



**PATIENT**

George Risdan

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

33.7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Pinecrest AH

**INVOICE**

20138

**DATE**

12/16/22

**PRESENTING CLINICAL SIGNS**

History: Losing weight.

Abnormal PE/Chem/CBC/UA Results: 1. Hypoproteinaemia 2. Ascites - suspect protein losing enteropathy. R/O cardiac disease, heartworm disease, neoplasia, septic abdomen less likely, liver disease less likely

**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 **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 6.0 cm. The left kidney measured 5.75 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 3.48 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.77 cm at the cranial pole and 0.68 cm at the caudal pole.

**Spleen**

The **spleen** was enlarged and irregular with subtle micronodular changes. Spleen folding was noted.

**Liver**

The **liver** was enlarged, uniform. The liver was mildly hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. Strong concern for infiltrative disease.

**Gastrointestinal**

The **stomach** itself was unremarkable. Soft stool was noted in the colon.

**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.

**Free Abdomen**

The mesenteric **lymph nodes** (up to 2.8 cm) presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with



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lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

Reactive mesentery was noted. Free fluid was noted between the spleen and liver.

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**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative splenic, lymph node and hepatic pattern, multicentric round cell neoplasia is likely

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Strong concern for infiltrative disease.

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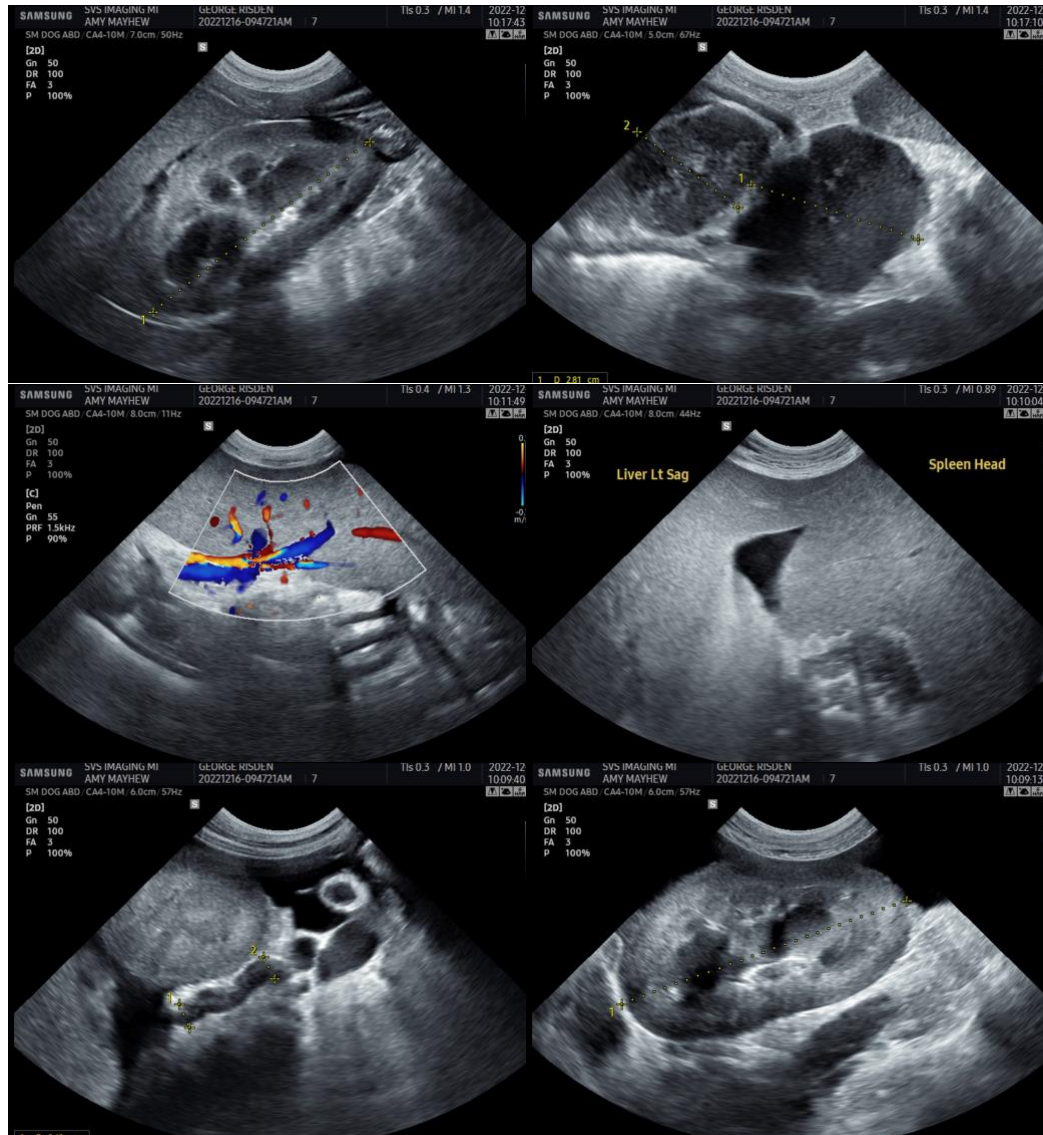
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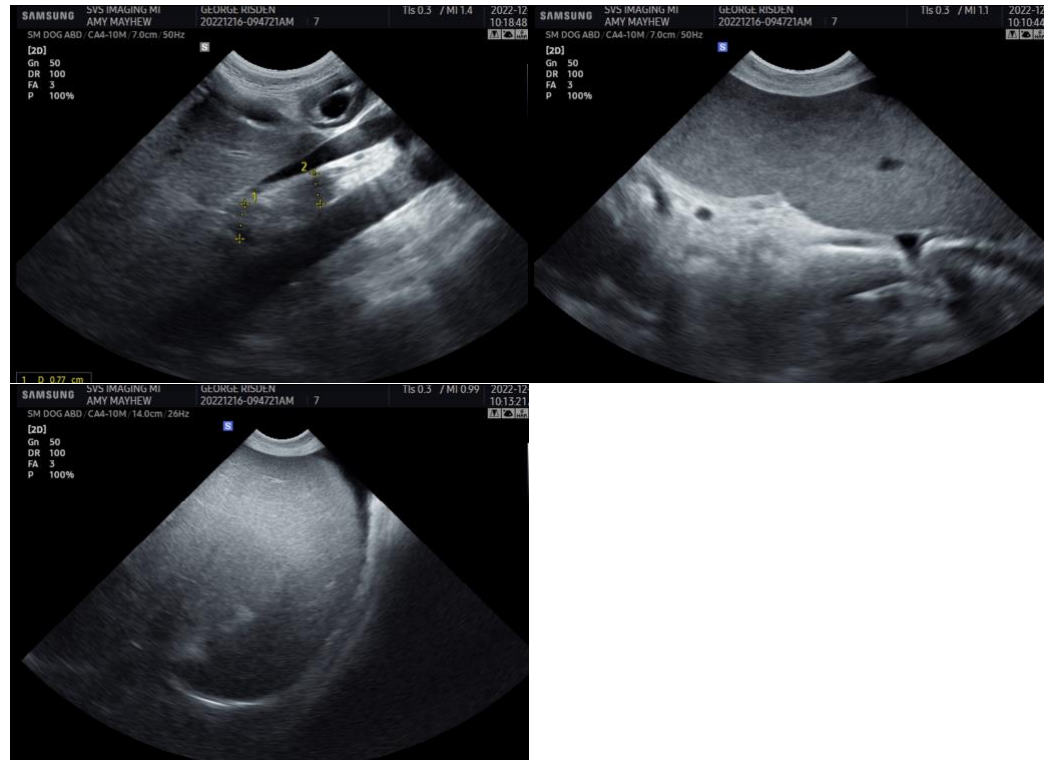
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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