



PATIENT

Lexi Peters

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

10 Years

WEIGHT

17.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Donna Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Cobble Hill AH

INVOICE

42934

DATE

11/22/22

PRESENTING CLINICAL SIGNS

Lexi has lost over 4 kg since June and has had a waxing and waning appetite. Dietary changes have resulted in Lexi eating a bit better for awhile, but the weight loss and decreased appetite persist. Lexi's energy level is reported as normal. PE is unremarkable other than a recurrent lick granuloma. BCS=4/9. CBC/Chem/UA showed increased K, increased SDMA, and increased usg with both RBC and WBC.

Abnormal PE/Chem/CBC/UA Results: 11/2/22: K=6.6 (3.5-5.8) SDMA=21 (0-14) usg>1.050 with TNTC RBC and WBC on sediment (this was a free catch sample)

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 4.63 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 2.01 cm x 0.55 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 1.64 cm x 0.81 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** presented multifocal hyperechoic lipogranulomatous changes with occasional hypoechoic target lesion, which may be related to the intestinal pathology. The target lesion measured up to 0.9 cm.

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** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** itself was unremarkable. A portion of small intestine (appeared to be jejunum) was thickened and irregular with loss of mural detail with enhanced surrounding mesentery, measuring approximately 7.0 cm in length x 2.0 cm in width. Regional lymph nodes slightly enlarged, measuring up to 0.80 cm.



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Pancreas

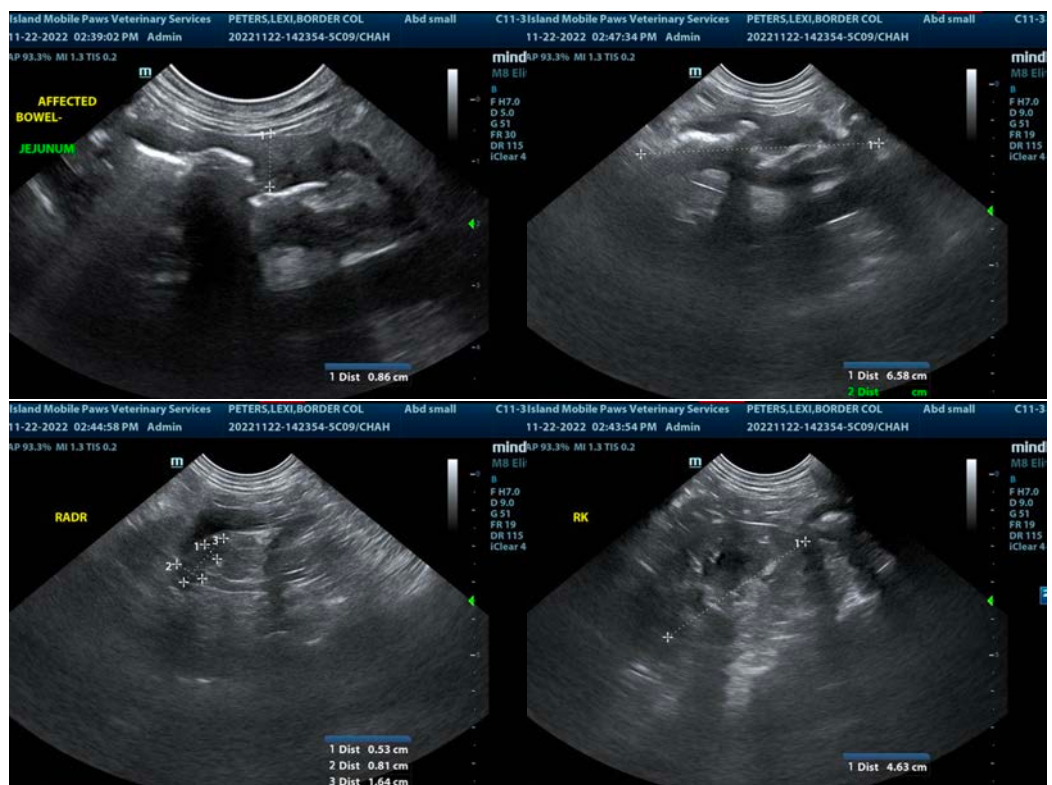
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative portion of intestine/intestinal mass with concerning nodular splenic changes
- Target lesion in the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass and hypoechoic liver nodules recommended, or direct exploratory surgery with resection and anastomosis after chest radiographs have been cleared for concurrent comorbidities. Intraoperative ultrasound for complete resection and anastomosis recommended in this patient to ensure anastomosis of healthy bowel and complete resection of pathology is able to occur.





