REFERRING VET
Dr. Biederbeck

INVOICE
39964

DATE
10/6/22

PRESENTING CLINICAL SIGNS

History: vomiting and diarrhea (explosive) x 3 weeks slight lethargy, just not herself, bones protruding over hips/muscle wasting. weight loss 3kg over past 6 months, seems to be wasting away Abnormal PE/Chem/CBC/UA Results: chemistry: elevated: SDMA - 23ug/dL (0-14), rbc 9.03 M/uL (5.65-8.87), mpv 14.7fL (8.7-13.2) low: lymph 0.74K/uL (1.05-5.10) Remainder of cbc/chem normal USG 1.044, pH 6. ubg 8mg/dl, bil 3mg/dl, Sediment normal. Did have a UTI in July, was urinating blood but resolved. U/A done today due to bladder appearance

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical dorsal transmural wall thickening and extended for approximately 3.0 x 1.0 cm. Undefined dorsal apical bladder wall thickening. The remainder of the bladder appeared unremarkable. The urethra, cystourethral and ureters were unremarkable.

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 6.0 cm. The left kidney measured 7.0 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.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. Minor heterogenous changes were noted. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. A slight amount of free fluid was noted adjacent to it. Regional lymphadenopathy was noted.

Liver

The **liver** revealed increased portal markings with coarse architecture and undulating contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

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. The mesenteric lymph nodes were reactive and measured 2.0 x 1.0 cm with regional inflammation.

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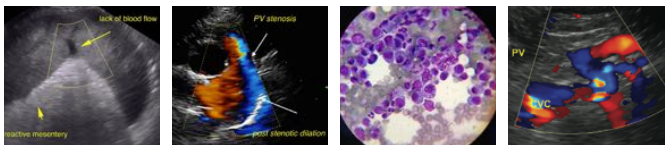

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Pancreas

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.

Free Abdomen

Slight free fluid was noted adjacent to the spleen.

ULTRASONOGRAPHIC FINDINGS

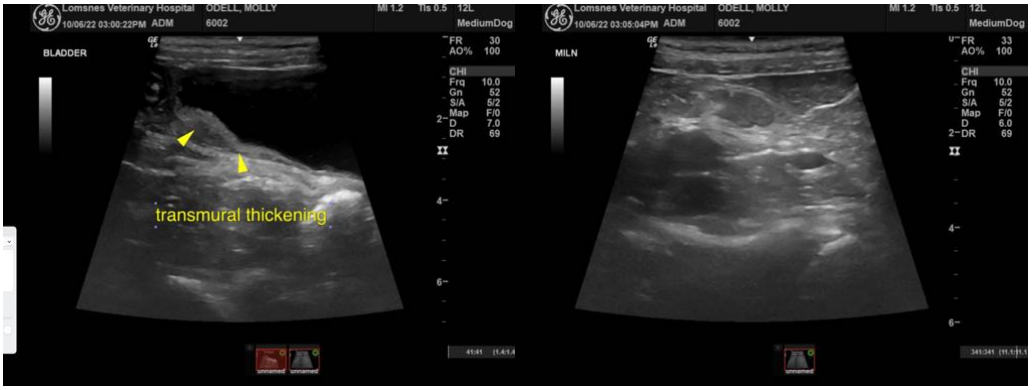
Reactive mesenteric lymph nodes and minor hypersplenism.

Bladder wall thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for emerging round cell neoplasia. Splenic and lymph node FNA, cytology and culture are indicated. Free catch urinalysis with cytospin is recommended to assess for neoplastic cells are indicated. Slight free fluid may be owing to splenic congestion as it is localized adjacent to the spleen. The splenic, lymph node, and bladder presentation may not be overtly cancerous.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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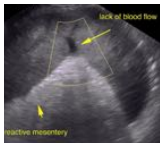
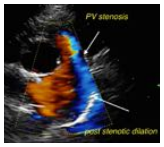
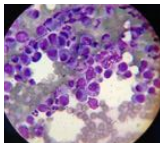
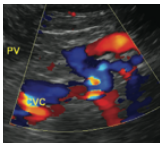

