

**DATE PRESENTING CLINICAL SIGNS**

11/16/21

History: Not Eating, Vomiting, & Appetite Decreased.

PATIENT

Maddy Novik

Date: 11-15-2021 Notes: Before Halloween patient got into chocolate (snickers/ hershey/milkyway). Patient vomited chocolate and patient was fine after that. Owner took patient to rDVM for a check up a couple days later. Patient had an increase in cosequin tablets to 4 tablets a day. rDVM said that patient lost 10 pounds which is good and that they should change patient dog food to pedigree from alpo and human food. Since Nov 6 patient has been having non stop vomiting and has not had an appetite to eat. Patient has been having this sneeze owner noticed what she thinks to be dried blood or mucous on one nostril.

SPECIES

Canine

Current Medications: Gabapentin Capsules 300mg, Amp/Sulb (Unasyn) 1.5gm Injection (Per mL), Buprenorphine 0.6mg/mL, Pantoprazole (Protonix) 40mg/vial Injection (Per mL)

BREED

Labrador Retriever X

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV dexdomitor.

Stat Report: Not requested.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2017

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

WEIGHT

76 Pounds

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 6.7 cm. The left kidney measured 7.82 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 3.48 cm x 0.8 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 4.13 cm x 0.86 cm at the caudal pole and 0.72 cm at the cranial pole.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen**

The **spleen** was enlarged. A hypoechoic, expansive nodule was noted at the mid caudal body measuring 2.0 cm. Subtle micronodular changes noted with swollen, irregular contour.

REFERRING VET

Dr. Roper

Liver

The **liver** was mildly swollen with increased portal markings and was distinctly hypoechoic to falciform fat. The gallbladder wall was slightly echogenic. Subtle micronodular changes noted.

INVOICE

29836

Gastrointestinal

The **stomach** revealed a concentric, mixed hypoechoic mass with peripheral inflammation, measuring approximately 3.0 cm x 5.0 cm. Regional lymphadenopathy also noted.

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

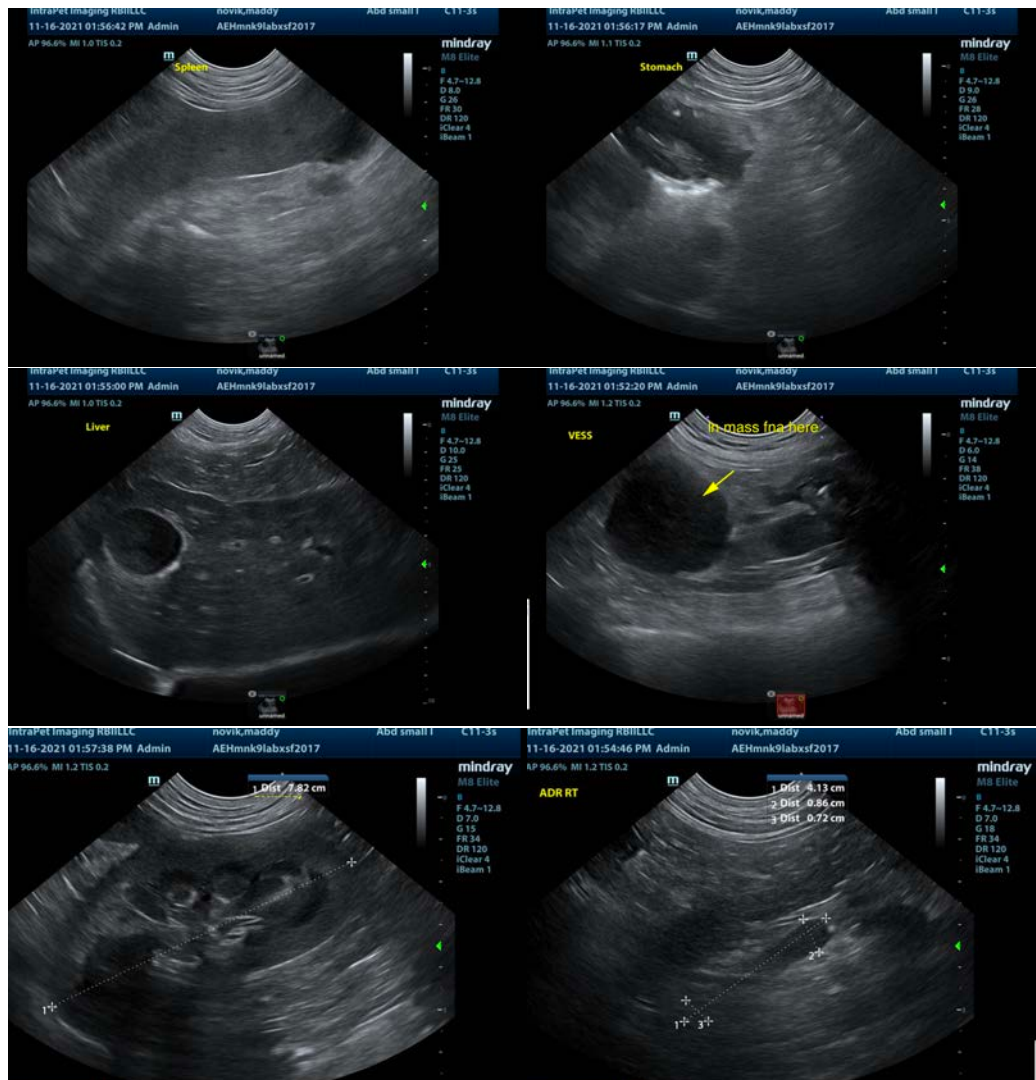
Sublumbar/iliac lymph node mass noted. Other smaller lymph nodes noted in the iliac trifurcation. The largest node measured 3.0 cm. Peripheral inflammation was present.

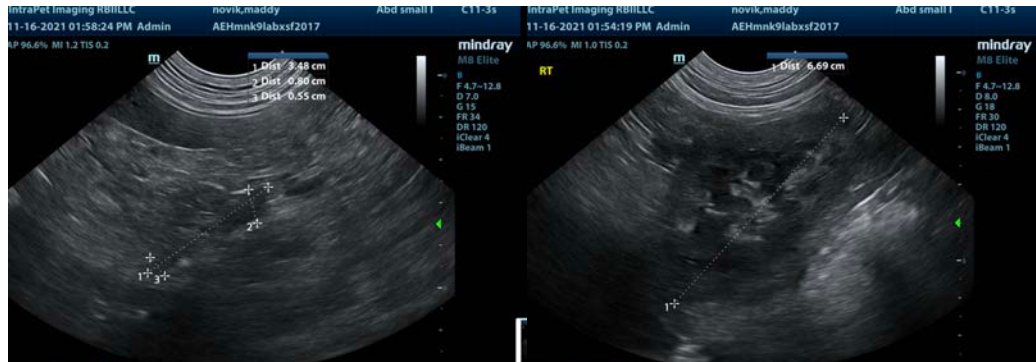
ULTRASONOGRAPHIC FINDINGS

- Multicentric round cell neoplasia involving lymph nodes, spleen, stomach, and probable liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of all appropriate structures recommended. Immediate chemotherapeutic intervention is necessary.





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.

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