



**PATIENT PRESENTING CLINICAL SIGNS**

Kodiak Nelson

History: Presented due to lethargy, anorexia, and vomiting  
Slightly pendulous abdomen, hemoabdomen confirmed on FNA CBC: WBC=20.82 (6.0-17.0) K/uL, lymphocytes=860 (1000-4800) /uL, neutrophil=18470 (3000-12000) /uL, CHEMISTRY: Tbili=0.7 (0.1-0.6) g/dL, glucose=125 (60-110) mg/dL, K=3.1 (3.7-5.8) mmol/dL

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Male

**AGE**

6 years

**WEIGHT**

83.3 lbs

**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 and right kidney measured 6.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Green

**HOSPITAL NAME**

Healing Spirit AW

**REFERRING VET**

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**INVOICE**

92929

**DATE**

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**Gastrointestinal**

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.



**PATIENT**

**Pancreas**

Kodiak Nelson

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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Canine

**Free Abdomen**

**BREED**

Lab Mix

A large amount of free fluid was noted in the abdomen. An undifferentiated 3.0 x 2.0 cm intestinal mass was noted with reactive surrounding mesentery. Other ill-defined, hypoechoic structures were present. These are likely lymph nodes or portions of intestine that are undifferentiated. Nodular omental changes were noted.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

Abdominal effusion.

**AGE**

6 years

Intestinal mass.

Regional lymphadenopathy and nodular omentum.

**WEIGHT**

83.3 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Carcinomatosis, lymphomatosis type presentation. An abdominocentesis and cytospin is recommended to assess exfoliating neoplastic cells. Ruptured mesenteric vasculature or other cause of hemorrhage is possible. Exploratory surgery could be considered, but this is not likely a surgically rectifiable issue.

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**PATIENT**

Kodiak Nelson

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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.

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