



**DATE**  
1/14/22

## PRESENTING CLINICAL SIGNS

**PATIENT**

Anchor Buckland

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel Mixed

**SEX**

Neutered Male

**AGE**

1/13/17

**WEIGHT**

26.4 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Animal Emergency H

**REFERRING VET**

Dr. Martinoli

**INVOICE**

13431

History: Presenting Complaint: Gums Pale / White; Vomiting. Date: 01-13-2022. Notes: 3 days ago, he was licking legs excessively; so much that side of tongue started bleeding. Owners gave dose of Benadryl which seemed to help. The next day he got very lethargic; wouldn't finish dog food and vomited. Owners started feeding boiled chicken only. He has been eating the chicken but not interested in any dog food. Has not vomited since 2 days ago but has been very lethargic and gums appear pale. They did get a new dog food but is still Purina One just beef instead of Lamb/rice. (He has eaten beef before with no problems.) Owners also had Covid about 12 days ago so they are not sure if that could be his problem. Assessment: r/o gastroenteritis, pancreatitis, neoplasia (lymphoma, other), IMHA. Plan: Recommend to Owner Hospitalization, IV catheter, fluid therapy, and further treatment as needed; abdominal ultrasound May require blood transfusion. 2/6 heart murmur.

Current Medications: Cerenia, Doxycycline, Buprenex.

Lab Results: Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

## 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. slight pinpoint mineralization was noted, nonobstructive. The left kidney measured 5.0 cm. The right kidney measured 5.19 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 1.87 cm x 0.65 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 2.84 cm x 1.33 cm at the cranial pole and 0.64 cm at the caudal pole.

### *Spleen*

The **spleen** revealed scalloping/irregular contour with hypoechoic parenchyma.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular tracts were of normal volume with no evidence of congestion. The gallbladder was mildly edematous.

### *Gastrointestinal*

The **stomach** was overdistended with echogenic chyme. Variable areas of gastric wall thickening noted with mucosal hypertrophy. The gastric fundus presented mucosal thickening, however, submucosa and

muscularis appeared to be fairly intact. Regional inflammation was noted around the gastric fundus as well as the transverse colon which also appeared mildly thickened.

### **Pancreas**

The **pancreas** revealed mixed hypoechoic parenchymal changes with hypervascularity and enhanced surrounding mesentery. This change is consistent with pancreatitis which would explain the ill-defined cranial abdominal presentation on radiographs/ "ground glass appearance".

### **Free Abdomen**

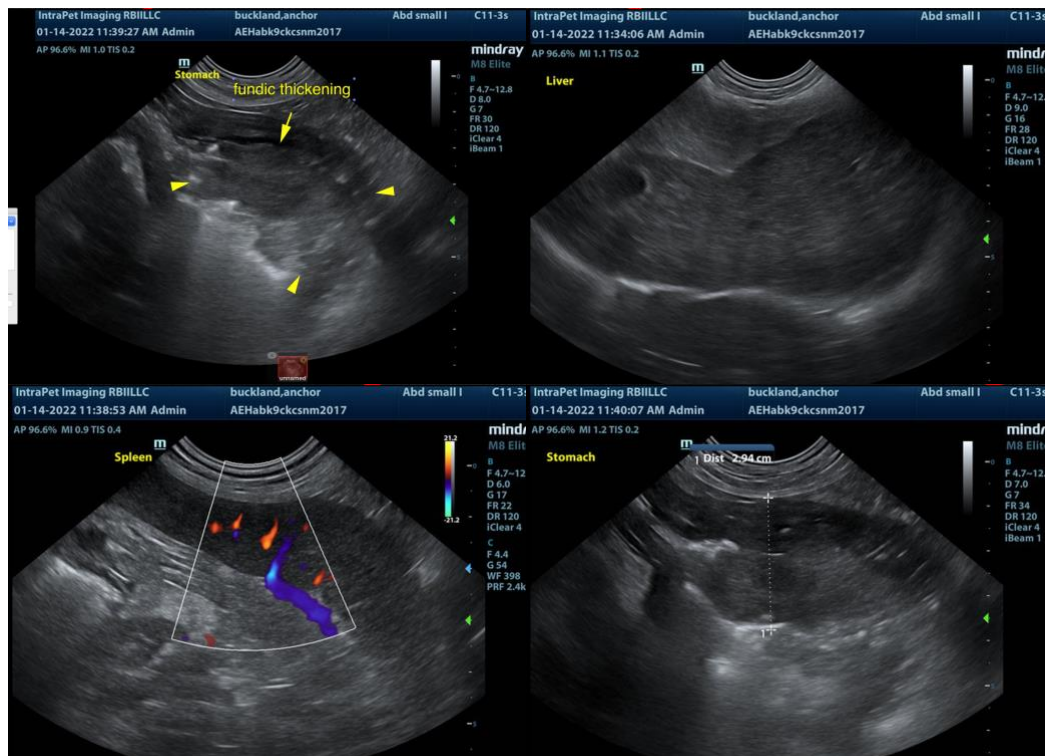
Slight areas of **free fluid** noted as well.

