



**PATIENT**

Roxy Iannone

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

19 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho Ho Kus VH

**REFERRING VET**

Dr. Scott

**INVOICE**

13166

**DATE**

12/27/21

**PRESENTING CLINICAL SIGNS**

History: Had ultrasound on Wednesday and splenectomy on Thursday -mass in spleen was partially adhered to pancreas so a piece of the pancreas was removed. Pet was fine the first two days after surgery but yesterday was shaking and didn't eat- owner brought pet back to the hospital and they didn't see anything concerning on ultrasound, basic BW WNL- elevated WBC but improved from pre-anesthetic bw. Today no more shaking but very lethargic.

Abnormal PE/Chem/CBC/UA Results: PE- bruising around incision (CBC WNL yesterday) CBC- WBC 22K (preanesthetic WBC 41K) Temp 102.4

**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 kidneys measured 5 cm each.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The region of the **splenic fossa** was unremarkable.

**Liver**

The **liver** was swollen and hypoechoic. Generalized hepatomegaly noted. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastric** wall was thickened. Variable tortuous small intestine noted with rapid change of direction owing to adhesion patterns throughout the mid abdomen.

**Pancreas**

The adhesions obscured the **pancreas**. \*See free abdomen section.

**Free Abdomen**

A moderate amount of free fluid and adhesions noted throughout the mid cranial **abdomen**. Reactive mesentery noted.

**ULTRASONOGRAPHIC FINDINGS**



**PATIENT**

Roxy Iannone

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

19 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho Ho Kus VH

**REFERRING VET**

Dr. Scott

**INVOICE**

13166

**DATE**

12/27/21

- Peritonitis, adhesion pattern with free fluid. Possibility of exfoliating neoplasia such as lymphomatosis or similar, depending upon the histopathology of the tumor removal.
- Variable areas of intestinal thickening noted without neoplastic criteria within the GI tract, however the adhesion pattern did not allow for free movement of the intestinal loops
- Hepatomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abdominocentesis and cytospin recommended to assess for peritonitis versus possibility of exfoliating neoplasia. The extent of the reactive mesentery was vast and excessive for post-surgical healing. This, along with the free fluid is significantly concerning. Exploratory surgery with breaking down of the adhesions as well as abdominal lavage may be necessary. However, I recommend supportive care until abdominal cytology can be reevaluated based on the free fluid present. Prognosis is very guarded.





**PATIENT**

Roxy Iannone

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

19 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho Ho Kus VH

**REFERRING VET**

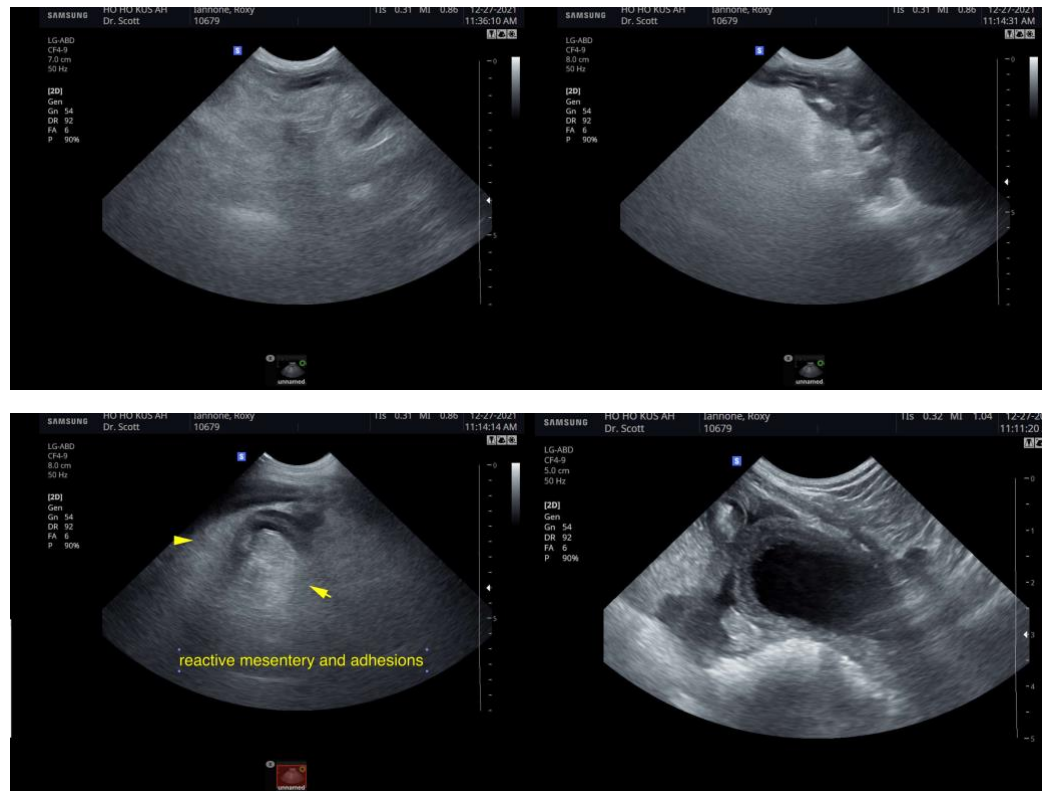
Dr. Scott

**INVOICE**

13166

**DATE**

12/27/21



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