



PATIENT

Canella Hernandez

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

67.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dra. Martes

INVOICE

17923

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Patient was presented on 11/3 for evaluation of acute history (since 11/2) of vomiting, diarrhea, lethargy and anorexia. Had several episodes of diarrhea on 11/2. She had also been panting. Vomited on 11/3. Other household dog had been vomiting last week; she was hospitalized and treated for gastroenteritis. Recently, a neighbor placed rat poison outside her house. Two dogs of a nearby neighbor died last week suddenly and one of them was vomiting blood. Patient has been hospitalized since 11/2 with cerenia, pantoprazole, vitamin K and metronidazole. Vomiting and diarrhea have stopped but appetite is reduced and patient is lethargic and mostly laterally recumbent.

Abnormal PE/Chem/CBC/UA Results: CBC - polycythemia Hct 74.1%, increased RBC and Hgb 24.9; lymphopenia and eosinopenia Chemistry - increased BUN 45 and amylase 1583, hypokalemia 3.4 fecal - negative radiographs - rounded edges of spleen

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 bladder was overdistended at the time of the sonogram.

The **kidneys** presented swollen irregular contour with cortical infarcts. Slight pyelectasia was noted. The left kidney measured 3.47 cm. The right kidney measured 3.47 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged at the cranial pole, measuring 1.0 cm at the cranial pole and 0.8 cm at the caudal pole x 3.26 cm in length.

Spleen

The **spleen** was enlarged with scalloping contour. Micronodular changes were noted. Hypoechoic multifocal changes were noted, consistent with potential infarcts. The spleen was heterogenous as well.

Liver

The **liver** was mildly swollen with increased portal markings. Gallbladder debris was noted.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

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An iliac **lymph node** was enlarged and irregular with mixed echogenic changes and swollen contour, measuring 3.86 cm x 1.95 cm. The iliac lymph node was superimposing on the aorta and iliac trifurcation. A separate lymph node measured up to 3.0 cm x 2.0 cm. Reactive mesentery was noted.

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ULTRASONOGRAPHIC FINDINGS

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Labrador Mix

- Infiltrative splenic pattern, infarcts and necrosis
- Renal infarcts and pyelectasia
- Increased portal markings in the liver
- Gallbladder debris
- Multifocal lymphadenopathy
- Mildly enlarged left adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

Strong concern for round cell neoplasia. Severe splenitis and nephritis are possible yet less likely. FNA of the spleen and liver indicated. If neoplasia is not present, then splenectomy is indicated, as well as regional biopsies. Full coagulation panel is warranted. Next step depends on cytology results. Both infiltrative neoplasia, such as lymphoma, as well as severe splenitis and lymphadenitis can present in this fashion.

