


PATIENT

Blitz Holzach

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

9 years

WEIGHT

91 lbs

INTERPRETED BY

 Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Brenda King VS

REFERRING VET

Dr. King

INVOICE

94572

DATE

12/14/21

PRESENTING CLINICAL SIGNS

History: Patient presented for weight loss, progressive loss of appetite over the past 2-3 months, and severe diarrhea. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 140, magnesium 1.3.

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 residual prostate measured 1.72 cm.

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 right kidney measured 6.93 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 left adrenal gland measured 2.36 x 0.72 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The **spleen** revealed mixed, hypoechoic, ill-defined nodule that measured 2.17 cm at the mid body. The splenic lymph nodes are enlarged, rounded and hypoechoic measuring 1.5 cm. Other nodular changes were noted in the spleen with scalloping contour.

Liver

The **liver** was swollen with an echogenic gallbladder with micropolypoid changes. Coarse architecture was noted in the liver with increased portal markings and subtle micronodular changes. This is likely multi-focal, round cell neoplasia.

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. The mesenteric lymph nodes



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are enlarged, irregular and rounded. The largest of which measured 3.0 cm. A cluster of hypoechoic lymph nodes was noted around the mesenteric root.

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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.

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Free Abdomen

SEX

Iliac lymph nodes were enlarged, hypoechoic and rounded measuring 2.6 x 1.33 cm.

Neutered male

Heart

AGE

Rapid view of the heart revealed no evidence of pathology.

9 years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

91 lbs

Multi-centric lymphadenopathy.

Swollen liver with micronodular changes.

INTERPRETED BY

Nodular splenic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend assessment of the FNA samples; however, round cell neoplasia is suspected with a mild potential for multi-focal lymphadenitis. The prognosis is very guarded to poor long term depending on cytology results.

