



PATIENT

Nuke McBride

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

6 years

WEIGHT

74 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gunther

INVOICE

42417

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Chronic weight loss over past 1-2 years Currently mildly underweight; hyporexia (used to be a very fast eater), occasional vomiting/diarrhea but nothing regular. PE unremarkable
Abnormal PE/Chem/CBC/UA Results: CBC - mildly regenerative hypochromic, microcytic anemia (HCT 29.8% and reticulocytes 129,000 (normal 10-110)) CHEM - hypoproteinemia, hypoalbuminemia (2.4 - normal 2.7 - 3.9); cholesterol low (63 - normal 131- 345) 4DX - negative UA - well concentrated, no proteinuria

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.0 cm. The left kidney measured 6.09 cm.

Adrenal Glands

The **adrenal glands** were mildly swollen and slightly heterogenous, yet subjectively benign. The left adrenal measured 0.54 cm. The right adrenal gland measured 1.34 cm at the cranial pole and 0.95 cm at the caudal pole.

Spleen

The **spleen** was enlarged with scalloping contour and subtle micronodular changes. Enhanced surrounding mesentery was noted.

Liver

The **liver** was mildly enlarged with slightly increased portal markings. The liver revealed swollen contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes were enlarged, rounded and irregular.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present.



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Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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Pancreas

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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.

SEX

Neutered male

Free Abdomen

Slight areas of free fluid were noted.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

Mild diffuse intestinal thickening without neoplastic criteria.

WEIGHT

74 lbs

Slight areas of free fluid noted.

Swollen, irregular spleen, swollen, irregular liver with hepatic lymphadenopathy.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for emerging infiltrative disease in the spleen, liver +/- GI tract with paraneoplastic protein losing enteropathy. Reactive spleen and reactive liver with inflammatory bowel and PLE is possible as well as GI blood loss. However, bone marrow aspirate is warranted along with FNA of the spleen and liver in this patient. The prognosis is guarded. Chest radiographs are warranted to assess for comorbidities.

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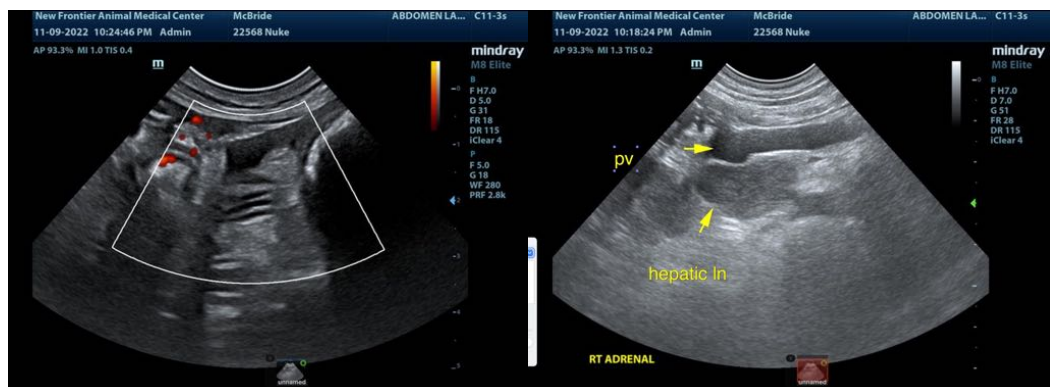
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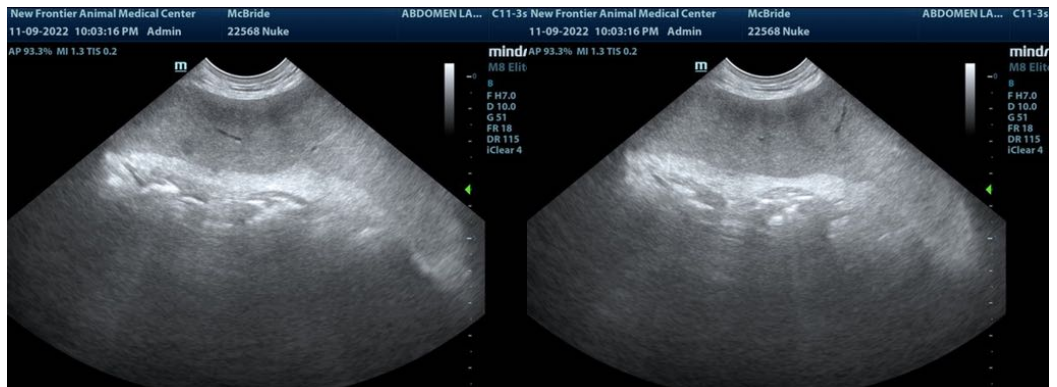
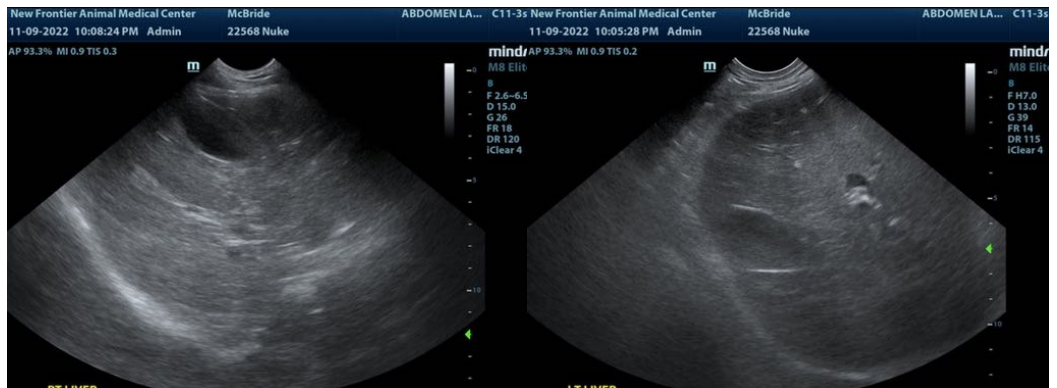
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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