

**PATIENT**

Ruari Bethke 53907A

SPECIES

Canine

BREED

Irish Setter

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

29.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison VS –
Dr. Strauss**INVOICE**

45047

DATE

2/10/23

PRESENTING CLINICAL SIGNS

Ruari presented to the MVS Emergency Service on Feb 09, 2023, at 6:05pm, for evaluation of lethargy, vomiting, fever. Ruari was fine yesterday. Today he is drinking excessively, coughing intermittently, vomiting a few times (yellow mucousy in appearance), lethargic, and panting. He had been eating well the last few days and he ate some food this morning, but nothing since. His stools have been soft as well. Ruari is a patient of the MVS Oncology service and has undergone partial treatment for a right apocrine gland anal sac adenocarcinoma. Staging CT revealed probable sublumbar lymph node metastasis as well as a splenic mass. The anal gland mass was surgically excised on 1/10/22. Splenectomy was also performed. Histopathology of the mass revealed a hematoma and hyperplasia. Current therapy: Plasma-Lyte Pantoprazole Unasyn

Abnormal PE/Chem/CBC/UA Results: T 103.2 ALP 1377 ALT 171 HCT 34.8 RBC 5.48 Retic 169.3k WBC 8.68k Lym 6.0k Neu 1.17k

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. The right kidney measured 7.14 cm. The left kidney was mildly swollen and measured 7.5 cm. Pericapsular inflammatory pattern noted and occasional cortical cysts.

Adrenal Glands

The right adrenal gland presented a hyperechoic nodule at the cranial pole measuring 0.66 cm, incidental adenoma likely. Minor adrenal remodeling noted. The right adrenal gland measured 0.93 cm at the cranial pole and 0.78 cm at the caudal pole.

The left adrenal gland was mildly heterogeneous with minor irregularity at the phrenic vein. Phrenic vein occupation or thrombosis suspected. Cranial pole measured 0.92 cm. Caudal pole measured 0.72 cm. Slight enlargement. A separate cystic lymph node was noted adjacent to the left adrenal gland.

Spleen

The **spleen** was previously removed.

Liver

The **liver** presented coarse architecture and increased portal markings. Swollen irregular contour and surrounding free fluid noted. The gallbladder was unremarkable.

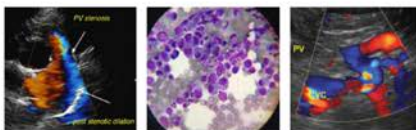
Gastrointestinal

The **stomach** itself was unremarkable. The distal small intestine was thickened and irregular.

Pancreas

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The right limb of the pancreas revealed a mixed hypoechoic change, measuring 1.8 cm x 1.3 cm and enhanced surrounding mesentery. Areas of pancreatic necrosis also noted.

Free Abdomen**SPECIES**

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The right mid abdomen revealed a 4.6 cm x 2.9 cm mesenteric cyst or abscess.

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Multifocal lymph nodes were enlarged, irregular, and micronodular with enhanced surrounding mesentery noted, measuring up to 1.8 cm x 1.3 cm. Hepatic lymph nodes were enlarged, length to width ratio maintained, measuring 3.84 cm x 1.0 cm. A sacral lymph node was enlarged, measuring 2.5 cm x 3.57 cm, rounded and hypoechoic and irregular.

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Minor amount of anechoic free fluid noted.

Reactive mesentery noted throughout the mid cranial abdomen.

The mid abdominal mesenteric root region revealed a potential mesenteric thrombus/tubular structure with tissue occupation or thrombus occupation

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ULTRASONOGRAPHIC FINDINGS**WEIGHT**

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- Multifocal lymphadenopathy
- Pancreatitis
- Right adrenal nodule cranial pole
- Heterogeneous left adrenal with irregularity at the phrenic vein
- Swollen, irregular liver
- Distal small intestinal thickening
- Age related renal changes

INTERPRETED BY

Eric Lindquist, DMV

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is an aggressive multicentric presentation with reactive mesentery, pancreatitis, thrombosis of mesenteric vasculature as well as suspected left phrenic vein. Recommend full coagulation panel with d-dimers in this patient. I'm suspicious for DIC. If parameters are adequately safe for FNA, ultrasound guided FNA of the pancreas, lymph nodes, and liver all indicated. Multicentric neoplasia such as carcinomatosis, lymphomatosis, mastocytosis all possible. Diffuse fungal infection or other diffuse infectious or inflammatory pathology possible. Plasma transfusion recommended in this patient with aggressive broad-spectrum antibiotics and fungal cultures if appropriate in your region. Further specific treatment should be based on cytology results. This is a significantly complex case. Prognosis is extremely guarded.

