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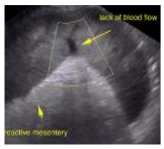
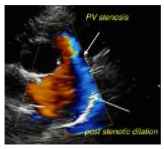
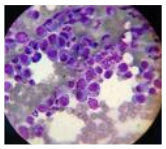
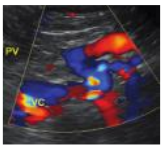

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sonni Devan

SPECIES

Canine

BREED

Lhasa Apso

SEX

Neutered Male

AGE

16 Years

WEIGHT

7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

17910

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for D+ and V+ since Saturday, woke up to find him lethargic and running into things. Previous Health Concerns: Sensitive Stomach Current Medications: Amoxicillin yesterday and today

Abnormal PE/Chem/CBC/UA Results: Rectal: Black tarry soft stool Radiographs: generalized lack of detail cranial abdomen; aerophagia; thickened gastric mucosa concerns; no obvious fb/ obstruction; geriatric chest changes CBC- Low rbc indices(hct 22.3, RBC 3.18m hGb 8) Chem- alb 2.2(L0 ALP 222(H) GT 31(H) TP 5.0(L) ALT 574 (H) EPOC- Hct 22% (L0 lactate 10.37(H) Hco3

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a moderate change. The right kidney measured 4.23 cm. The left kidney measured 4.61 cm. A 7.0 mm anechoic cyst was noted at the medial cortex.

Adrenal Glands

The **left adrenal gland** was mildly enlarged at the caudal pole, measuring 1.62 cm x 0.41 cm at the cranial pole and 0.81 cm at the caudal pole.

Spleen

The **spleen** revealed multifocal hyperechoic moderately disruptive nodular changes coalescing into a splenic mass effect, strongly suggestive for a neoplastic process- FNA is indicated.

Liver

The **liver** revealed increased portal markings, coarse architecture and hyperechoic nodular changes. The gallbladder was echogenic and thickened with suspended debris.

Gastrointestinal

The **stomach** was thickened, as were variable portions of small intestine without loss of mural detail.

Pancreas

Mixed echogenic changes were noted throughout the **pancreas** consistent with pancreatitis.

Free Abdomen

A minor amount of **ascites** was present.

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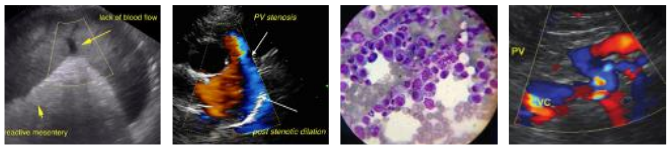

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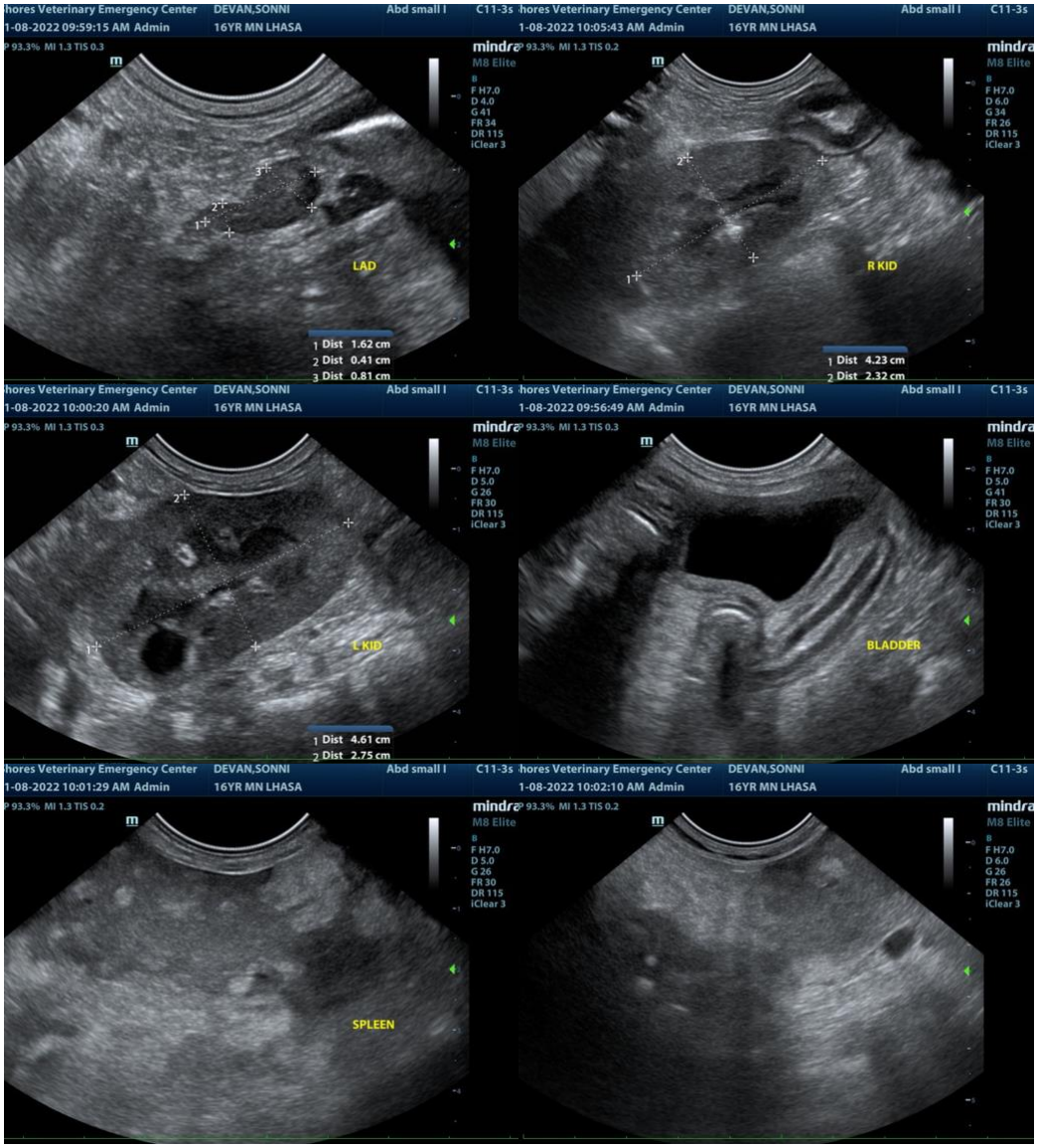
ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/pancreatitis pattern
- Multifocal hyperechoic splenic nodular changes coalescing into mass effects
- Chronic cholangitis pattern
- Interstitial nephrosis renal pattern
- Mildly enlarged left adrenal gland
- Ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential emerging round cell neoplasia. Screening FNA of the spleen and liver is indicated with ultrasound guided abdominocentesis with cytospin recommended. Prognosis is guarded depending upon cytology results. Plasma expanders, GI protectants, broad spectrum antibiotics could be considered as a palliative measure to assess if the patient will stabilize given the age.



