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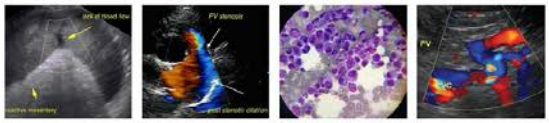

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chance Edwards

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

12 Years

WEIGHT

86.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia-Saint Jacques, LVT, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

33900

DATE

12/31/21

PRESENTING CLINICAL SIGNS

not eating great the last month, intermittent diarrhea and currently on i/d low fat food. Patient had splenectomy. Runs around and collapses for no reason and stiffens up almost like a seizure Urinary incontinence Reason for Ultrasound: Runs around and collapses for no reason and stiffens up almost like a seizure PE:), diarrhea, otherwise WNL BPM 70 (very calm relaxed lab In house U/S showed entire liver is mottled and abnormal in appearance. Multiple nodules noted throughout abdomen- enlarged and abnormally shaped lymph nodes or masses. FNA cytology of these masses was only extra medullary hematopoiesis likely from previous splenectomy. ECG: HEART RATE AND RHYTHM: Heart Rate: 159 bpm Rhythm: Ventricular bigeminy (alternating sinus beats with single VPCs) ECG AND CLINICAL ASSESSMENT: A ventricular arrhythmia is noted. Ventricular arrhythmias occur in many clinical settings, generally divided into cardiac and non-cardiac causes. Cardiac conditions include structural heart disease, pericardial effusion/cardiac neoplasia, and rarely myocarditis. Non-cardiac causes are common and include splenic disease, metabolic disease, electrolyte disturbances, tick-borne disease, fever, anemia, trauma, GDV, hepatic disease, GI disease, pancreatitis, DIC, and sepsis. DIAGNOSTIC RECOMMENDATIONS: The ventricular arrhythmia could indicate underlying heart disease or may be secondary to non-cardiac disease. Depending on specific clinical history and physical examination findings, the diagnostic evaluation may include blood work, abdominal ultrasound, thoracic radiographs, and/or echocardiography. BW: Lab work demonstrates mild elevation of ALT @ 364 IU/L, moderate elevation of ALP @ 628 IU/L, HCT low normal @ 36% (N,N,N anemia); mild thrombocytosis @ 497,000/uL, T4 low normal @ 0.8 ug/dL, urine SpGr low normal @ 1.016, pH mildly elevated @ 7.5, 2+ hematuria (likely traumatic stick, though cannot r/o other causes), fecal neg, Accuplex 4dx: neg x 4. Radiographs not performed yet since we have no power for the last week.

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 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. Occasional cortical cyst noted up to 1.25 cm in the right renal cortex. The right kidney measured 7.71 cm. The left kidney measured 8.0 cm.

Adrenal Glands

Both **adrenal glands** were 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 left adrenal gland measured 0.89 cm at the cranial pole and 0.75 cm at the caudal pole.

Spleen

In the region of the **splenic** fossa, a hypoechoic parenchymal mass was noted measuring 4.0 cm, may be lymph node in origin. The mass is undifferentiated.

Liver

The **liver** was riddled with multiple coalescing target lesions and irregular contour. The gallbladder was deviated and mildly thickened.

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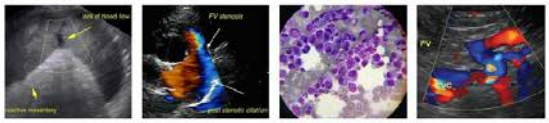

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Gastrointestinal

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.

Free Abdomen

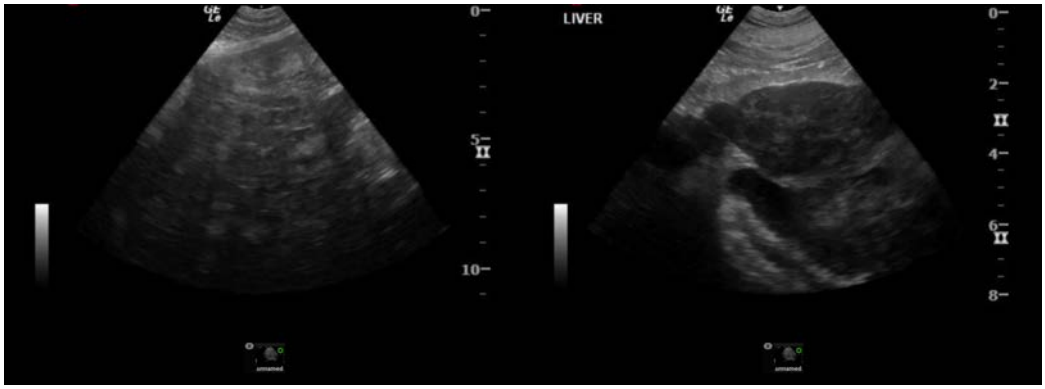
An expansive sublumbar lymph node mass was noted measuring 3.72 cm x 3.24 cm. A separate sublumbar lymph node measured 2.14 cm. Multiple other mesenteric lymph nodes were enlarged, hypoechoic and irregular, measuring up to 3.0 cm each. Reactive mesentery noted in the cranial abdomen, associated with the pancreas. However, this is secondary to the lymphadenopathy.

