



PATIENT

Jasper Pluciniak

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

10 Years

WEIGHT

47 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

43820

DATE

12/29/22

PRESENTING CLINICAL SIGNS

ADR - not eating after being very picky for a while as well, very painful abdomen, not able to use back legs, hyporexia, weakness, huge hemorrhagic mass left hip - cytology pending.

Abnormal PE/Chem/CBC/UA Results: mild non regen. anemia (pcv - down 10 points in 1 week) platelets - down 74,000 but macro seen, wbc high 25000 , neutrophilia , alk phos - 230

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was not visualized.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortex 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 capsule was acceptably uniform without significant irregularities. The left kidney measured 7.0 cm.

The **right kidney** presented cortical infarcts and slight pyelectasia. The right kidney measured

Adrenal Glands

The region of the **left adrenal gland** was unremarkable.

The **right adrenal gland** was 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 right adrenal gland measured 1.0 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** presented subtle micronodular changes and coarse architecture. Relatively normal size at 1.8 cm in width.

Liver

The **liver** was mildly enlarged, uniform. Hypoechoic parenchyma noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastric** wall was slightly thickened. Trace amount of chyme noted in the stomach. 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 **pancreas** was enlarged, swollen, irregular, and hypoechoic, measuring up to 2.0 cm. Mild enhanced surrounding mesentery noted.

ULTRASONOGRAPHIC FINDINGS

- Non-specific granular parenchymal splenic changes
- Swollen, hypoechoic liver
- Prominent, irregular right pancreatic limb
- Minor right renal infarcts



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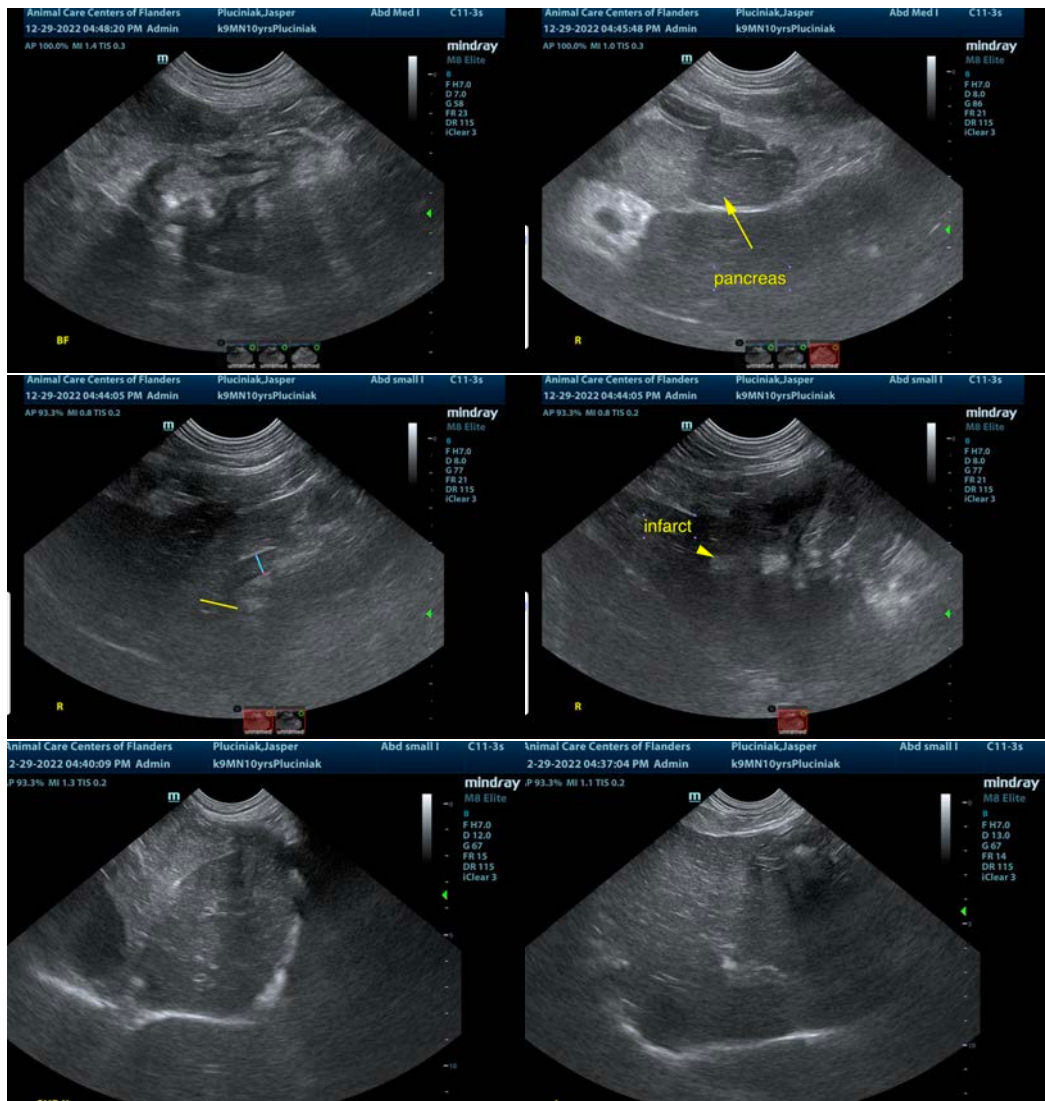
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for underlying emerging infiltrative disease in this patient, such as mast cell disease or lymphoma. Coagulation panel, splenohepatic +/- pancreatic FNA all indicated for further definition. Platelet count should be at least 70,000 prior to any FNA. Prognosis is very guarded. CBC path review +/- bone marrow aspirate would be ideal. Emerging round cell neoplasia versus splenitis or reactive spleen, low-grade pancreatitis, and reactive liver.



