

**DATE**

11/11/22

PATIENT

Casey Klein

SPECIES

Canine

BREED

Weimeraner x Dane

SEX

Spayed Female

AGE

5/5/15

WEIGHT

81.6 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Willer

INVOICE

42760

PRESENTING CLINICAL SIGNS

Presented for chronic GI issues/not eating saw RDVM on 11/4 for vomiting 1 week and diarrhea for 2 weeks- treated outpatient - metronidazole, cerenia, sq fluids- no diagnostics performed went back on 11/7- bloodwork sent out and cyprohepatdine added (still not eating): got SQ fluids: diarrhea at RDVM- bloody bloodwork- ALB- 2.2; T.p.- 3.5 ALT- 203 ALP -368 still not eating at home, becoming lethargic, still having diarrhea does like to eat things off the ground no change in diet prior to the anorexia and vomiting- had become pickier about eating no prior health problems

Current Medications: buprenex, ampicillin, ondanestron
Radiographs: decreased detail; big kidney spleen prominent
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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** 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 left kidney measures 9.6 cm. The right kidney measures 8.6 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 3.09 cm x 0.74 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 2.94 cm x 0.95 cm at the caudal pole and 0.80 cm at the cranial pole.

Spleen

The **spleen** was enlarged and irregular with swollen contour and micronodular changes.

Liver

The **liver** presented coarse architecture and increased portal markings. Slight free fluid present. The gallbladder was edematous and thickened, measuring 0.58 cm. Minor amount of debris present.

Gastrointestinal

Gastric stasis noted with anechoic fluid. The distal small intestine revealed variable echogenic remodeling and variable areas of stasis.

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

An enlarged, hypoechoic, irregular mesenteric lymph node measured 2.5 cm x 1.0 cm.

An epigastric lymph node was enlarged and irregular, measuring 2.9 cm x 0.50 cm.

Variable other lymph nodes enlarged, hypoechoic, and irregular.

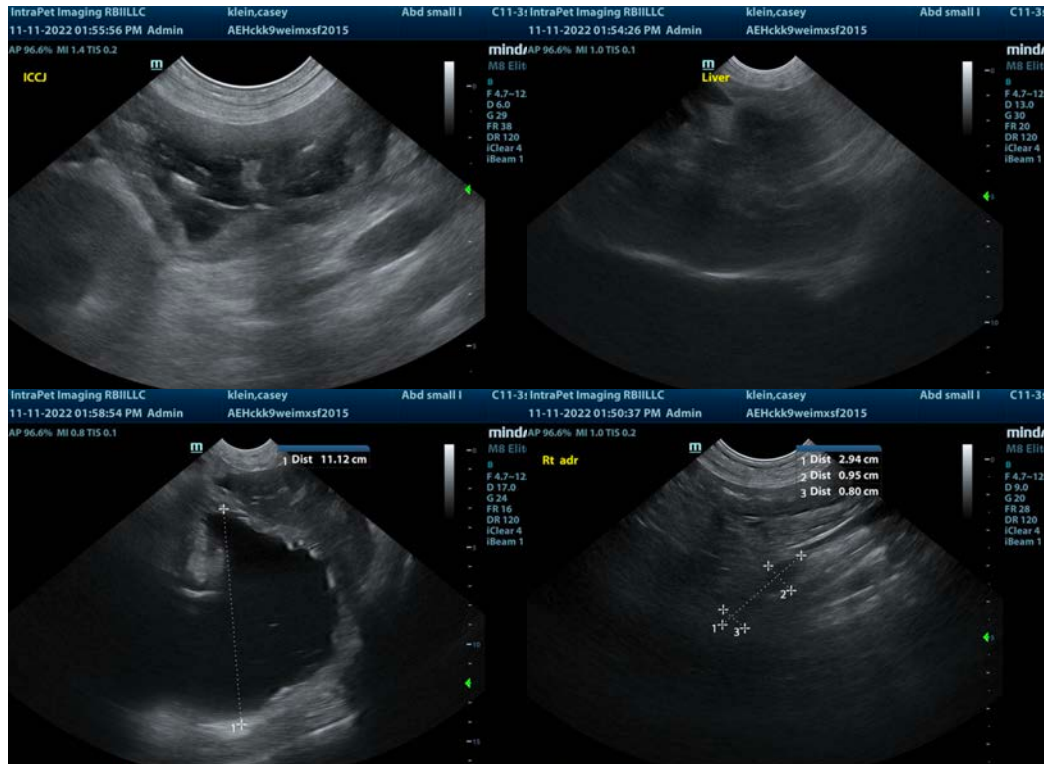
Regional inflammation noted around all lymph nodes.