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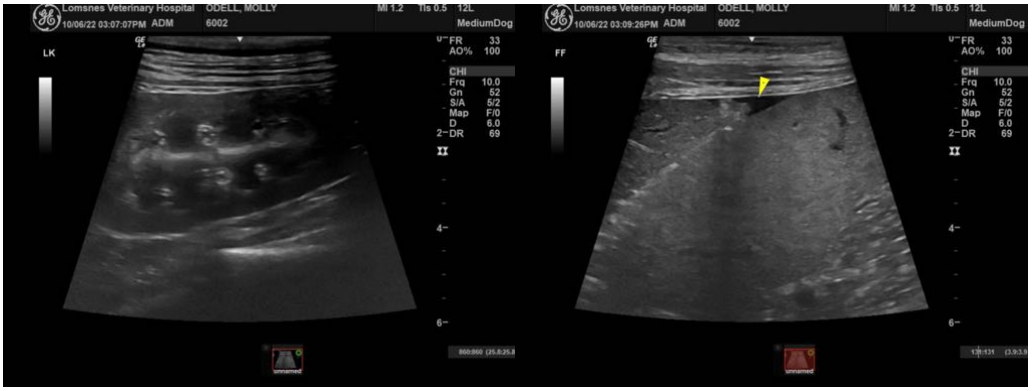

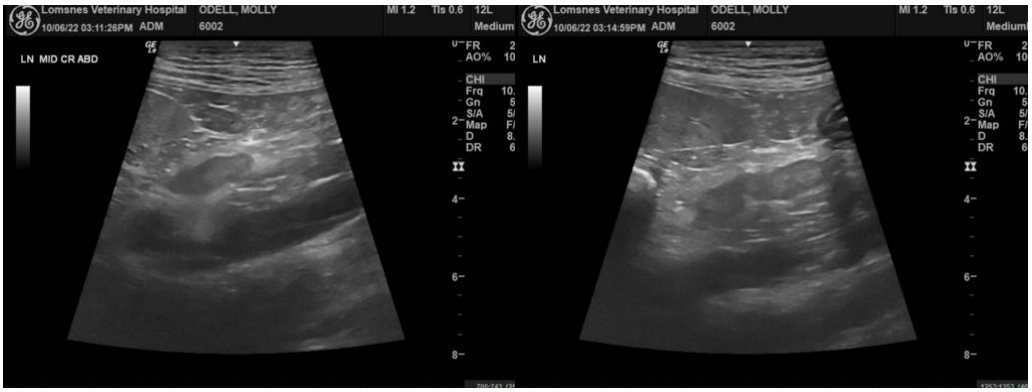

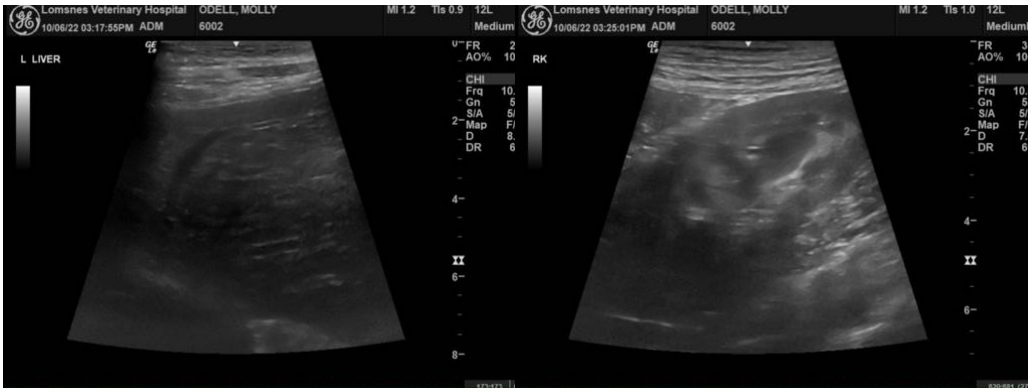

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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