



PATIENT

Tokala Lang

SPECIES

Canine

BREED

Welsh Corgi

SEX

Neutered male

AGE

13 years

WEIGHT

29 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Focused Ultrasound
Resources

HOSPITAL NAME

Focused Ultrasound
Resources

REFERRING VET

Francis VH

INVOICE

94167

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: liver mass seen on FAST scan dehydration/anorexia/diarrhea
Abnormal PE/Chem/CBC/UA Results: SDMA 30 CA 7.7 TP 4.4 ALB 1.8 ALKP 1153 GGT 21 TBIL 1.7 TT4 0.6 RETIC 135.5 WBC 86.93 NEU 35.51 LYM 26.28 MONO 24.94 PLT 83 MPV 15.6 PDW 2.2 PCT 0.13%

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.8 cm. Anechoic cysts were noted in the dorsal cortex of the left kidney. The left kidney measured 5.7 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 0.61 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 0.61 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with scalloping contour and enhanced mesentery. Regional lymphadenopathy was noted with areas of free fluid.

Liver

The **liver** revealed hyperechoic, non-disrupted nodule that measured 2.21 x 1.82 cm in the right cranial liver. The liver was swollen and irregular in contour with increased portal markings. The gallbladder was thickened and echogenic with dependent debris. The gallbladder wall measured 0.21 cm. The common bile duct measured 0.3 cm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Reactive mesentery was noted throughout



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the gastrointestinal tract with variable intestinal wall thickening and colonic fluid. Largest lymph node measured 1.5 cm.

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Pancreas

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The **pancreas** revealed heterogenous coarse architecture with minor duct dilation.

BREED

ULTRASONOGRAPHIC FINDINGS

Welsh Corgi

Infiltrative splenohepatic pattern with gastroenteritis.

SEX

Extensive pancreatitis.

Neutered male

Enlarged lymph nodes.

Extensive inflammation was noted throughout the abdomen.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

13 years

There is a potential of cholangiohepatitis, splenitis, yet given the pattern there is a strong concern for round cell neoplasia in the spleen, liver and possibly emerging in the GI tract. There was no evidence of post hepatic obstruction. I recommend FNA of the spleen and liver in this patient with supportive care until cytology can be evaluated. Guarded prognosis.

