



PATIENT

Canon Haverty

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

11 years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Neuhaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Neuhaus

INVOICE

42763

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: P has been declining over the last several weeks but has gotten much worse over the last few days. P no longer can run on the beach and only make it a couple blocks before he starts limping and wants to lay down. Laying around all day. Food intake as been decreasing over time now refusing food. Last meal was 3 days ago after P V+ up some grass. Still drinking plenty of water. Stool is looser but not watery. No c/s/d. P did urinate in the house yesterday which is very unusual for P. P has a spot on RR leg that he licked raw (P does that when stressed). Hx of TPLO RR 6 years ago. P slipped 3 days ago and hasn't been quite right since.

Abnormal PE/Chem/CBC/UA Results: lethargic, mm pink/slightly tacky, crt =2 s, heart and lungs auscult wnl, absent femoral pulses bilaterally, mild abdominal discomfort and lip licking on palpation, mucoid diarrhea progressing to hematochezia, unable to obtain BP on hind limbs

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.75 cm. The right kidney measured 7.35 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 2.83 x 0.6 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.5 cm at the caudal pole.

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.



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Liver

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The **liver** was mildly enlarged with slight, irregular contour. The gallbladder and common bile duct were unremarkable. Generalized enlargement was present. Benign hepatopathy versus emerging round cell neoplasia.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

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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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Free Abdomen

The aorta revealed a large thrombus at the level of the iliac trifurcation. The thrombus extended for approximately 3.0 x 2.0 cm and continued into the iliac areas. The thrombus occluded the vast majority of the aortic diameter. The vena cava return flow was subnormal. The iliac lymph nodes were enlarged and irregular measuring up to 2.0 x 1.0 cm.

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ULTRASONOGRAPHIC FINDINGS

Largely age related abdominal changes with iliac/aortic thrombus and swollen liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If the liver enzymes elevate then ultrasound-guided FNA is indicated. Full coagulation panel with D Dimers and FDP is recommended. Chest radiographs are warranted if not already performed. Anti-thrombotic therapy is indicated as well as FNA of the accessible iliac lymph nodes to assess for primary neoplasia. The prognosis is extremely guarded.

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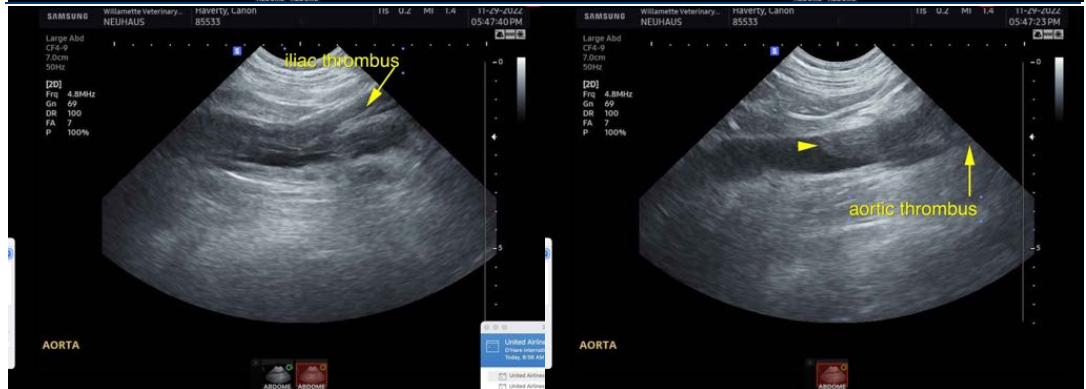
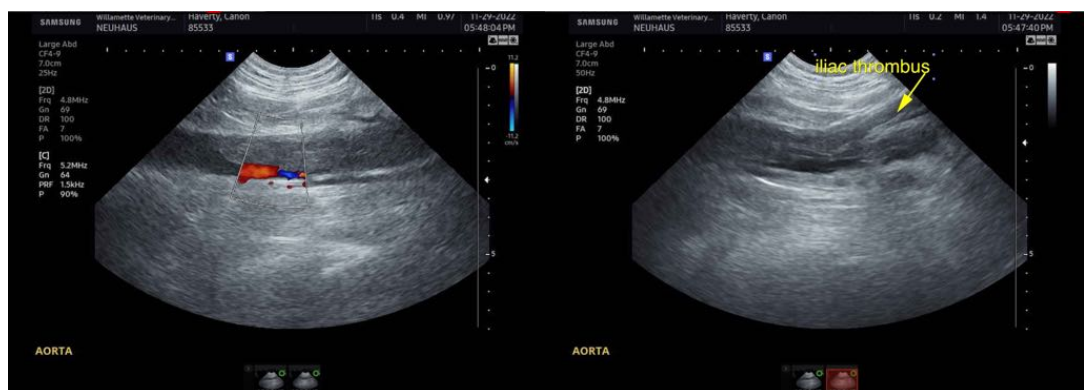
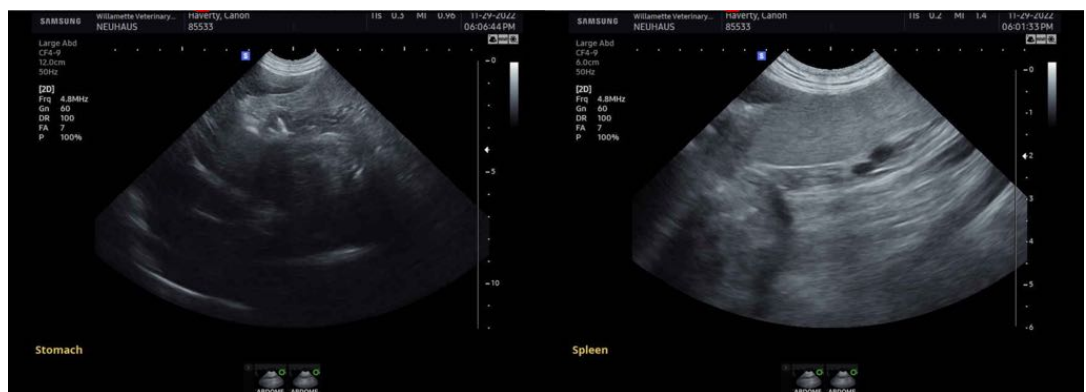
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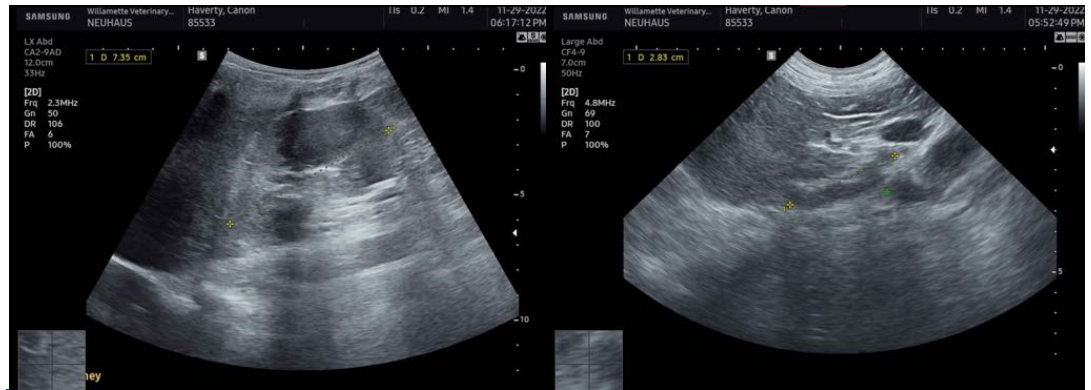
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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