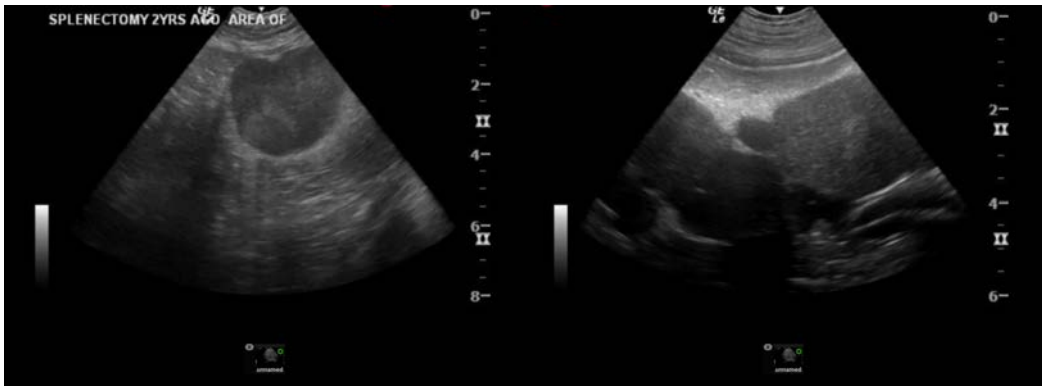
ULTRASONOGRAPHIC FINDINGS

- Multicentric lymphadenopathy and coalescing target liver lesions
- Multicentric round cell neoplasia pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA lymph nodes and liver recommended. Prognosis is poor. This is a particularly aggressive presentation.





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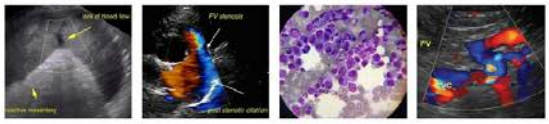

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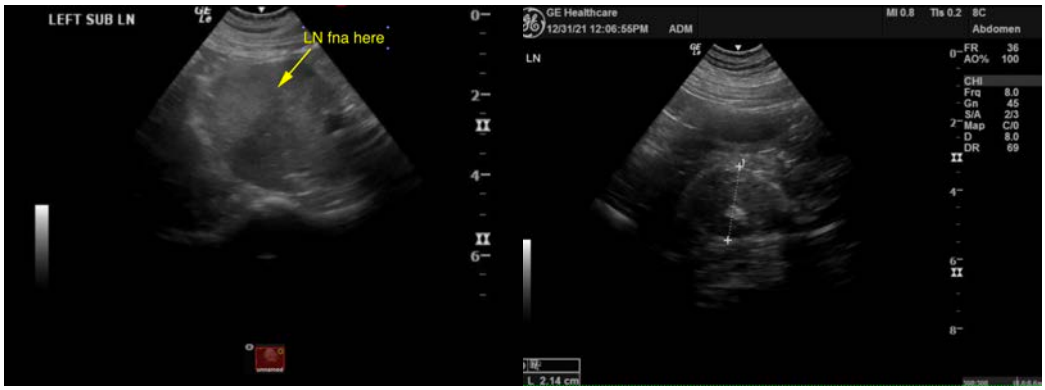

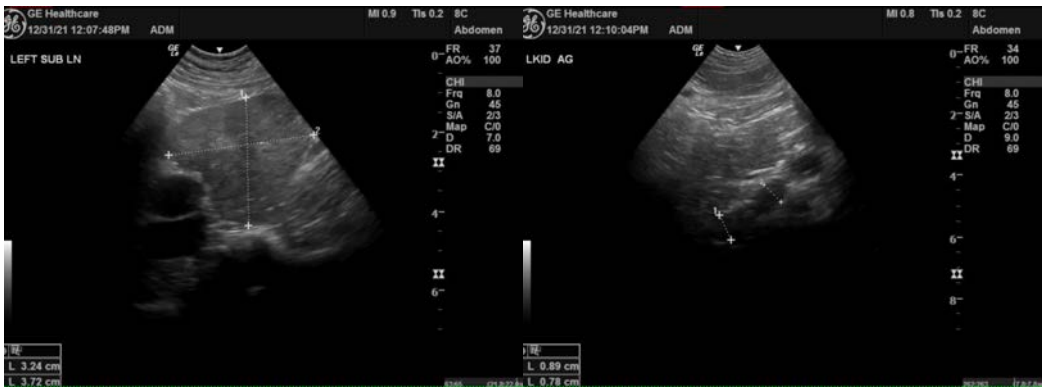

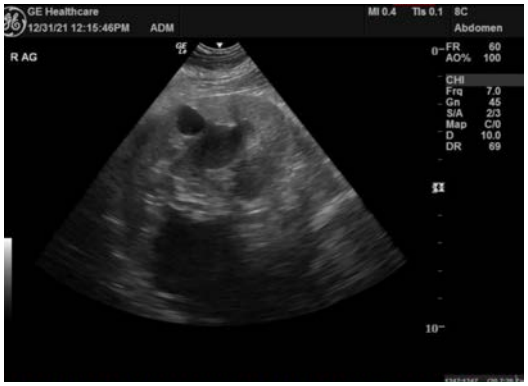

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com