



PATIENT

Sloan Kurchak

SPECIES

Canine

BREED

Rottie Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

33.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

92906

DATE

11/5/21

PRESENTING CLINICAL SIGNS

History: chronic diarrhea unresponsive to standard medical treatment, sometimes has blood present; recently had hematuria which resolved with antibiotics; appetite has been good; no weight loss
CBC - low HCT Chem - WNL Xrays - we were unable to get x-rays awake prior to the ultrasound

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 6.52 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 0.72 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The **spleen** revealed multi-focal, hypoechoic target lesions that measured up to 1.0 cm with scalloping contour.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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. Other mesenteric lymph nodes were mildly enlarged.

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Pancreas

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 sublumbar lymph node was enlarged, hypoechoic and rounded measuring 2.18 x 1.16 cm. A separate lymph node enlargement was noted in the midabdomen measuring 3.23 x 2.26 cm.

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ULTRASONOGRAPHIC FINDINGS

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Splenic and lymph node based infiltrative pattern. This is strongly suggestive for round cell neoplasia. Splenitis and lymphadenitis is less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytology evaluation of the lymph nodes and spleen are indicated. Chest radiographs and assessment of the cranial mediastinum for metastatic disease is recommended if not already performed.

IMAGING PERFORMED BY

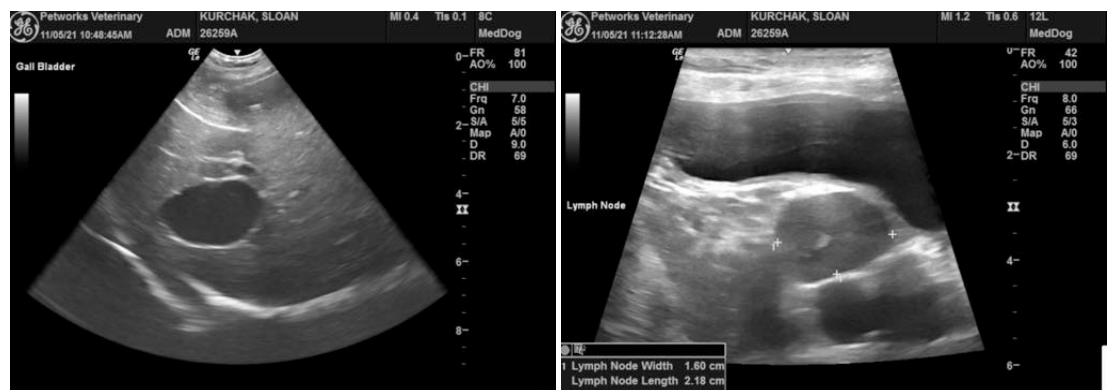
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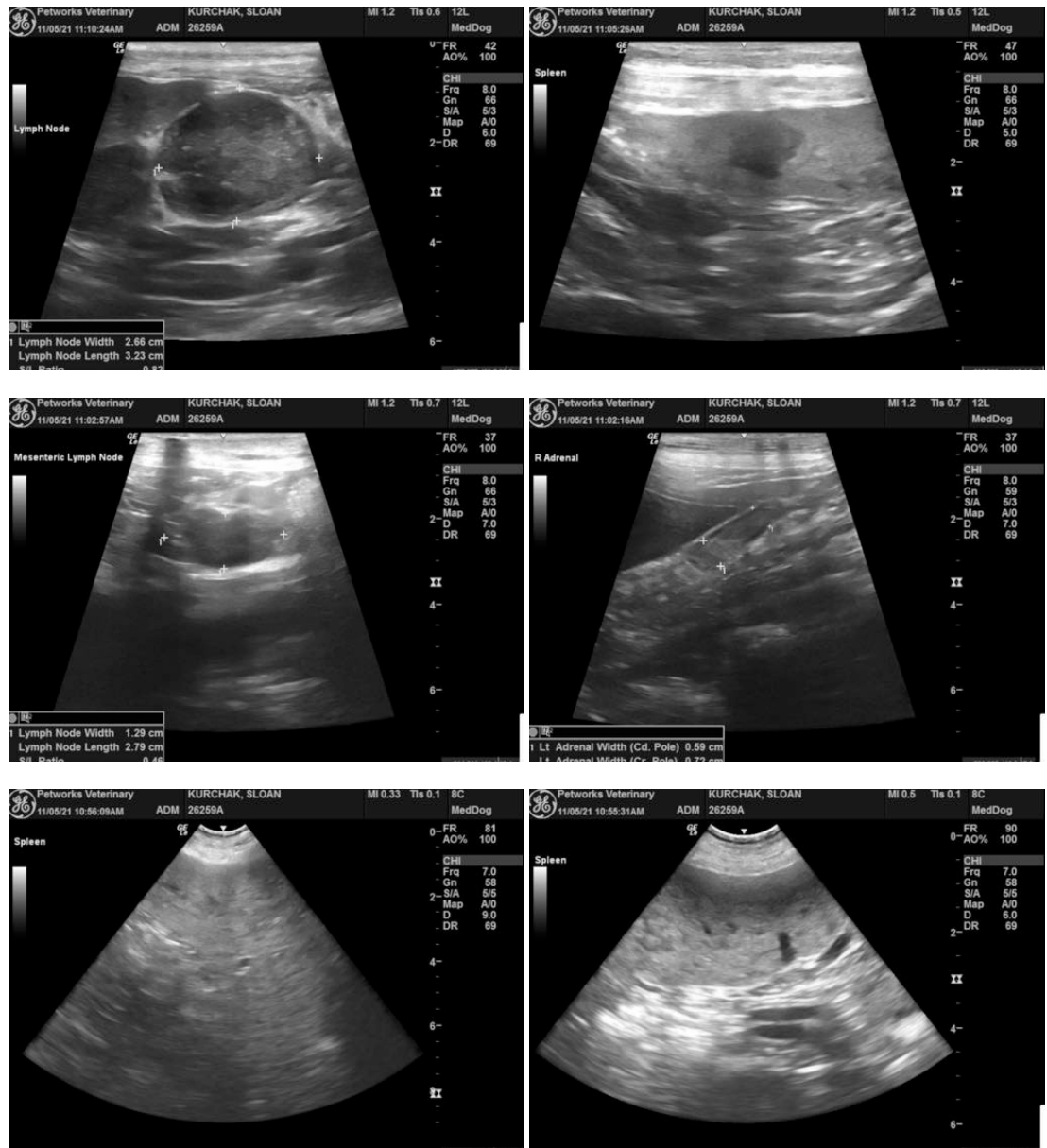
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com