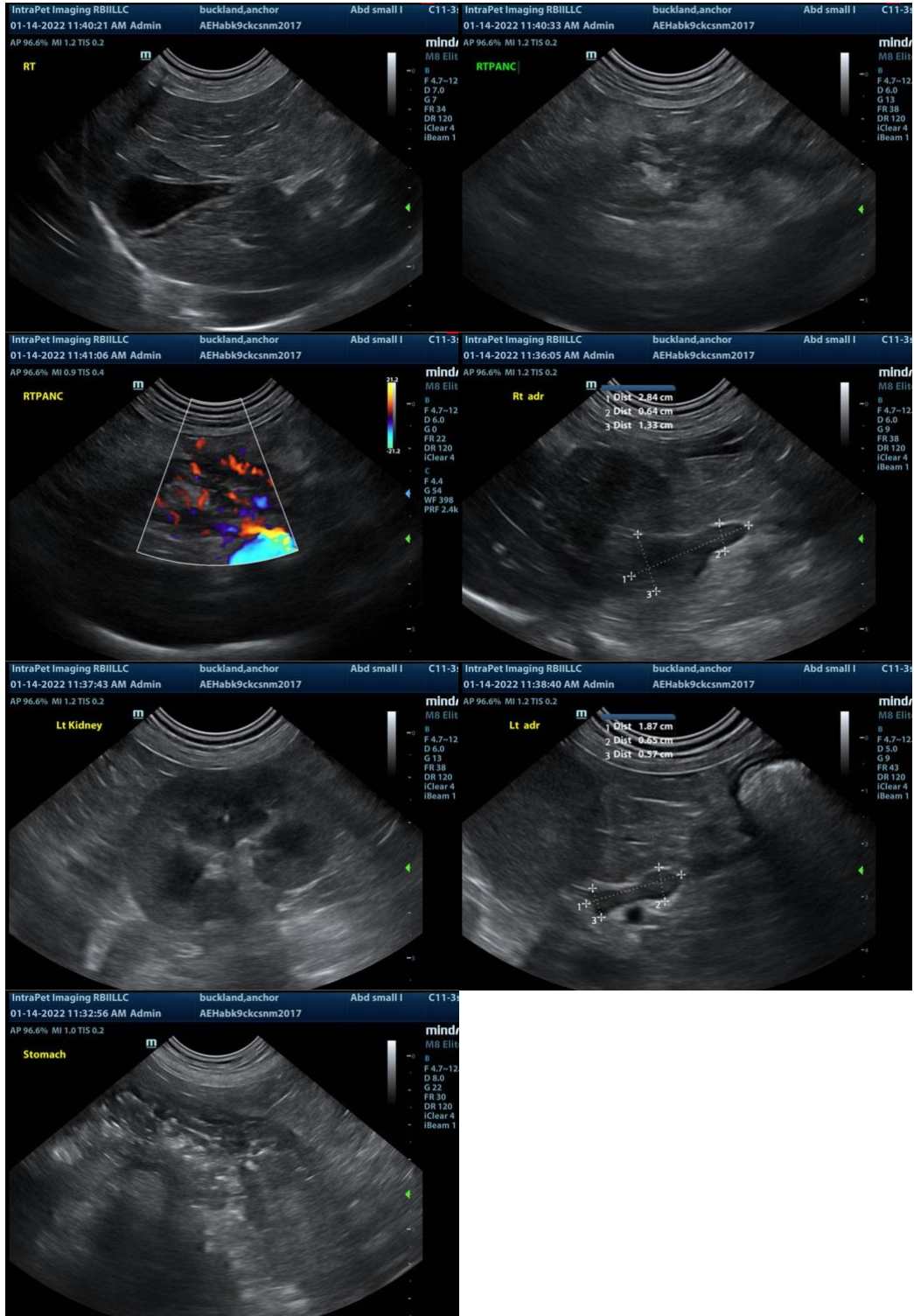
## **ULTRASONOGRAPHIC FINDINGS**

- Gastritis/pancreatitis/cholangitis pattern
- Reactive spleen. Possibility of emerging round cell neoplasia

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Mild potential for emerging gastric neoplasia. Endoscopy warranted to assess for microulcerative disease. No overt ulcers noted. FNA of the spleen warranted to ensure reactive state. Endoscopy strongly encouraged, especially given the gastric fundus presentation. Exploratory surgery with GI biopsies would also be appropriate in this case. Prognosis is very guarded. No obvious foreign matter. CBC path review warranted. Concurrent protein-losing enteropathy likely given the low albumin levels.





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.

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