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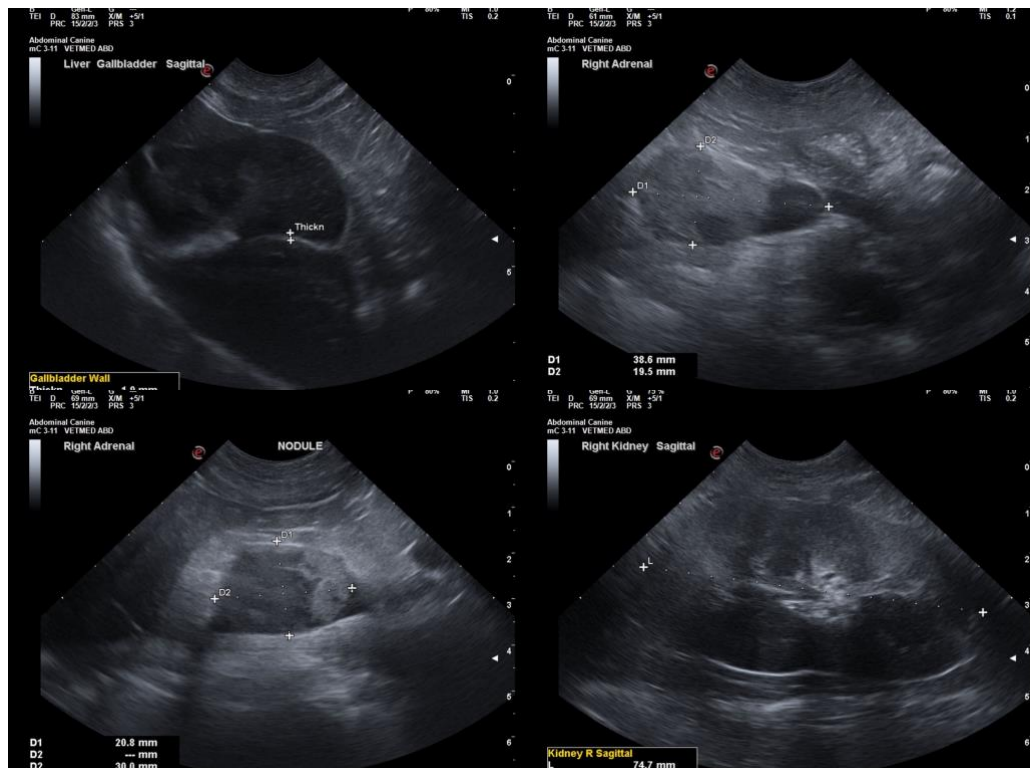
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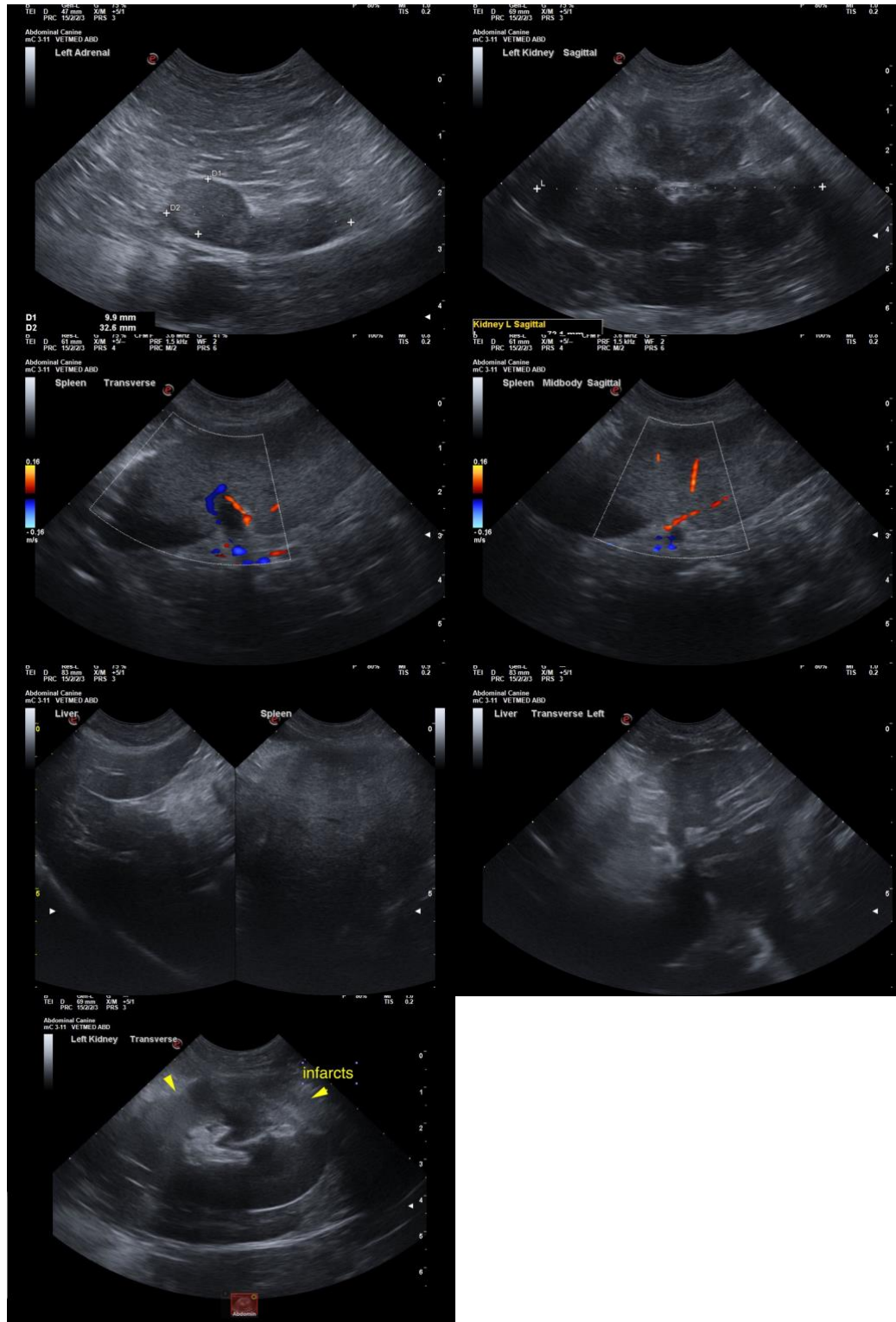
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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