



PATIENT

Cooter Bratcher

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

10 years

WEIGHT

63.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Casas-Dolz

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Casas-Dolz

INVOICE

42229

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral: 10/31 saw primary DVM 4 day hx of V+, decreased appetite, D+, right eye became cloudy in ventral cornea and inflamed 8 days ago eye is FI neg, menace response ok stool has been dark, mucousy with large bowel symptoms gums are hyperemic PCU=59 mucous membranes are hyperemic scan shows mild leukopenia with vacuolated sigs US shows pretty normal liver tissue with dilated gallbladder-contents look normal Abd palp-NSF Presented today: Has had arthritis for a few years but seems more stiff on the hind end Last 10-11 days P went blind in R eye Started slowing down but O thought it was related to blindness Usually very bouncy when O gets home and is now very slow to get up Has always been a fast drinking and has been known to +V+ water right after drinking Sunday/Monday P has had D+ V+ yellow bile Not wanting to eat the last few days or drink Wobbly on hind end O noticed paw flipping on RH paw today Meds- O unsure of all names but got 2 meds this morning that O was given yesterday gums were a brick red color, look a little better today Abnormal PE/Chem/CBC/UA Results: BAR/QAR; decreased IOP OD; subjectively enlarged OD CBC: WBC: 23.87 Neu: 21.83 Chem: Alp 701 Alt 455 TBil 0.7 Ca 8.5 Glu 139

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. Both kidneys 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** revealed an expansive, mixed, echogenic parenchymal mass measuring 7.0+ cm. The remainder of the spleen revealed heterogenous parenchymal changes with scalloping contour.

Liver

The **liver** revealed slightly increased portal markings. Heterogenous parenchymal changes were noted with surrounding free fluid. Free fluid was noted around the liver lobes. The gallbladder and common bile duct were unremarkable.



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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.

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Pancreas

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The **pancreas** revealed hypoechoic, parenchyma with enhanced, surrounding mesentery. This may be artifactual. The right cranial abdomen revealed a separate, hypoechoic mass in the region of the pancreas measuring approximately 3.0 cm and may represent seeding from the splenic pathology.

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Free Abdomen

Enhanced mesentery and free fluid was noted around the splenic mass. Reactive mesentery was noted. Regional lymph nodes were also enlarged.

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Heart

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Rapid view of the heart revealed no evidence of pericardial effusion or right auricular mass; however, it appeared shocky and hypovolemic.

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ULTRASONOGRAPHIC FINDINGS

Splenic mass with regional lymphadenopathy and separate right cranial mass in the region of the pancreas. May represent metastatic spread.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery can be considered if chest radiographs are free of pathology; however, given the bilirubin elevation I am concerned for micrometastasis to the liver and metastasis to the omentum and regional lymph nodes. IV fluid support is warranted as well as blood pressure assessment for hypotension. Treatment for shock is likely in this patient's best interest based on clinical signs.

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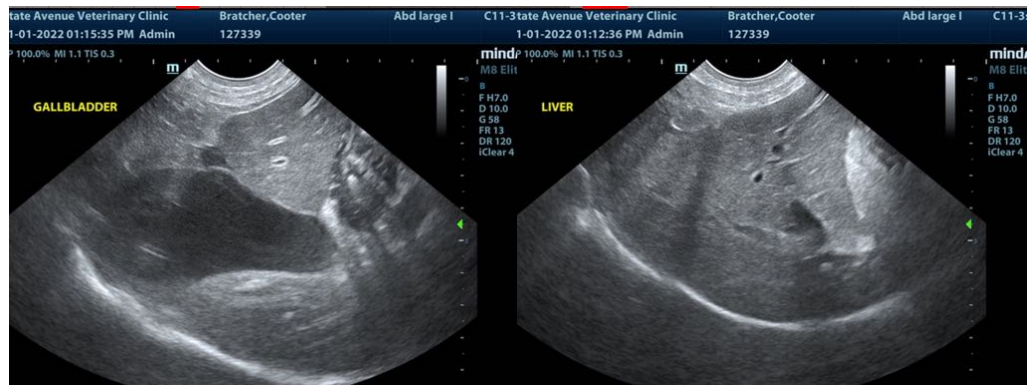
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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