

**DATE PRESENTING CLINICAL SIGNS**

2/19/23

Lethargic. Diarrhea. Vomiting. Weight Loss.

**PATIENT**

History: Date: 02-18-2023 Notes: Went to RDVM 2 weeks ago due to excessive panting. Had low grade fever at that visit. NSF on exam, no diagnostics performed. Had blood work done in December when he tore his CCL. Then this past Thursday, went in for blood pressure check and it was 170 on meds. Has been very weak, having diarrhea. Owner caught him drinking out of a mud puddle in the back yard yesterday. Has thrown up a few times if owner tries to coax him to eat if he isn't hungry. He is eating less, has to be tempted with meat-steak, etc. Takes 20 mg enalapril BID for hypertension. Also takes ursodiol, but hasn't gotten it in about a week and a half due to GI upset. Had prior ultrasound and had some mild GB debris. HX of increased liver enzymes.

Ash Stevens

**SPECIES**

Canine

**BREED**

Catahoula

Assessment: Weakness, diarrhea, vomiting. DDX include pancreatitis, cholecystitis, neoplasia, IBD, FB, open Current Medications: Gabapentin Capsules 300mg, Ondansetron Tablets 8mg, and Provable Kit - Med/Large Dog.

**SEX**

Neutered Male

Lab Results: Attached.

Radiographs: Abdomen 2 View: Lat and V/D abdomen- concern for liver tumor- liver is causing caudal displacement of stomach. No obvious free fluid.

**AGE**

2011

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

**WEIGHT**

77.1 Pounds

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.

**HOSPITAL NAME**Animal Emergency  
Hospital

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Nonobstructive mineralization was noted in the kidneys. The left kidney measured 8.01 cm.

**REFERRING VET**

Dr. Goessling

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. This is a mild change. The left adrenal gland measured 3.61 cm x 0.97 cm at the cranial pole and 1.05 cm at the caudal pole. The right adrenal gland measured 2.8 cm x 1.14 cm at the cranial pole and 1.04 cm at the caudal pole.

**INVOICE**

21191

**Spleen**

The **spleen** was enlarged and irregular with subtle micronodular changes and scalloping contour.

### **Liver**

The **liver** was swollen and irregular with increased portal markings and enhanced mesentery. Micronodular changes were noted throughout the liver. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

### **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**

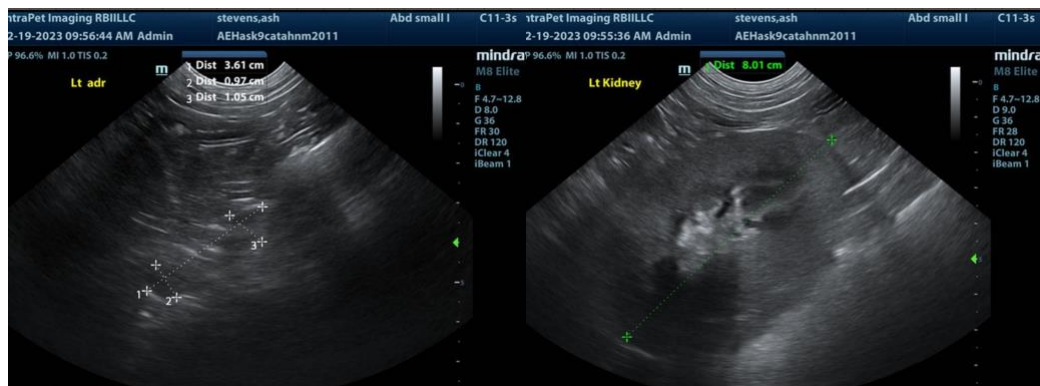
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