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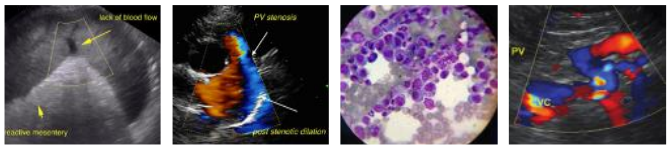

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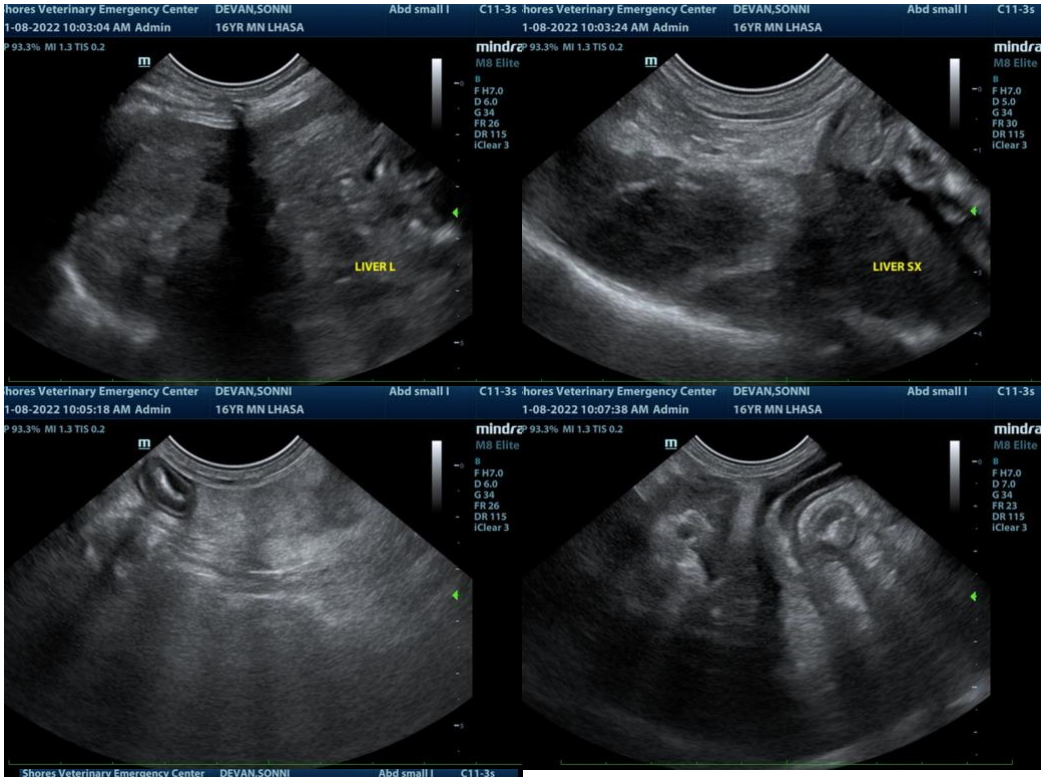

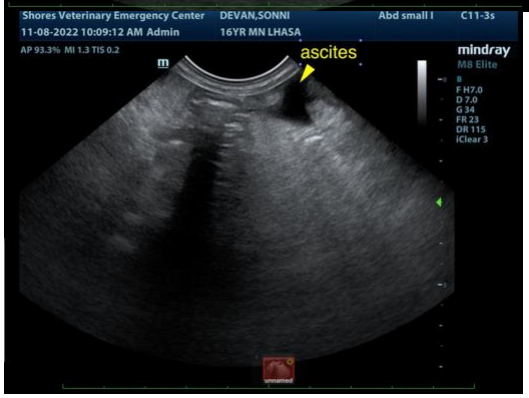

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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