



PATIENT

Frankie Martin

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

9 Years

WEIGHT

26 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

43445

DATE

12/14/22

PRESENTING CLINICAL SIGNS

P has not wanted to eat the past couple days, P did not want to walk today because of how lethargic he has been, P is shaking and panting and drooling today. Gave treat tonight and P immediately V+ up. P also seems like he has a tense abdomen. O was out of town for about a week, her son was watching him. No parks or new settings, unknown of P got into something, P does not eat things not suppose to, does not chew on things, another basset hound in the home two other cats that are indoor/outdoor everyone else seems fine. Brief History: History of anorexia and pyrexia, seemed painful

Abnormal PE/Chem/CBC/UA Results: Lab/trends: labs to start are normal except some concentrated urine

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** 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 5.0 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 0.50 cm.

Spleen

The **spleen** presented scalloping contour and mild enlargement. Subtle micronodular changes noted. The spleen was folded upon itself cranially.

Liver

The **liver** was swollen with scalloping contour and hyperechoic surrounding fat, consistent with inflammation. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Minor amount of fluid accumulation noted within the **gastric** lumen. The small intestine revealed some spastic bowel without loss of mural detail.

Pancreas

The **pancreas** was hypoechoic and irregular in the right limb with enhanced surrounding mesentery, consistent with concurrent pancreatitis. However, this is a secondary issue.



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Free Abdomen

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A mesenteric lymph node mass was noted in the mid abdomen, comprised of a cluster of hypoechoic undifferentiated lymph nodes. The largest lymph node measured approximately 5.0 cm x 3.0 cm.

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Hepatic lymph nodes were also enlarged and irregular. Sublumbar lymph nodes were also enlarged, irregular.

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative mesenteric lymph nodes with probable hepatic and splenic involvement
- Variable gastroenteritis/pancreatitis pattern

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Ultrasound guided FNA of the accessible lymph nodes, spleen, and liver indicated. Significant amount of inflammation present. Multicentric round cell neoplasia likely. Chest radiographs warranted. This is a particularly aggressive presentation. However, the involvement of the crucial organs such as the liver appears to be a fairly early phase. The patient may respond to chemotherapy and obtain some level of quality of life depending upon cytology results.

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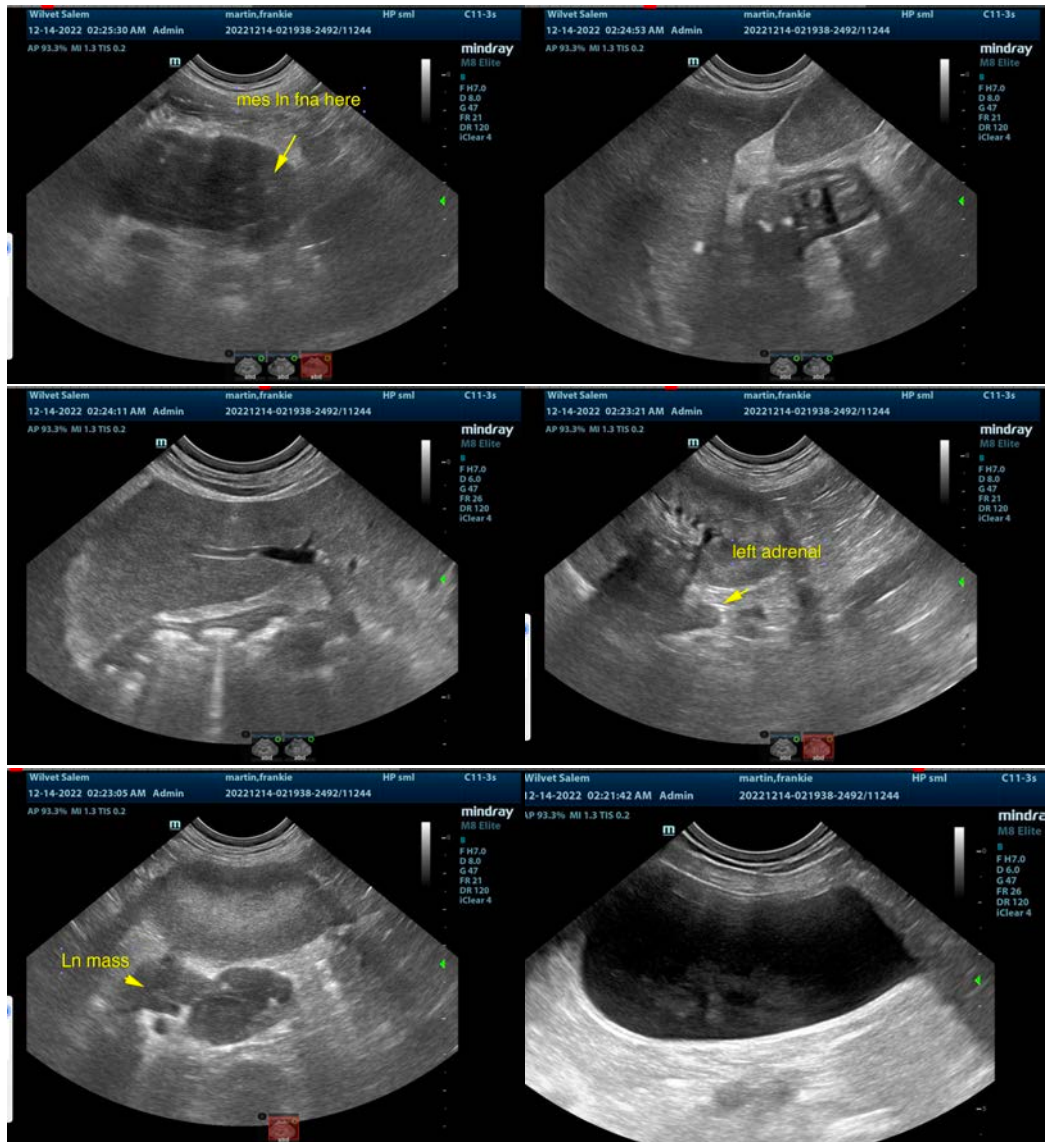
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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