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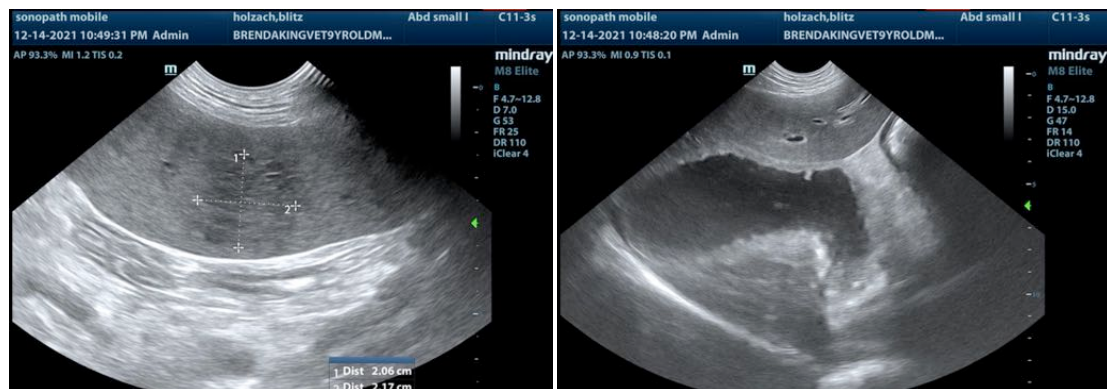
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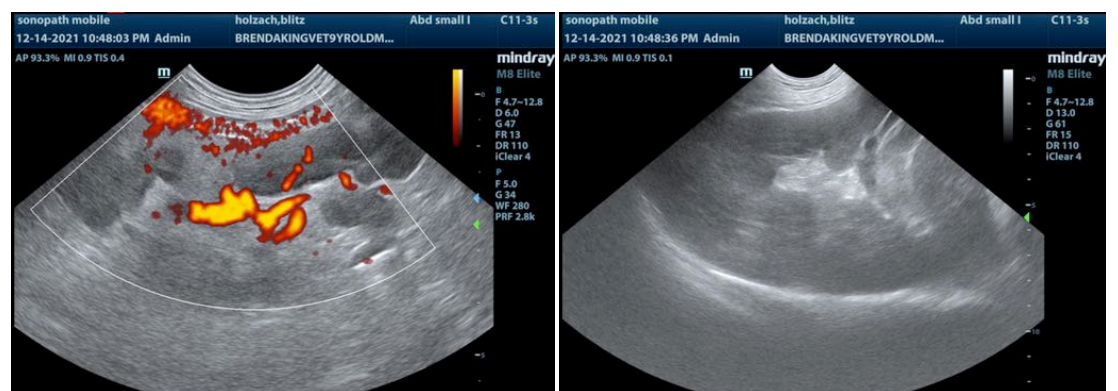
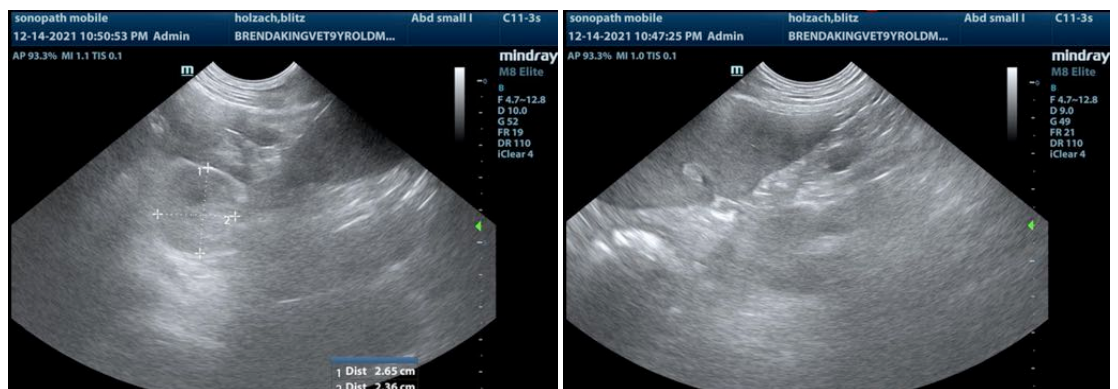
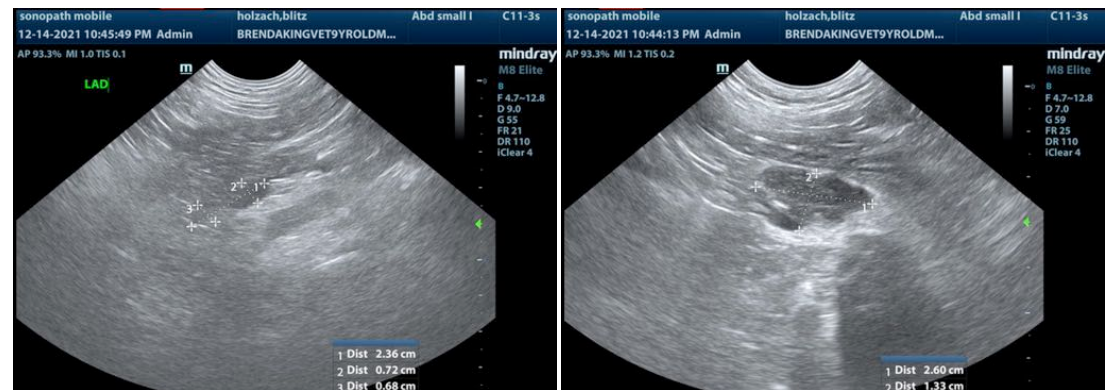
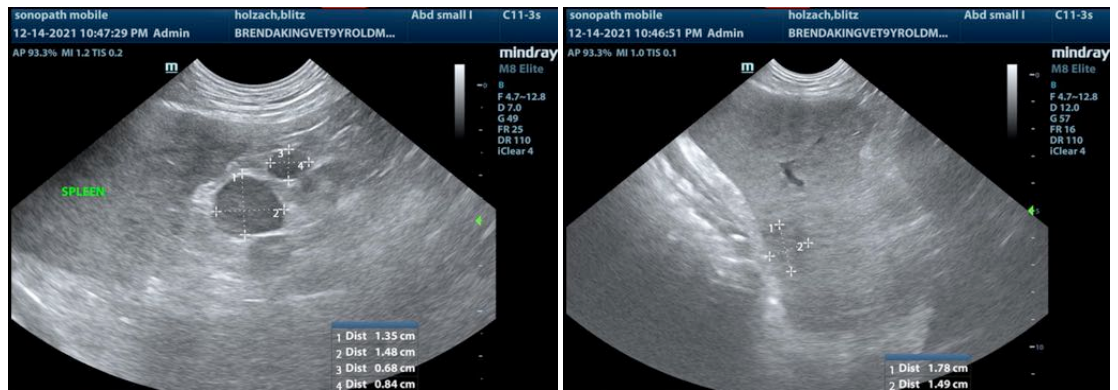
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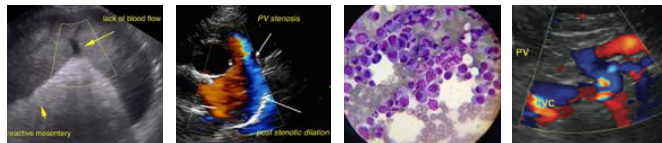
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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