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I cannot definitively ascertain whether the cystic structure in the mid abdomen is deriving from the small intestinal wall, cecal wall, or regional lymph node or mesentery, as all of these structures blend into the cystic structure. Surgical removal or ultrasound guided drainage would be appropriate.

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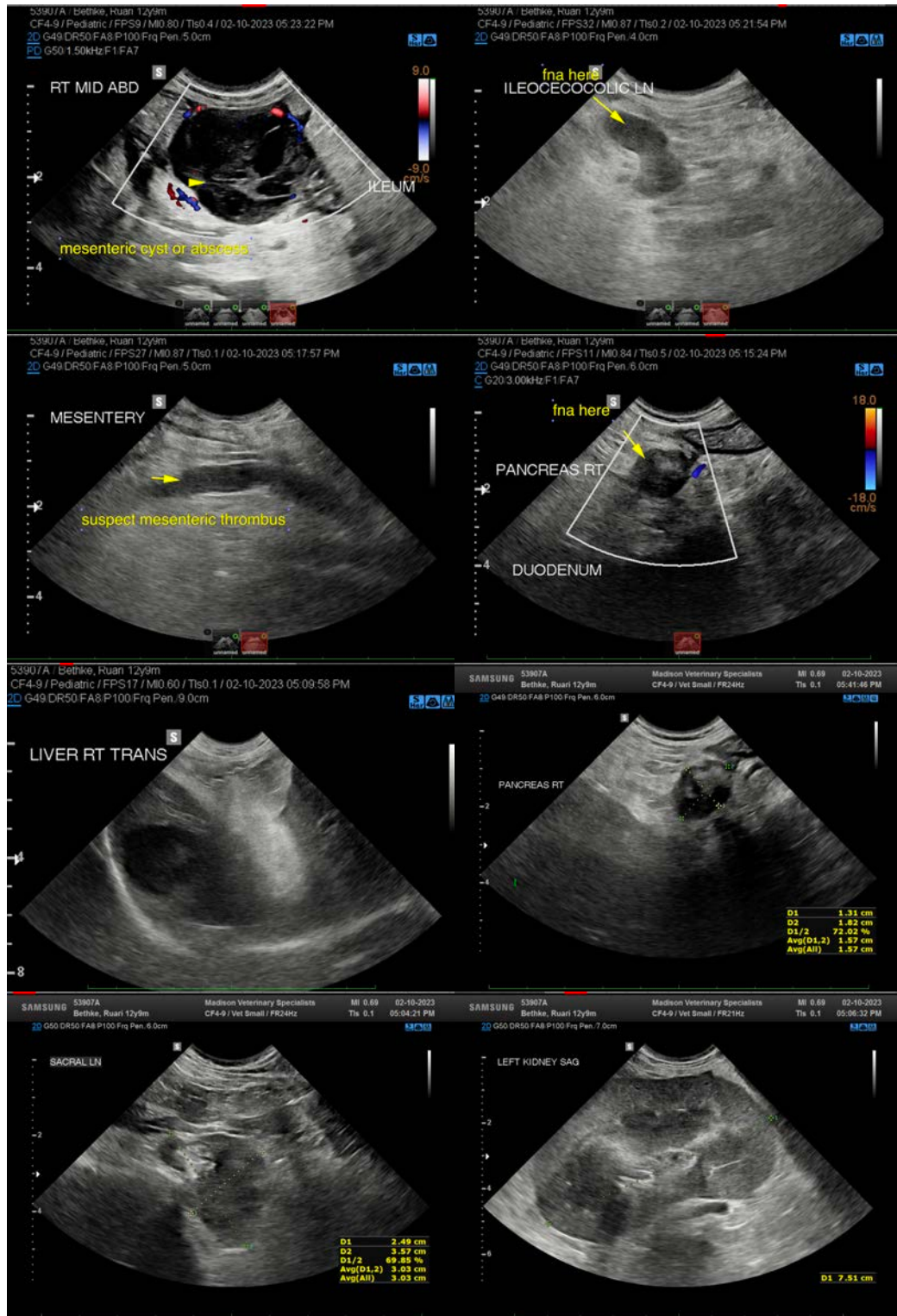
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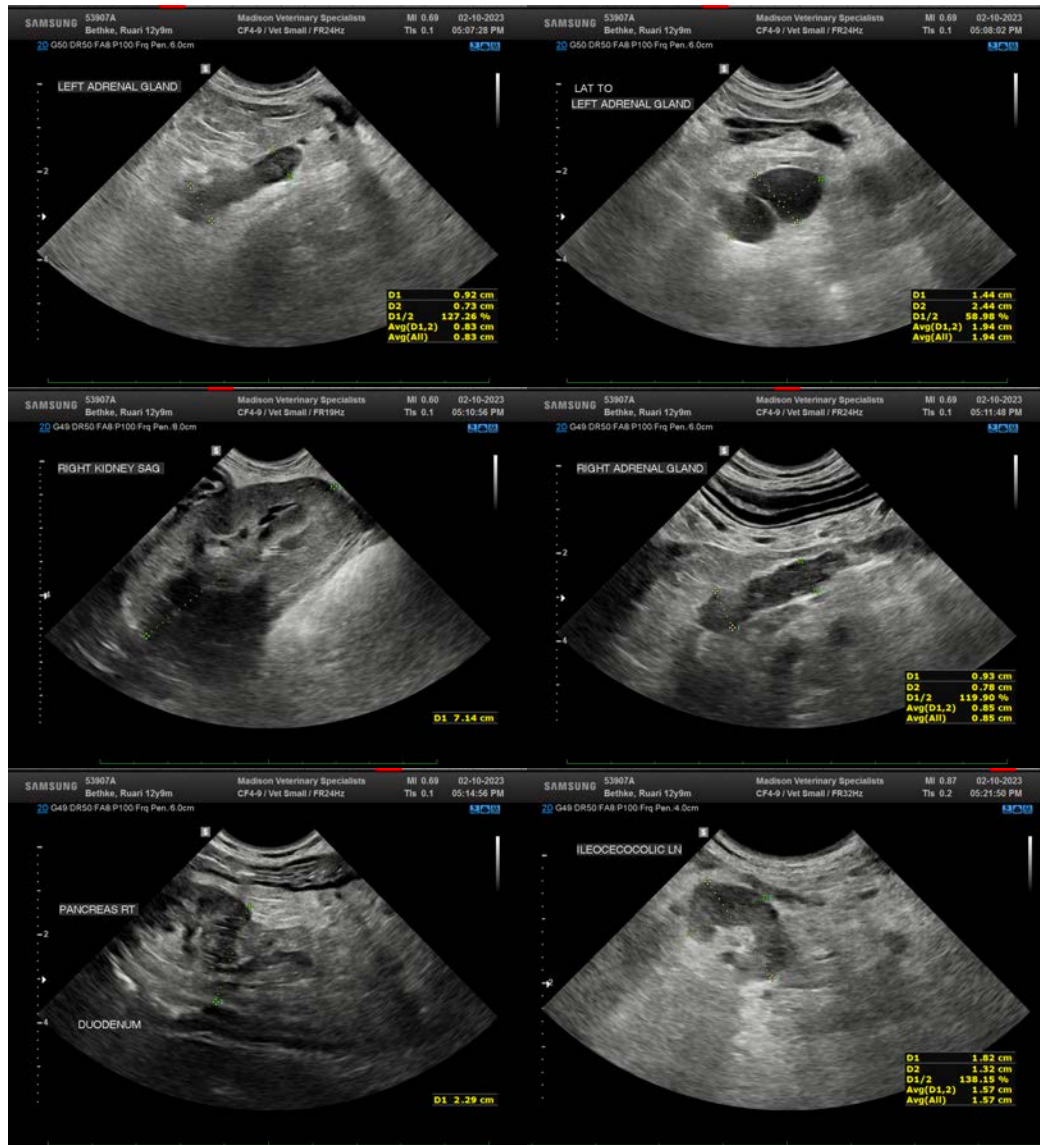
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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