



**PATIENT**

Charlie Shelton

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

24.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

33816

**DATE**

12/29/21

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for vomiting and panting. Owner says vomiting started this morning. Patient ended up vomiting her breakfast. Patient is having reluctance to eat. Patient did vomit 2 other times as well. Owner says stools are a little loose. Patient also has a semi runny nose. Has been losing weight. Abnormal PE/Chem/CBC/UA Results: Cardiovascular: no murmur, sinus arrhythmia Respiratory: harsh lung sounds bilateral lung fields Abdominal: full cranial abdominal feel; cranial organomegaly vs mass; tense overall Radiographs: generalized bronchointerstitial pattern noted throughout lung fields, splenomegaly, no signs of obstruction, loss of detail cranial abdomen. Chemistry: GGT 60 H, Total bilirubin 2.3 H CBC: stress leukogram EPOC: pH 7.353 L, Ionized Ca 0.88 L, Lactate 5.65 H

**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.

Iliac lymph nodes were enlarged, hypoechoic and rounded, measuring up to 1.5 cm.

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 left kidney measured 6.56 cm. The right kidney measured 7.21 cm.

**Adrenal Glands**

The **left adrenal gland** presented a pericapsular inflammatory pattern. The left adrenal measured 0.5 cm in width. The region of the **right adrenal gland** was unremarkable.

**Spleen**

The **spleen** was enlarged with scalloping contour and subtle micronodular changes. Enhanced pericapsular inflammatory pattern noted.

**Liver**

The **liver** was enlarged with coarse architecture and irregular contour. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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.



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**Free Abdomen**

Charlie Shelton

Cranial abdominal lymph nodes were enlarged, rounded and hypoechoic, measuring up to 3.0 cm. Enhanced mesentery noted, affecting the pancreas secondarily.

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**ULTRASONOGRAPHIC FINDINGS**

- Multicentric lymphoma pattern involving lymph nodes, spleen and liver

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA warranted. Immediate chemotherapeutic intervention recommended. Round cell neoplasia/lymphoma pattern.

**SEX**

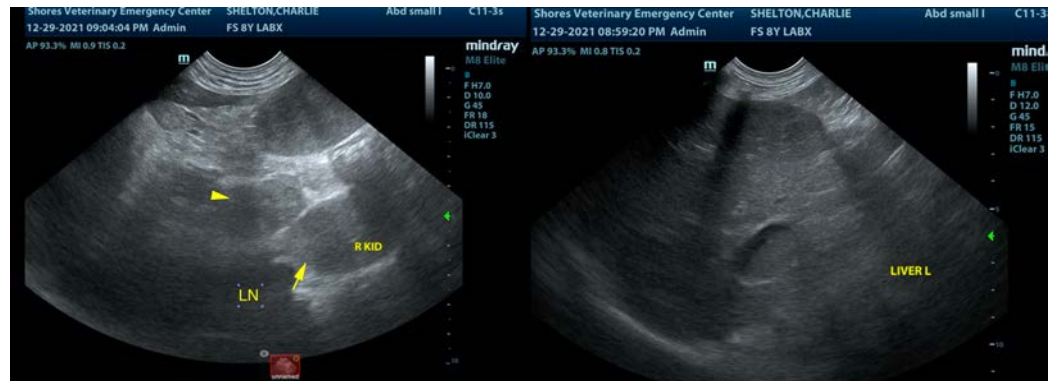
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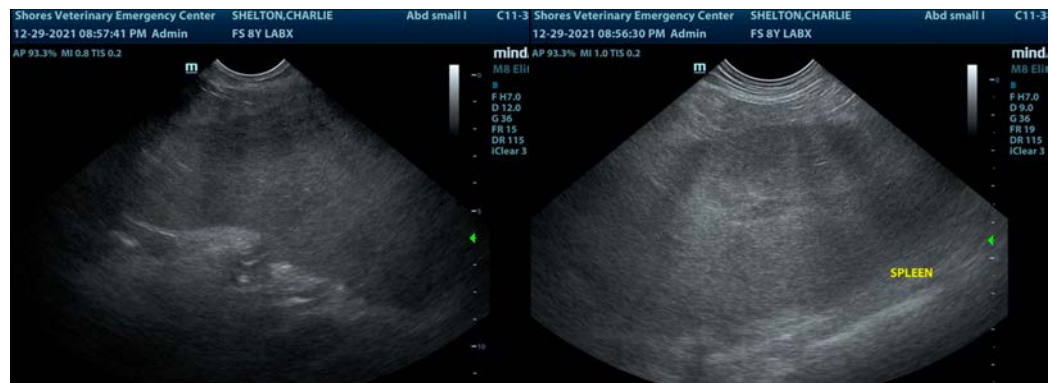
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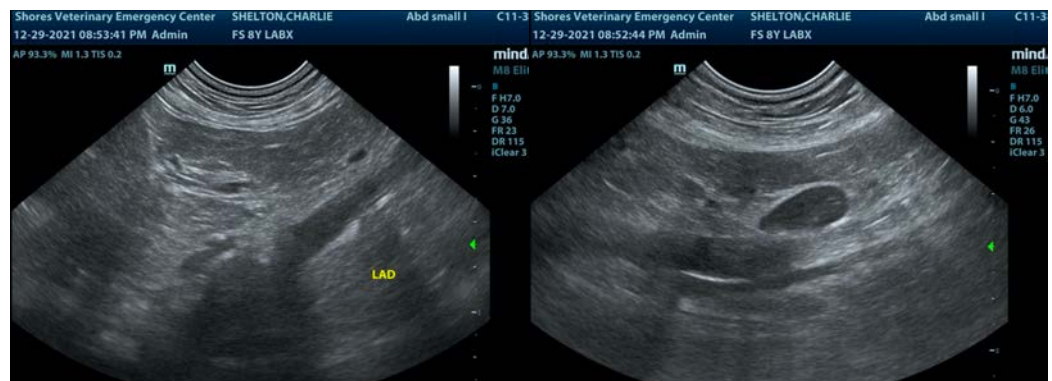


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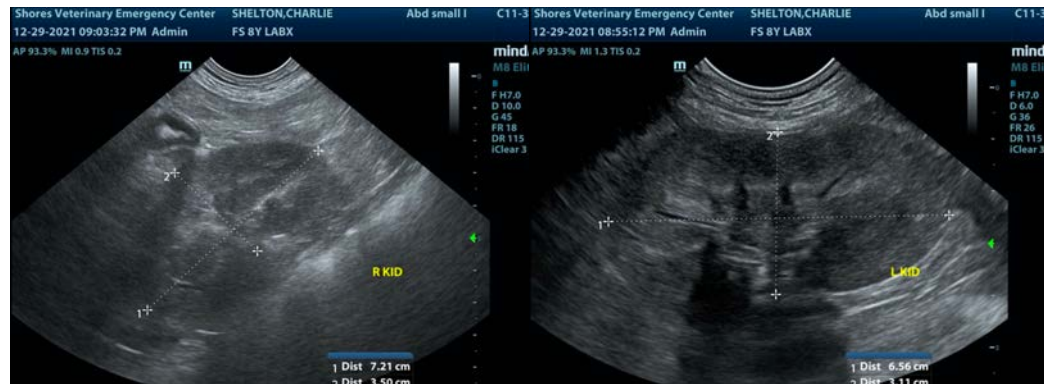
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)