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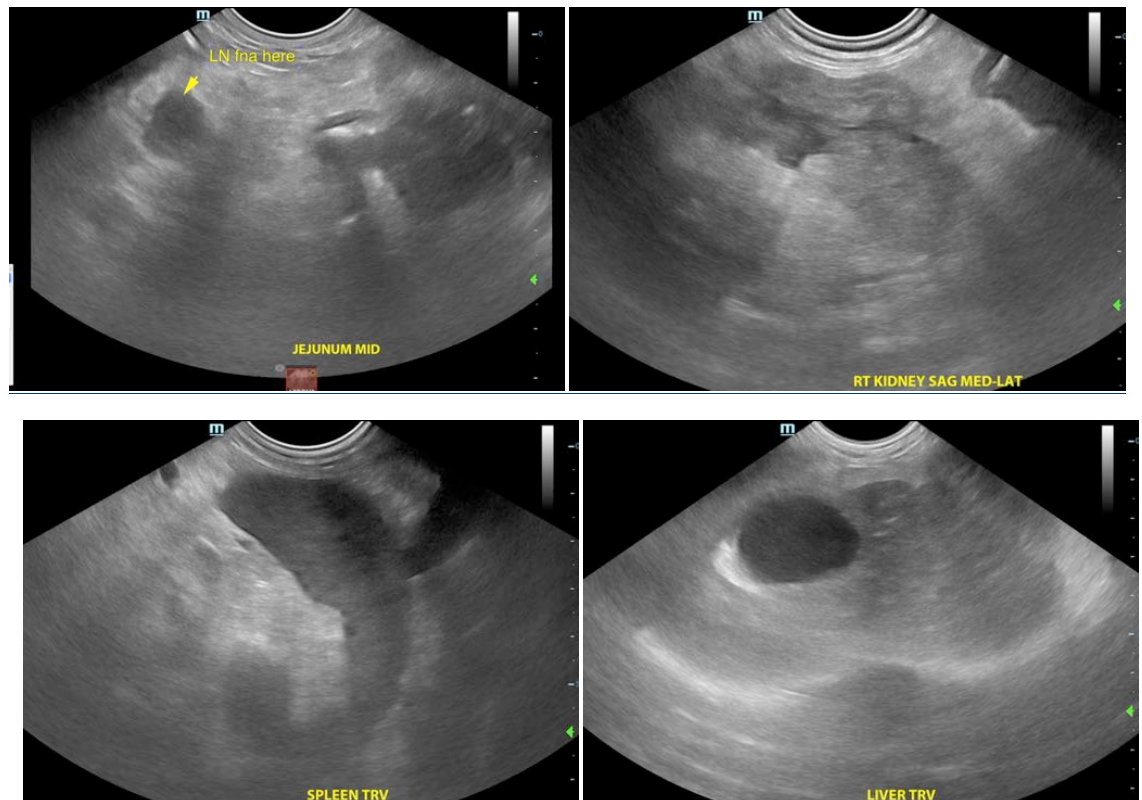
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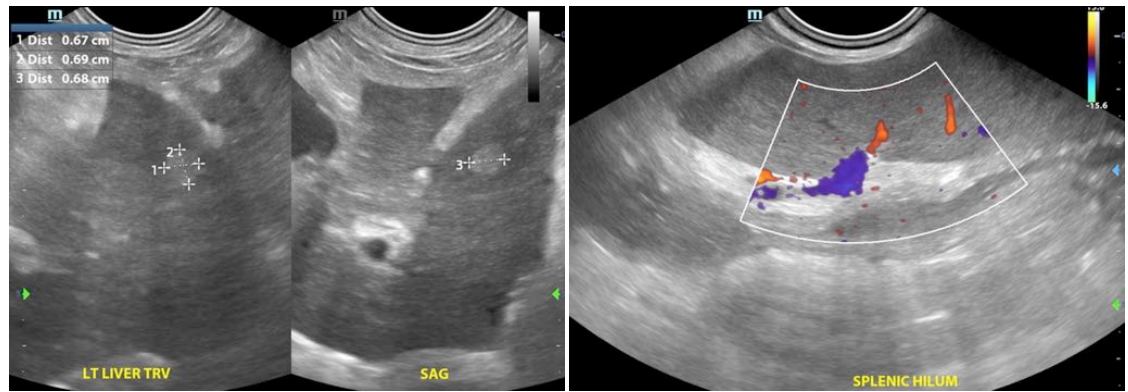
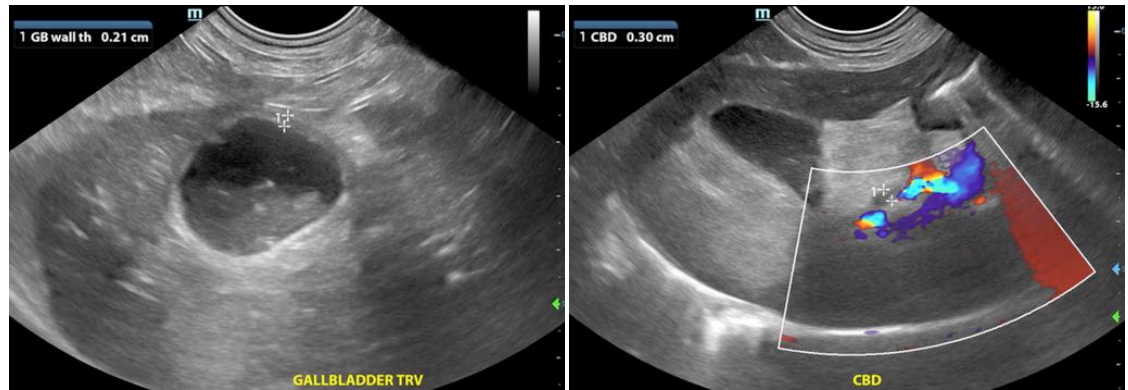
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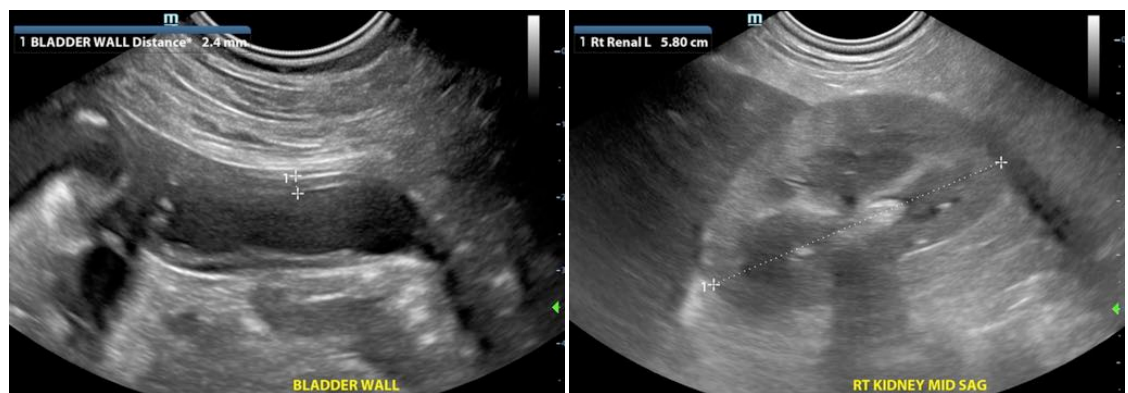
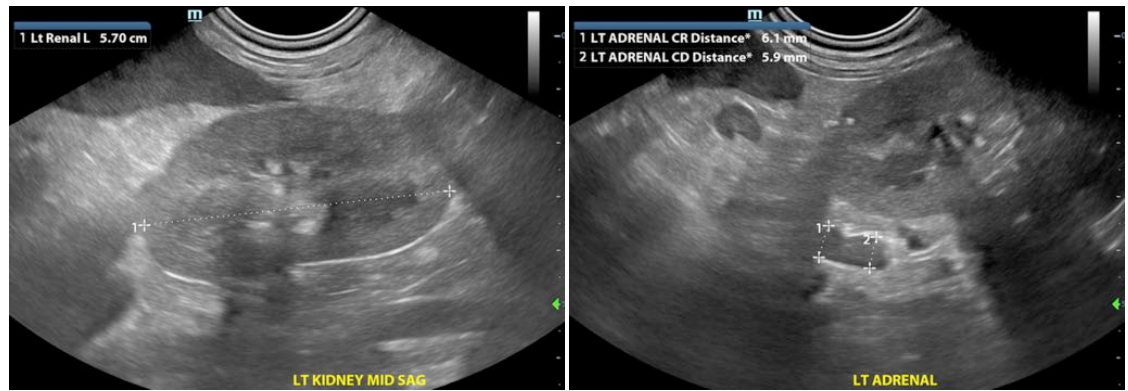