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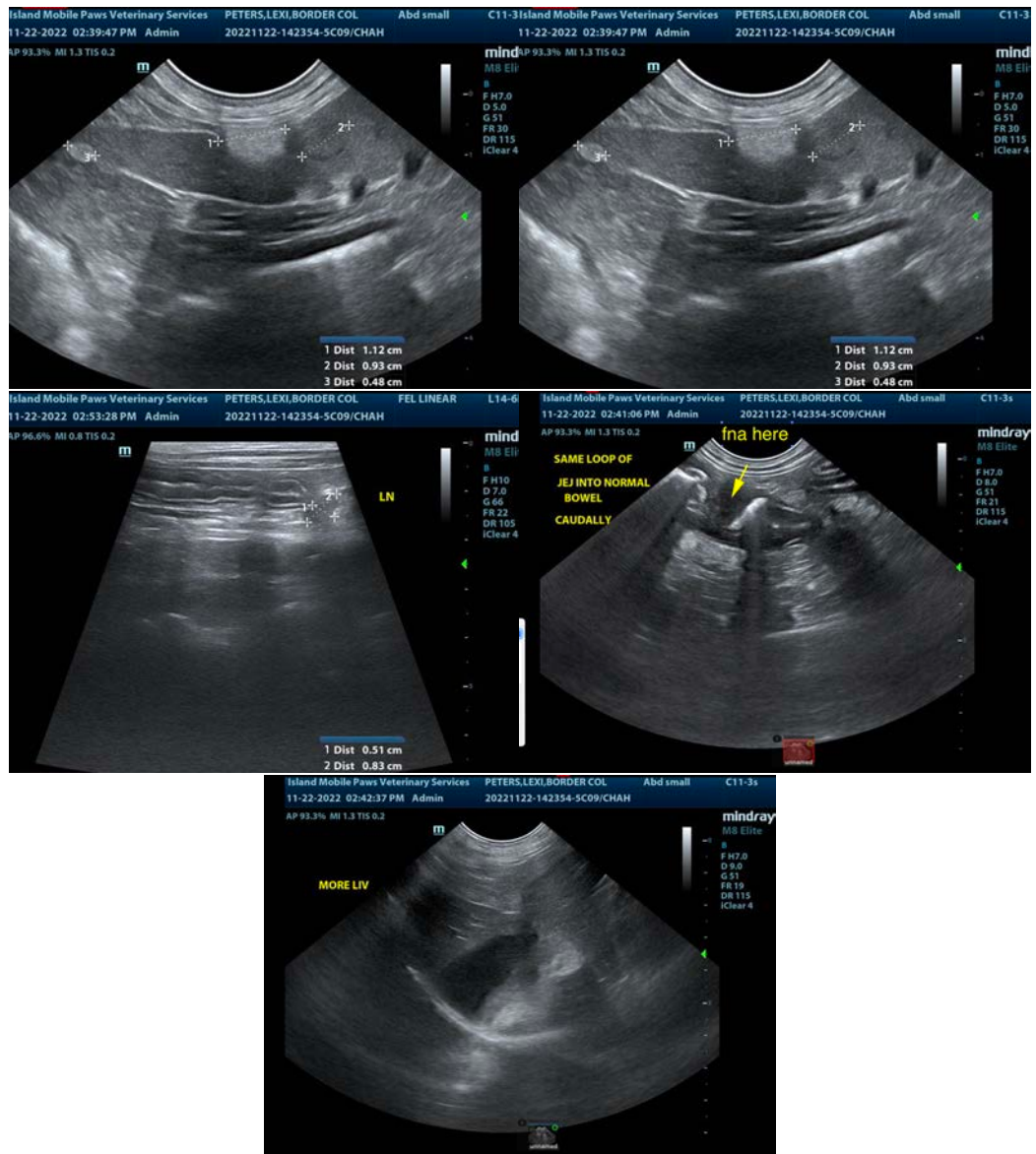
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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