

**DATE PRESENTING CLINICAL SIGNS**

12/27/21

History: Gradual progressive hyporexia and weight loss over last 2months. Coincided with recent passing away of long-time canine companion. Recent hx of Malena diarrhea for 2d duration a few weeks ago. Self-rectified and normal stools since. No hx of emesis.

**PATIENT**

Dewey Adams

Unremarkable physical exam other than subtle dark reddish stool on rectal and slight pallor to MM. Routine labs revealed hypoproteinemia, hypalbuminemia, mild anemia.

**SPECIES**

Canine

Current Medications: 0.8ml Cerenia SC- one dose Thurs 23rd Dec

200ml SC fluids- Dec 23<sup>rd</sup>. Out-patient therapy:

Metronidazole 250mg - 0.5 tabs PO BID, Provable- 1 caps PO SID

Sucralfate 1G- 1tab slurry PO q8hrs, Panacur 100mg/ml- PO SID 5d, 5d course repeated 2w later.

**BREED**

Pug

Held off on prednisone pending abd US report

Lab Results: CBC: WBC 17.28 (<17), Lymph 0.96 (>1.0), Neut 15.31 (<12), PLT 115 (>200). IH blood smear: Band neuts abundant; manual PLT count 120 (>200). Macroplatelets evident. No obvious clumping. IH comprehensive biochem: TP 4.4 (>5.4), Glob 2.3 (>2.3), ALB 2.1 (>2.5), Na 136 (<138). UA to be collected at the time of the US

**SEX**

Neutered Male

Intestinal Parasite Screening-pending.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin.

Stat Report: Not requested/Declined.

**AGE**

1/2/09

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****WEIGHT**

17.2 Pounds

**Urinary System****INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 residual prostate was uniform, measuring 0.6 cm.

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDCCS, RVT

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 4.43 cm. The left kidney measured 4.6 cm.

**HOSPITAL NAME**

Belvedere Vet Center

**Adrenal Glands**

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

**REFERRING VET**

Dr. Eden

**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.

**INVOICE**

33748

### ***Liver***

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***Gastrointestinal***

Excessive **GI** gas noted, obscuring some visibility of the gastrointestinal tract. An undifferentiated 4.0 + cm, irregularly expansive and infiltrative intestinal mass was noted in the mid abdomen. Separate other hypochoic undifferentiated masses were noted, deriving from the gastrointestinal tract.

### ***Pancreas***

The visible **pancreas** revealed an inflammatory pattern extending from the intestinal pathology.

### ***Free Abdomen***

Omental nodular changes noted, suggestive for lymphomatosis or similar neoplasia.

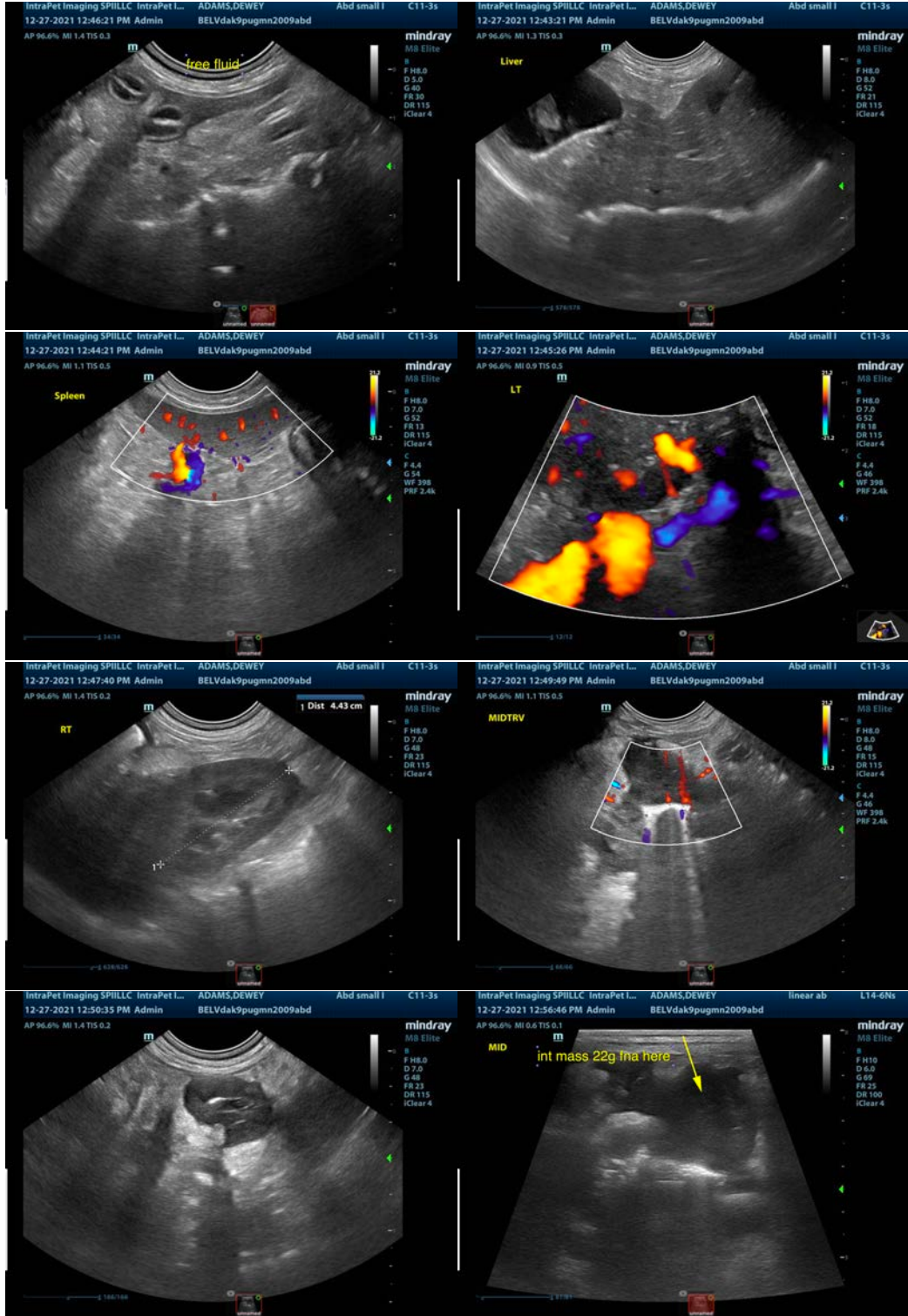
Free fluid noted, suggestive for neoplastic spread or peritonitis.

## **ULTRASONOGRAPHIC FINDINGS**

- Multifocal intestinal masses, undifferentiated – intestinal lymphoma with secondary paraneoplastic protein losing enteropathy likely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal masses and ultrasound guided abdominocentesis of the free fluid with culture and cytology all indicated. Prognosis is poor long-term. However, this may be chemoresponsive.





**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](mailto:info@SonoPath.com)