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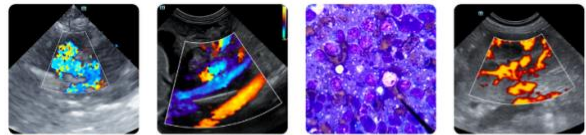


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Harper Corrigan

SPECIES

Canine

BREED

English Setter

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

23.3

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Cassidy Smith

HOSPITAL NAME

Viking Veterinary Hospital

REFERRING VET

Dr. Jordan Bateman

INVOICE

13704

DATE

02/11/26

PRESENTING CLINICAL SIGNS

- Anorexia and vomiting for 24 hrs
- History of diabetes mellitus and corneal ulcers
- Vetsulin 12 U SQ BID
- Multiple dermal and SQ masses

Abnormal PE/Chem/CBC/UA Results: AFAST: ascites, splenic mass effect, abnormal appearance to liver Abdominal fluid: white/cloudy. PCV 0%, TS 6.5. Cytology: low cellularity mostly composed of RBCs, neutrophils and unclassified cells, no bacteria seen. Pancreatic lipase: 1,596 (H) Ketones in blood and urine. Fructosamine 335 (H) @5am - EPOC: pH 7.482 (H), Lactate 4.1 (H), Glu 369 (H) Radiology report: CONCLUSIONS: Radiographically normal thorax. No evidence of nodular pulmonary metastasis. Mild hepatomegaly- hepatopathy secondary to diabetes with concurrent neoplasia or nodular regeneration also considered. Splenic mass Peritoneal effusion, correlate with obtained samples. Hypoplastic last pair of ribs.

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 iliac trifurcation was unremarkable.

The **kidneys** were normal in size and contour; however, a mild hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The left kidney measured 6.5 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The **right adrenal gland** was enlarged measuring 1.6 cm width at the cranial pole and 1.1 cm width at the caudal pole.

The **left adrenal gland** was mildly swollen and slightly enlarged measuring 0.94 cm.

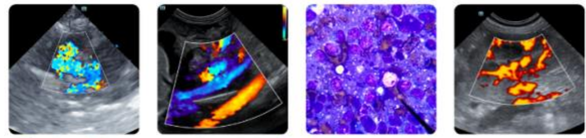
Spleen

The **spleen** presented enlarged and folded upon itself with a mixed echogenic mass in the mid caudal body measuring 2.5 cm. Enhanced mesentery was noted in multifocal regions of the abdomen, particularly that of the spleen and liver.

Liver

The **liver** presented swollen and irregular with multiple hypoechoic nodular changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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The distal **small intestine** and colon were unremarkable and empty. The stomach was unremarkable.

Pancreas

Ill-defined hypoechoic parenchymal changes were noted in the **pancreas** with enhanced surrounding mesentery and regional lymphadenopathy.

Free Abdomen

Pleural effusion and ascites were noted throughout the diaphragm.

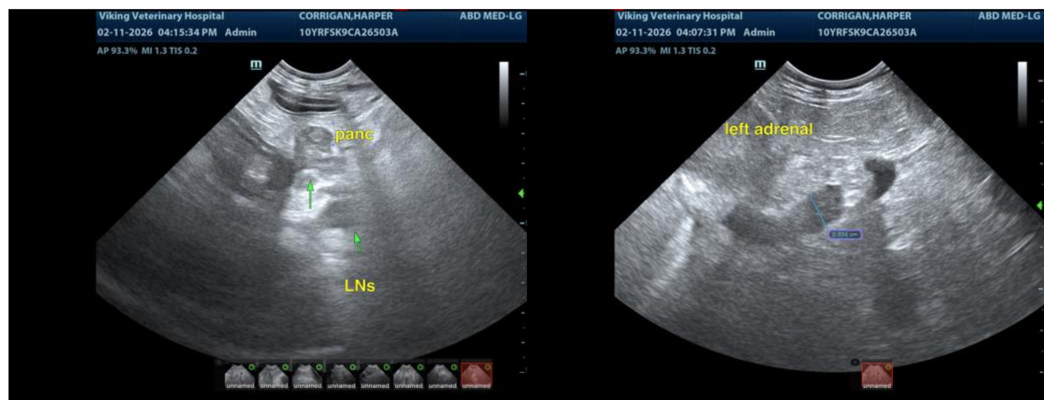
Undifferentiated mixed hypoechoic masses were noted in the omentum likely in the cranial abdomen.

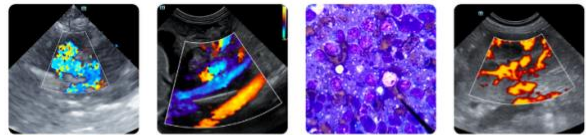
ULTRASONOGRAPHIC FINDINGS

- Pleural effusion and ascites- potential thoracic spread.
- Splenohepatic and probable pancreatic neoplasia with likely lymph nodes spread, secondary ascites- carcinomatosis/lymphomatosis type presentation.
- Enlarged bilateral adrenal glands.
- Diabetic nephropathy pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Extensive amount of pathology in this patient. 25-gauge FNA of the spleen, liver and undifferentiated masses in the omentum are recommended. Chest radiographs +/- thoracic ultrasound are indicated for further definition. Cytospin of free fluid could also be considered. Prognosis is guarded to poor depending upon cytology results, yet this is strongly suggestive for a neoplastic process.





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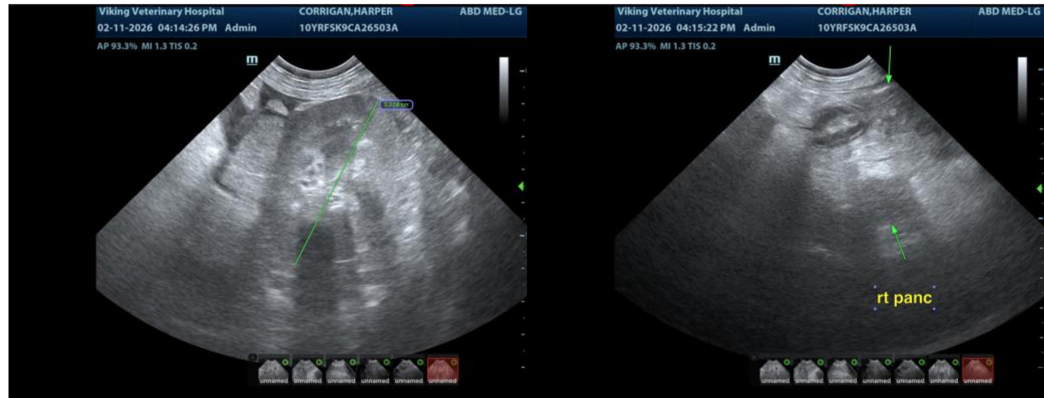

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com