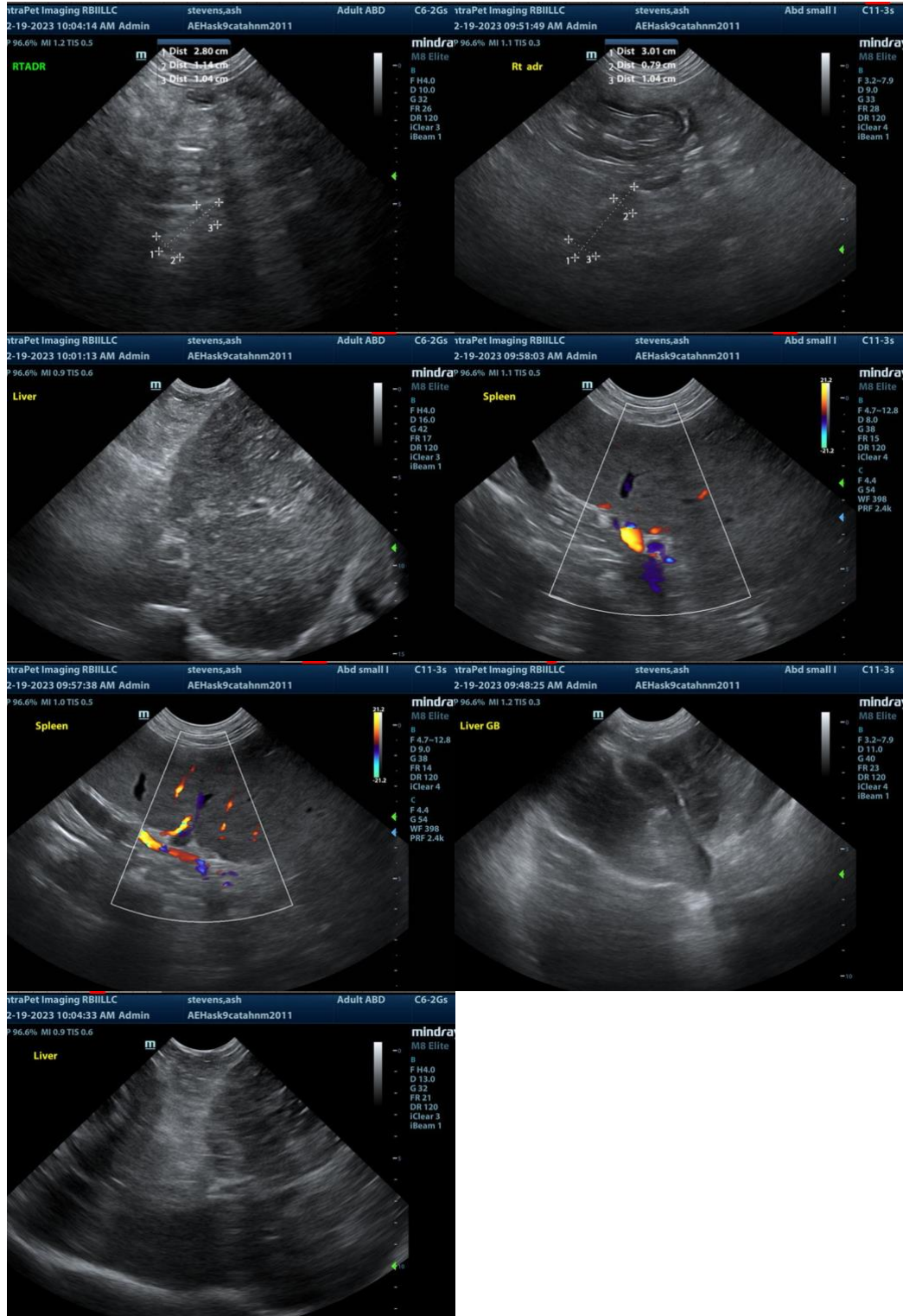
## **ULTRASONOGRAPHIC FINDINGS**

- Infiltrative splenohepatic patterns
- Age-related renal changes with mineralization
- Bilateral adrenal hypertrophy

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Strong concern for round cell neoplasia of the spleen and liver vs cholangiohepatitis with possible areas of necrosis. Screening FNA of the spleen and liver is recommended to assess for round cell neoplasia. Prognosis is extremely guarded. Peripheral inflammation was noted around the spleen and liver in this patient. This is a fairly aggressive presentation.





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.

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