



PATIENT

Malibu McDonald

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

5 Years

WEIGHT

27 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

12709

DATE

11/28/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating, diarrhea (very dark/black), lethargic, weight loss
Previous Health Concerns: Was seen on Monday at Rossmoyne for vomiting, decreased appetite- bloodwork showed elevated liver enzymes pet was sent home on meds-seems to be getting worse
Current Medications: Metronidazole, Denamarin Omeprazole

Abnormal PE/Chem/CBC/UA Results: Fever Abdominal: sl tense on palp Radiographs – increased opacity mid-abd, poor detail cranial abd, no obvious foreign material or signs of obstruction Bloodwork: ALT(GPT) 459(H), ALP 150(H), GGT <10, Total bilirubin <0.1; pO2 152.1(H), cSO2 99.4(H), Lactate 3.50(H)

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 measured 7.06 cm. The right kidney measured 6.86 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 2.5 cm x 0.51 cm at the cranial pole and 0.47 cm at the caudal pole.

The region of the right adrenal gland revealed no evidence of pathology.

Spleen

The **spleen** was enlarged with scalloping contour and minor micronodular changes. Cranial folding of the spleen was noted.

Liver

The **liver** was swollen with increased portal markings, coarse architecture and enhanced surrounding mesentery. The liver also presented hypoechoic ill-defined nodular changes. The gallbladder was double layered and echogenic. Slight free fluid was noted between the liver lobes.

Gastrointestinal

The **stomach** itself was unremarkable. Variable small intestinal thickening was noted suggestive for emerging neoplasia/round cell neoplasia.

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.

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Free Abdomen

Mesenteric **lymph nodes** were enlarged, rounded, hypoechoic and undifferentiated, the largest of which measured 4.0 cm x 3.0 cm.

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative round cell neoplasia pattern involving spleen, liver and lymph nodes.
- Variable intestinal thickening, suggestive for emerging neoplasia/round cell neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, lymph nodes and liver indicated for confirmation.

AGE

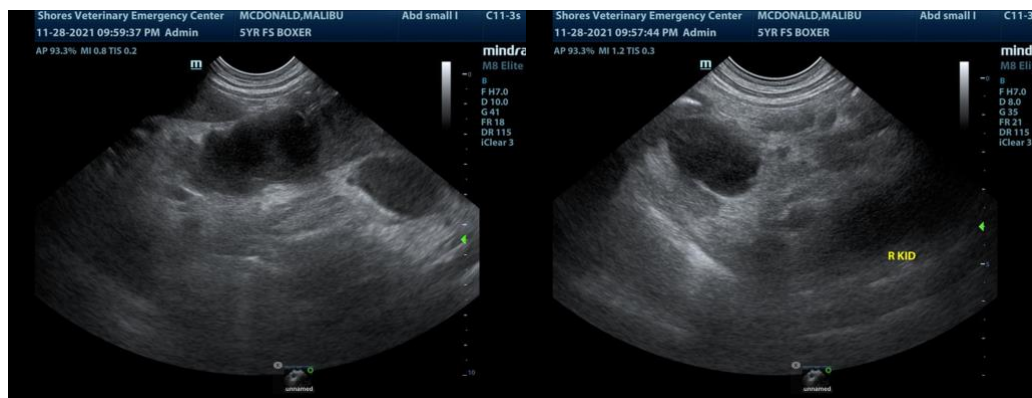
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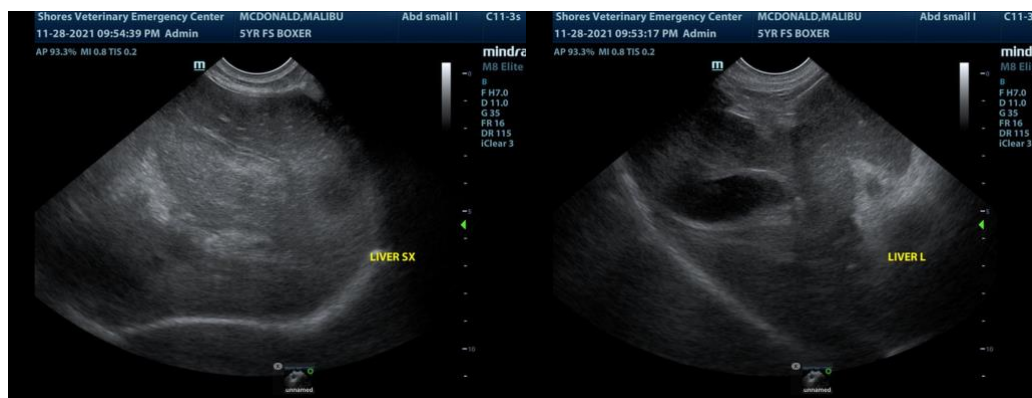


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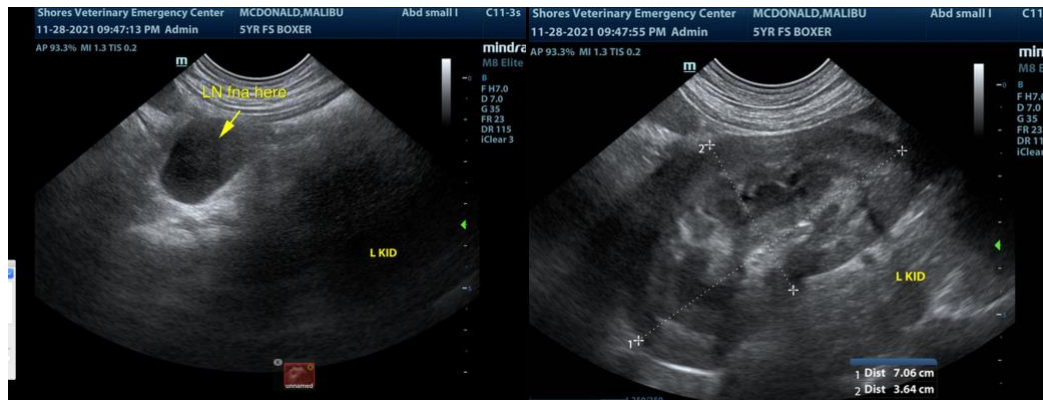
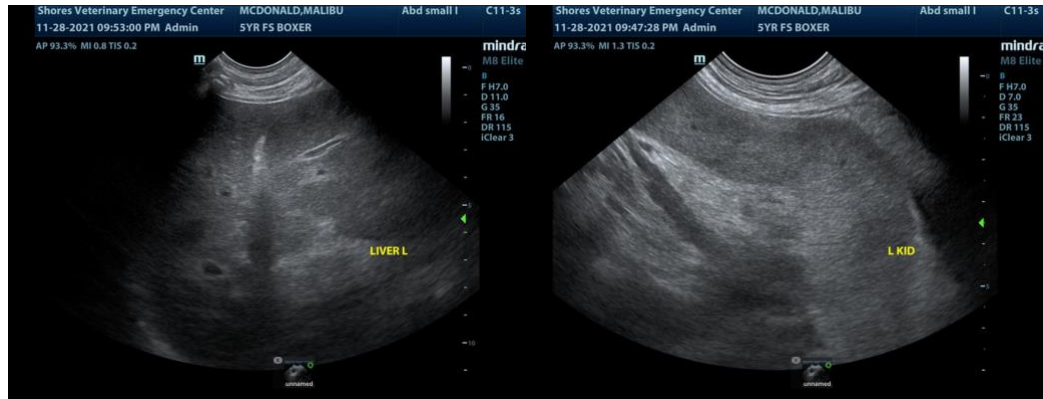
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com