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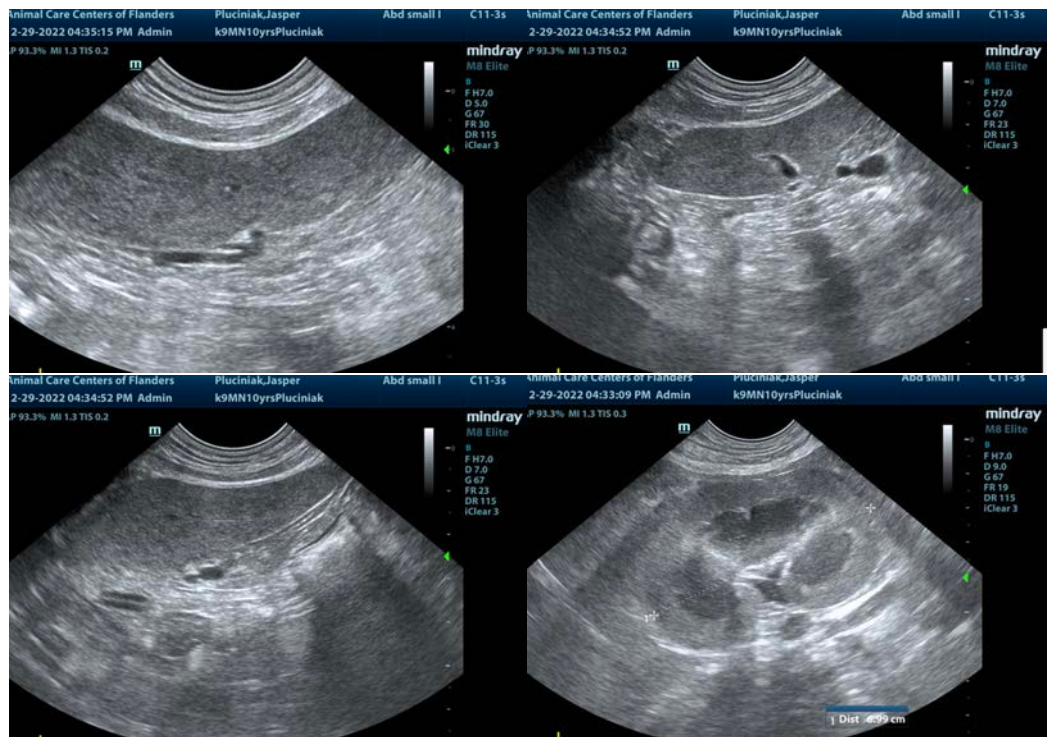
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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