



PATIENT

PRESENTING CLINICAL SIGNS

Kohna Kidd

History: Kohna had a subcutaneous mast cell tumor INCOMPLETELY removed from her right inguinal region in November. She presented today w/ 48 hours of anorexia, vomiting and diarrhea. Worried about right sublumbar lymph node enlargement and METS.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Thin body condition. No heart murmurs/arrhythmias mm: pink Clear lungs. Abd: slightly tense; fluid filled intestines. L/N: wnl. Temporal atrophy. Right inguinal SQ mass (MCT).

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

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 was noted. Ureteral papillae were normal.

AGE

13 ½ years

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.

WEIGHT

65 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Cerf

Spleen

HOSPITAL NAME

Veterinary Center of
Hardyston

The **spleen** revealed micronodular granular changes. This is likely age related; however, given the patient's history screening FNA is warranted.

REFERRING VET

Dr. Cerf

Liver

INVOICE

42736

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

DATE

2/11/23



PATIENT

Gastrointestinal

Kohna Kidd

The **stomach** and gastric lumen was fluid filled. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

SPECIES

Canine

Pancreas

BREED

Mix

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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with gastroenteritis presentation.

AGE

13 ½ years

Heterogenous spleen and liver.

WEIGHT

65 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of both organs would be ideal, likely benign. Treatment for gastroenteritis with 24 hour n.p.o., GI protectants, broad spectrum anti-parasitic protocol and coverage for enterotoxins are all indicated. A recheck sonogram is recommended in 48-72 hours or earlier if clinical signs are worsening.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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REFERRING VET

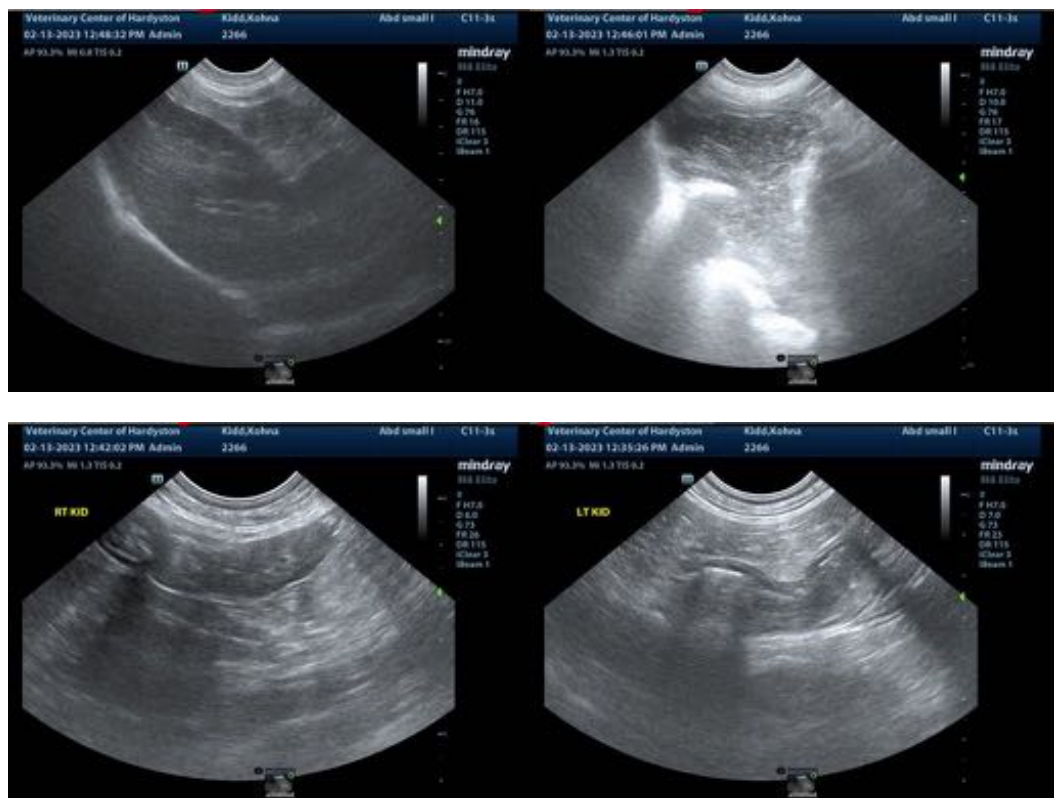
Dr. Cerf

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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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