



PATIENT

Mello Hernandez

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered male

AGE

1 year

WEIGHT

37 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VS

REFERRING VET

Dr. DiNello-Schleicher

INVOICE

42323

DATE

11/3/22

PRESENTING CLINICAL SIGNS

History: Ehrlichia positive on 4DX in June (first check), for about 2.5 months decreased appetite and vomiting that has rapidly worsened in the last 2-3 weeks, now unable to keep much food down. Lost about 5 pounds between June and Oct 13th, has lost an additional 3-4 pounds in the last 3 weeks BCS now 2/9... Current meds: omeprazole 10mg
Abnormal PE/Chem/CBC/UA Results: 10/13/22 RBC 8.92(H), RETIC 205K (H), eosinophils 2827 (H), fecal negative, GLU 25(delayed spinning but was 77at recheck), Ca 8.2 (L), Potassium 5.7 (H, but concern for K-EDTA contamination)... RADS: Decreased serosal detail throughout due to lack of fat, GI tract empty (p fasted), no obvious FB or masses noted.

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 was 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 6.01 cm. The right kidney measured 5.98 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 right adrenal gland measured 1.85 x 0.68 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were reactive and measured up to 1.4 x 0.5 cm.

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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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ULTRASONOGRAPHIC FINDINGS

Diffuse intestinal thickening without neoplastic criteria or foreign bodies.

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Sonographically normal pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Full thickness intestinal biopsies are warranted. I cannot rule out a pre-cancerous state such as transitional state regarding emerging round cell neoplasia of the GI tract. However, no overt neoplastic criteria was noted. Full thickness intestinal lymph node biopsies are ideal. Assessment malassimilation of nutrients is recommended. Even though negative fecal, broad-spectrum anti-parasitic protocol is indicated. However, given the age of this patient full thickness GI, pancreatic and lymph node biopsies are indicated as I am concerned for malassimilation of nutrients or an emerging preneoplastic state.

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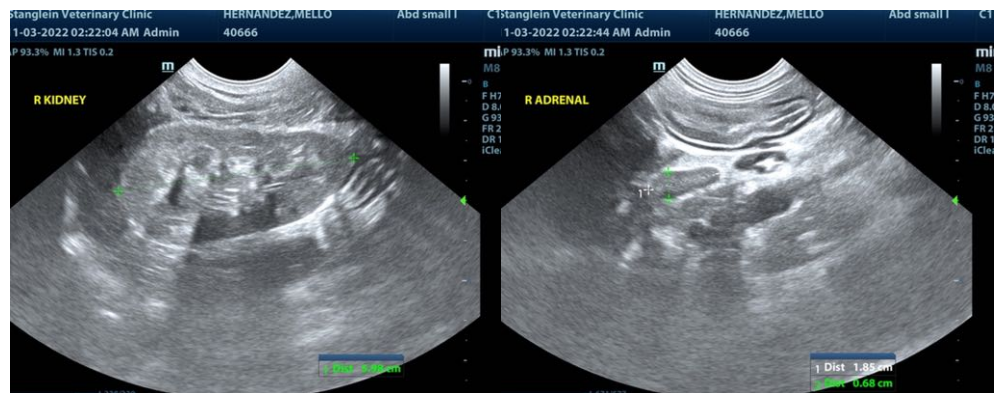
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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