

PATIENT

Remus Mullen

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

3 Years

WEIGHT

42 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Vanderbogart

INVOICE

17940

DATE

11/11/22

PRESENTING CLINICAL SIGNS

History: PU/PD, sudden wgt. loss, very painful on palpation of caudal abdomen (specifically over bladder) and consistently @ R side by hip region. Adopted by rescue that said was used as a "bait dog", never raced. Current meds: Carprofen 75mg 1/2 T po bid.

Abnormal PE/Chem/CBC/UA Results: Na 158 (154H); WBC 3.8 (4.0L); PLT 119 (170L); LYMPHS 646 (690L);T4 0.7 (0.8L); Accuplex pending, blood smear reviewed by a pathologist. USG 1.042

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 right kidney measured 6.6 cm. The left kidney measured 6.52 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 2.57 cm x 0.58 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 4.42 cm x 0.93 cm at the cranial pole and 0.94 cm at the caudal pole.

Spleen

The **spleen** was enlarged with uniform parenchyma. Splenic fold was noted. This is a common presentation for this breed, however, underlying excessive immune response may be playing a role.

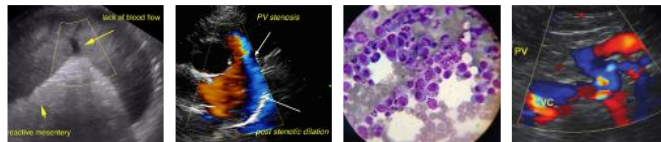
Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas



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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.

SPECIES

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Free Abdomen

The mesenteric **lymph node** (2.8 cm x 1.1 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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Greyhound

ULTRASONOGRAPHIC FINDINGS

- Hypersplenism pattern
- Minor mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. Abdominal palpation is recommended to assess for any discomfort associated with the spleen. Tick-borne disease panel is indicated. 25-gauge FNA of the spleen could be considered to assess the potential for emerging round cell neoplasia yet neoplastic criteria is not overtly evident. The cause of PU/PD is unclear. If any inflammatory sediment is present in the urine, then broad spectrum antibiotic to cover for UTI would be appropriate. Baseline cortisol to screen for Addisons (low potential) is also indicated.