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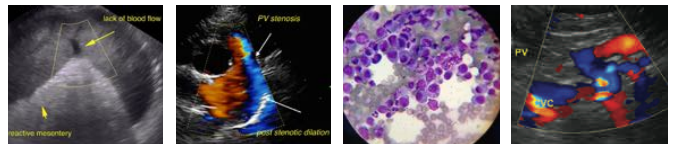
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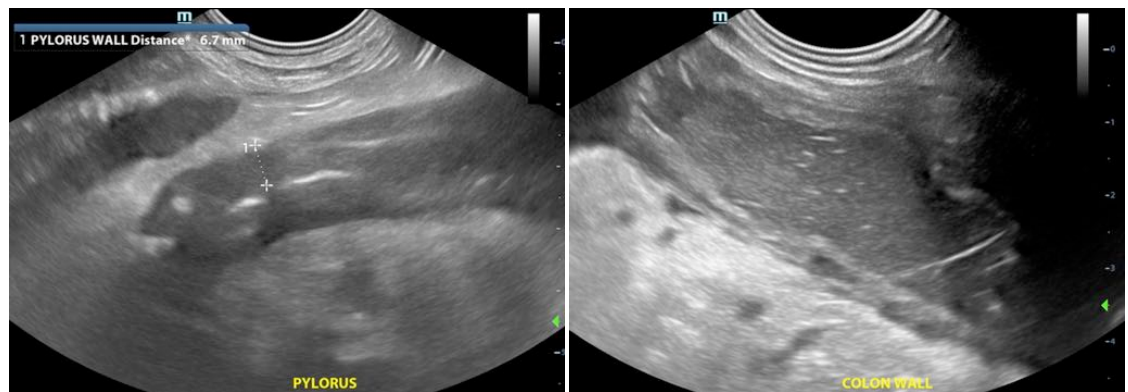
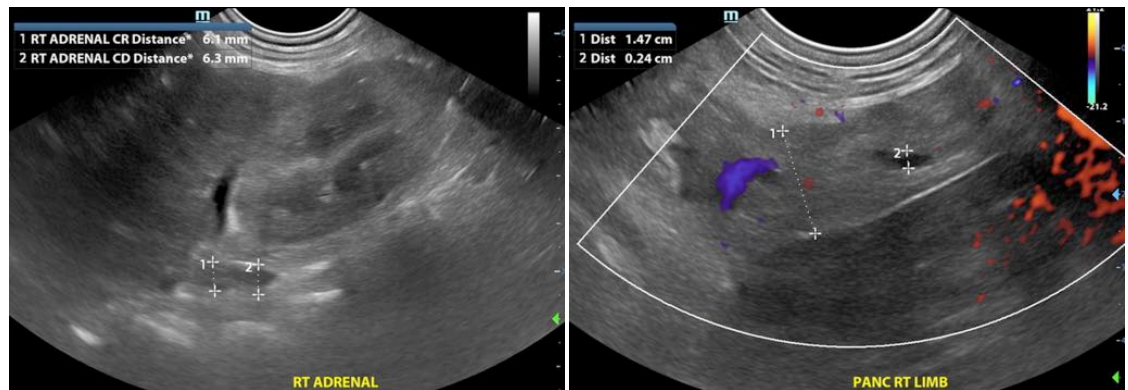
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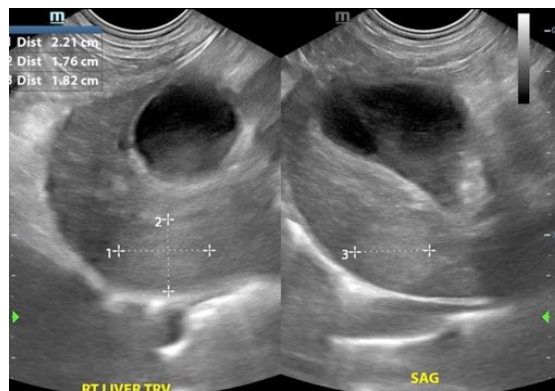
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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