



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Stitch Booze
Presented at our hospital for weight loss past 2 weeks, intermediate diarrhea, decreased appetite. Current Medications: Vitamins Appetite/When did they eat last: Appetite decreased, ate little yesterday

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Bloodwork: BUN 7.0; Alb 2.1; pH 7.358; K 3.3; WBC 37.71; NEU 35.85; LYM 0.54; BAS 0.13; NEU % 95.1; LYM% 1.4; EOS% 0.1; PLT 510; MPV 7.9 Rads: lack of detail throughout

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pit Bull 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.

SEX

Neutered Male

AGE

8 Years

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 7.09 cm. The right kidney measured 7.13 cm.

WEIGHT

18 kg

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Miller

Gastrointestinal

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. A mesenteric lymph node mass was noted, measuring approximately 6.0 cm. The mass was undifferentiated and presumed to lymph node in origin. Trace free fluid noted.

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DATE

12/23/21



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Pancreas

Stitch Booze

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymph node mass - suspect protein losing enteropathy with concurrent lymphoma

BREED

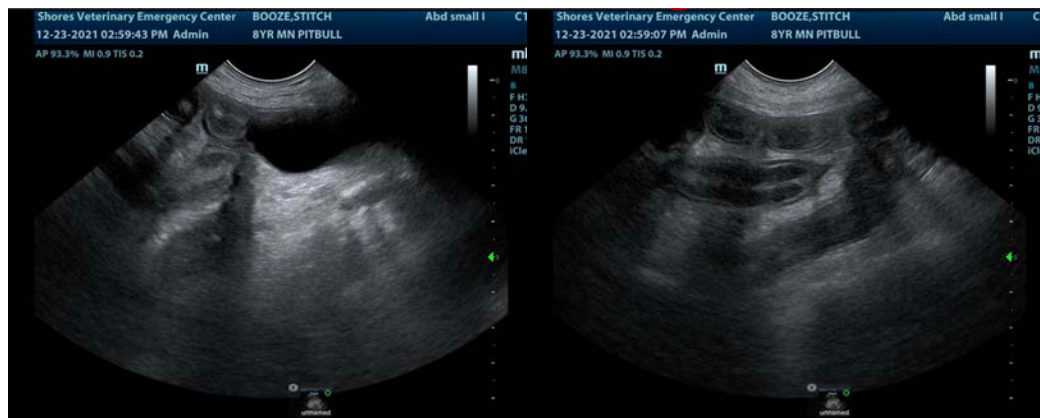
Pit Bull

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph node mass recommended. Treatment for PLE warranted in the meantime. Prognosis is guarded to poor depending upon cytology results and responsiveness to chemotherapy.

SEX

Neutered Male



AGE

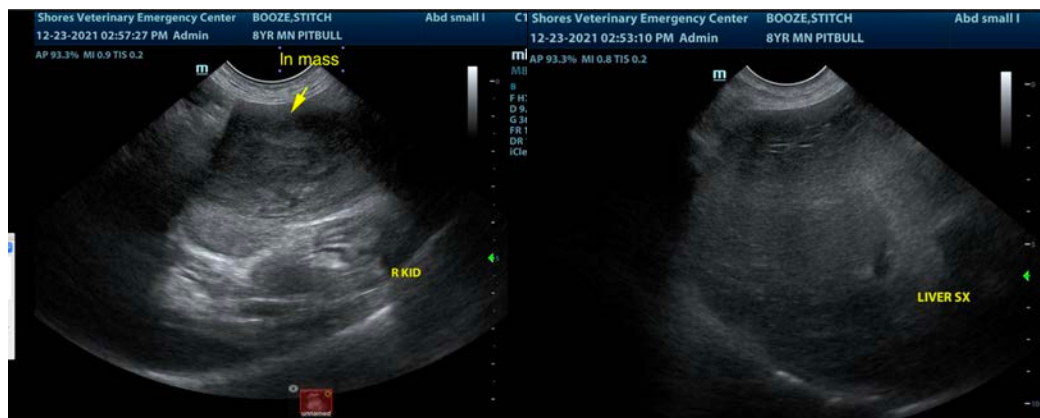
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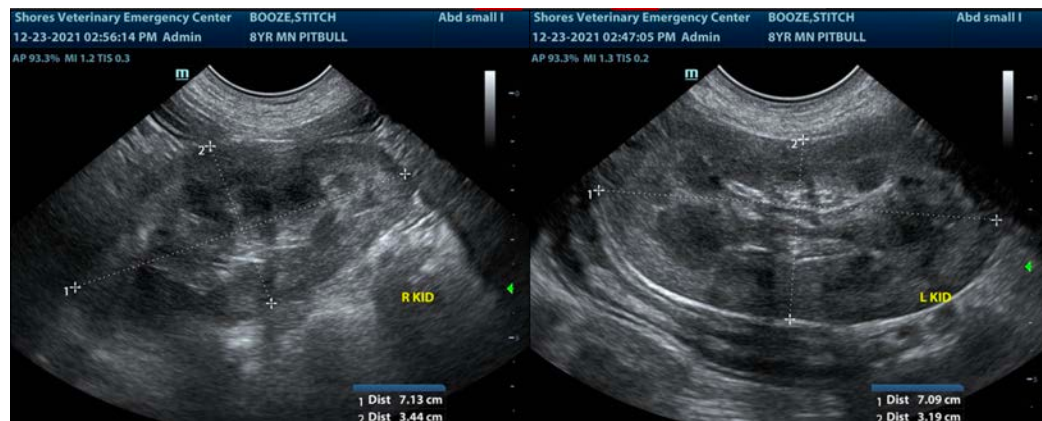
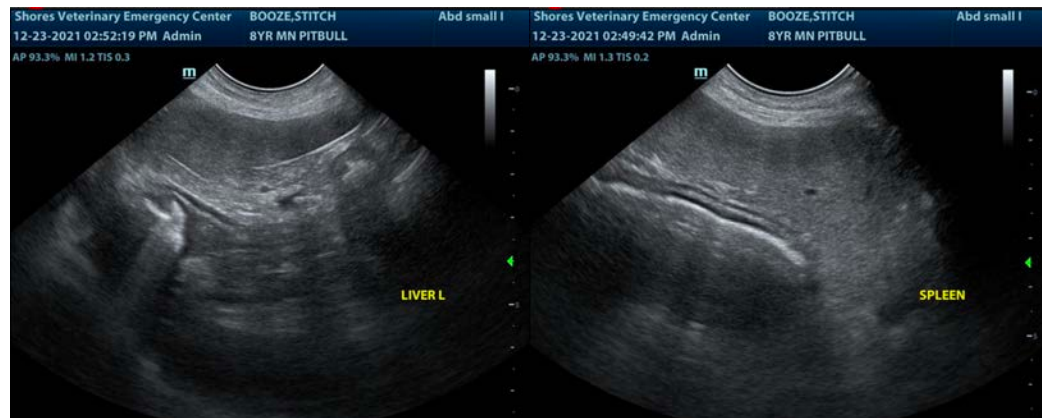
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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