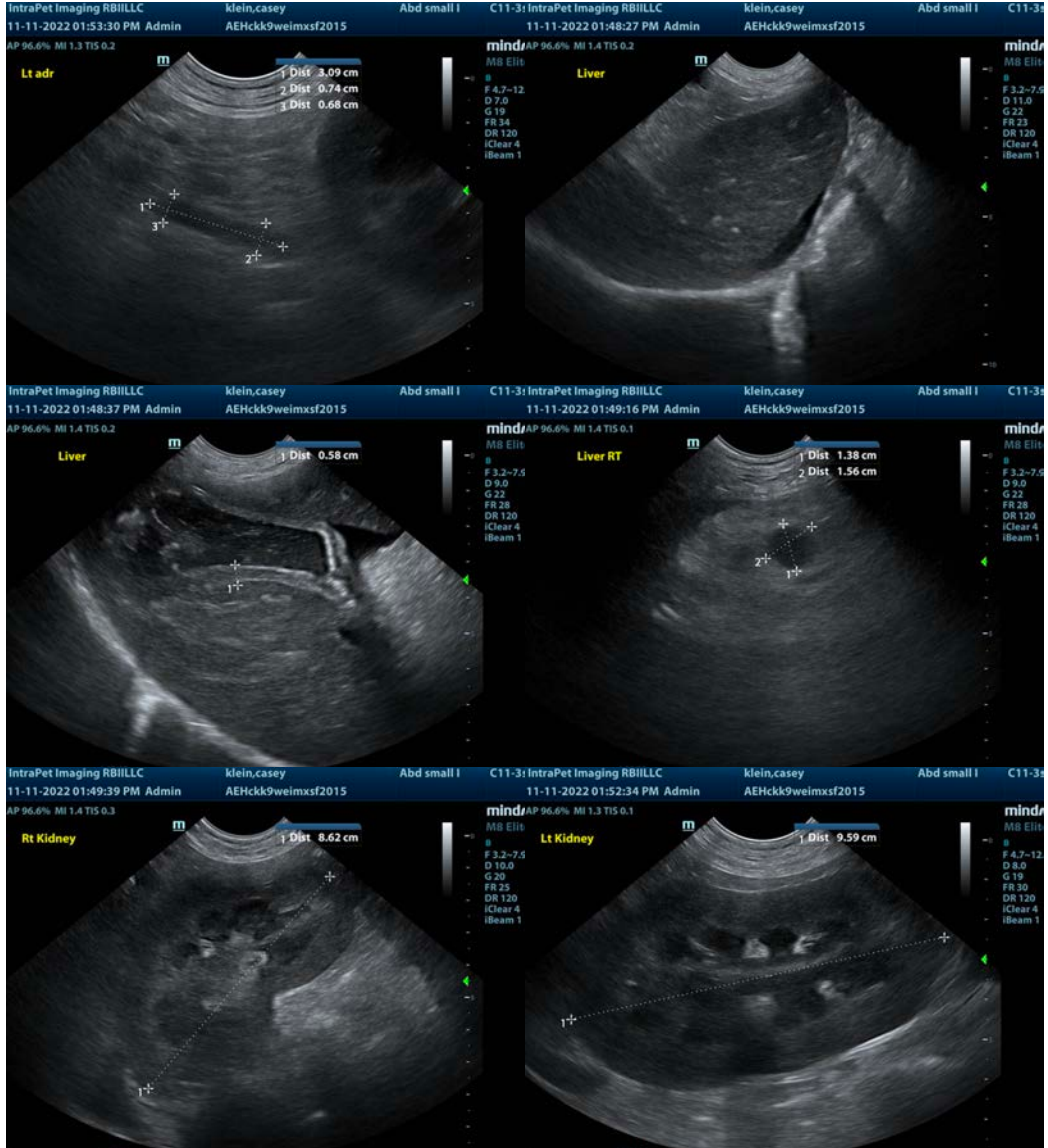
ULTRASONOGRAPHIC FINDINGS

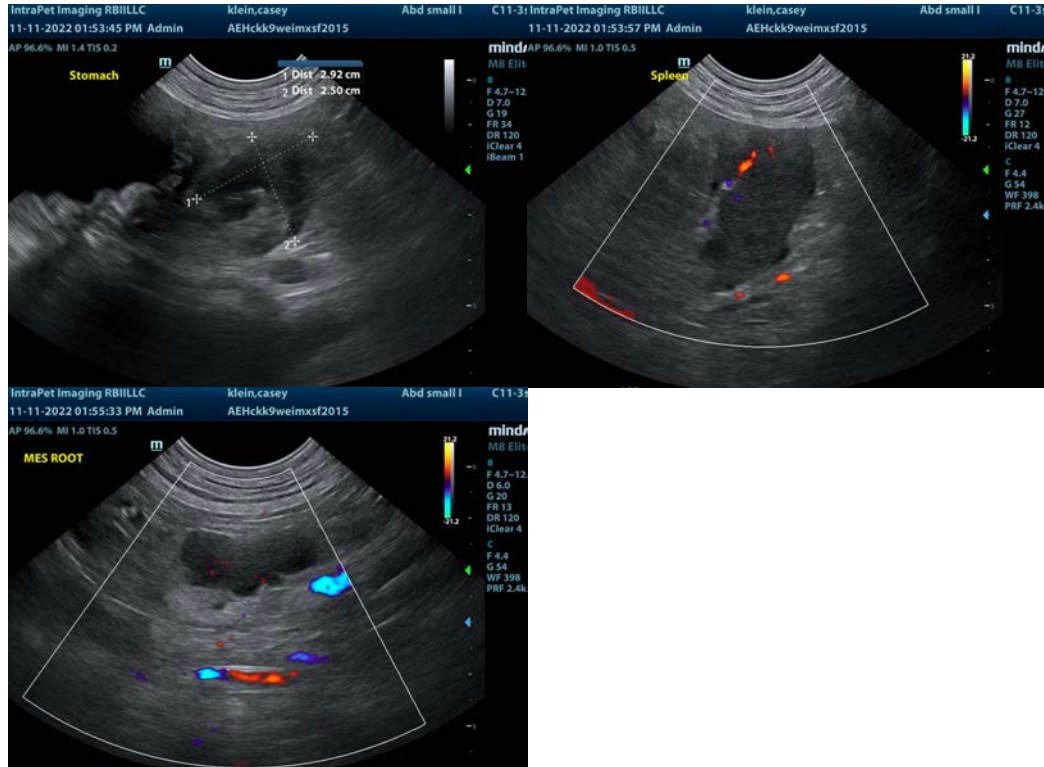
- Multicentric lymphoproliferative pattern with secondary free fluid – strong concern for round cell neoplasia.
- Enlarged, irregular spleen
- Minor gallbladder debris
- Variable echogenic remodeling in the small intestine
- Secondary gastritis
- Ascites – likely secondary to lymphoproliferative disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen, accessible lymph nodes, liver all indicated. Cytology and culture indicated. Prognosis is guarded to poor depending upon cytology results. Significant amount of cranial abdominal inflammation noted associated with the upper GI tract, liver, and spleen. Sampling is essential. Prognosis is extremely guarded to poor.







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