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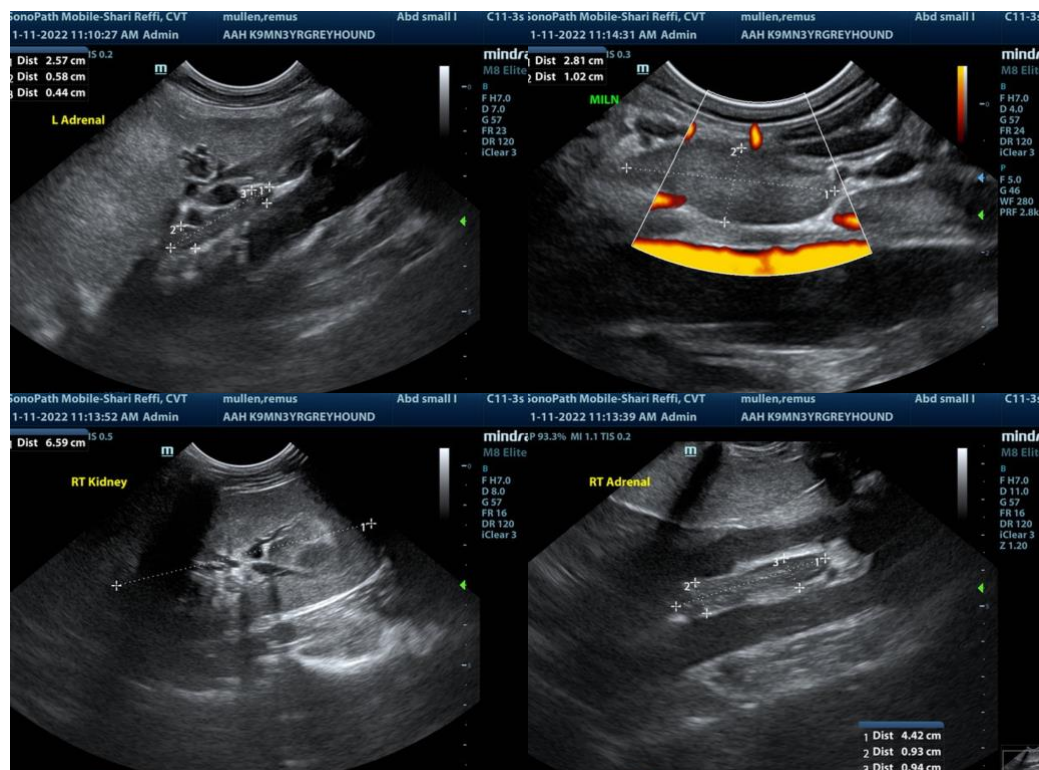
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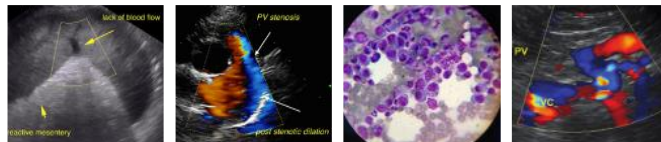
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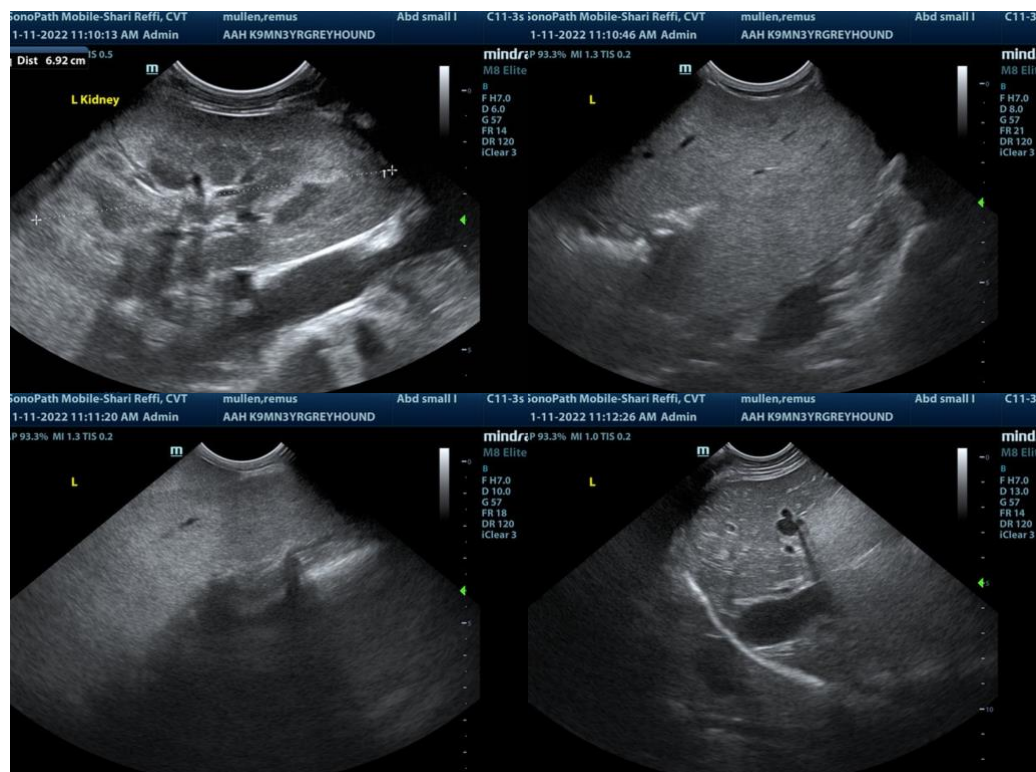
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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