



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Ruby James

History: Case Details: Dog presented for frequent vomiting for last 5 days, worsening in last 3 days to 2-3 times daily. Vomits large amount mucousy fluid along with semi-digested food. Also has had intermittent soft stool, some tenesmus for last 7 days. Dog is bright and has a good appetite. No pu/pd. History: chronic cough/gag, xrays do not reveal significant disease. Dog was treated for bronchopneumonia 10/22 and resolved uneventfully with broad-spectrum abx. Has been on vetprofen (carprofen) for 6+ months for osteoarthritis. I am concerned about chronic NSAID use with her vomiting this week and recommended d/c these meds. PE on presentation 2/22 pm: afebrile, no change in body weight, H/LS wnl but mild stridorous breathing. Abdomen tense, painful on cranial palpation, appears mildly distended but this is not new. Rectal semi-formed stool, no blood or melena. Abdominal xrays: general loss of detail. Radiologist review: The complete abdominal study confirms a generalized subtle decrease in peritoneal serosal detail and wispy peritoneal opacities, both of which are consistent with a small volume peritoneal effusion. Abdominal organs are normal size and shape, i.e., no organomegaly or masses. The stomach and small intestines are empty; the colon contains a scant amount of subjectively semi-formed stool. No GI tract foreign material and discrete foreign bodies are present. Mild spondylosis deformans involves the LS junction. A-FAST evaluation 2/22--scant peritoneal fluid found, collected serosanguinous sample via abdominocentesis. No obvious splenic masses. During today's US study: FNA of the enlarged LN, IH cytology --non-diagnostic sample. Abnormal PE/Chem/CBC/UA Results: Chem, CBC all wnl UA concentrated, inactive sediment 1+ bilirubin, 2+ protein, UPC 0.2 IH fluid analysis, abd fluid: pink, slightly turbulent sample TP: 2.5 SG:1.017 Cytology to lab is pending.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed female

**AGE**

12 ½ years

**WEIGHT**

41 kg

**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 was noted. Ureteral papillae were normal.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Haley Harasimowicz

**HOSPITAL NAME**

Waterbury VH

**REFERRING VET**

Dr. Crawford

**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 right adrenal gland measured 1.0 cm at the cranial pole and 0.7 cm at the caudal pole. The left adrenal gland measured 0.5 cm.

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**DATE**

2/23/23



<b>PATIENT</b>	<b><i>Spleen</i></b>
Ruby James	The <b>spleen</b> is slightly heterogenous and mildly enlarged. The spleen revealed mild, irregular contour. Subtle, micronodular changes were noted.
<b>SPECIES</b>	<b><i>Liver</i></b>
Canine	The <b>liver</b> was mildly heterogenous and irregular. The gallbladder was unremarkable.
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
Labrador Retriever	Reactive mesentery was noted around the upper <b>gastrointestinal tract</b> , which appeared thickened, yet resolution was poor. The small intestines and colon were unremarkable.
<b>SEX</b>	<b><i>Pancreas</i></b>
Spayed female	The base and limbs of the <b>pancreas</b> 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.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
12 ½ years	A slight amount of free fluid was noted adjacent to the spleen. Reactive mesentery was noted throughout the cranial abdomen. A rounded, 2.0 cm structure was noted in the left cranial abdomen. This may represent an accessory spleen and be incidental.
<b>WEIGHT</b>	<b><i>Heart</i></b>
41 kg	Rapid view of the heart revealed no evidence of pathology.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Age related renal changes.
<b>IMAGING PERFORMED BY</b>	Heterogenous, mildly enlarged spleen with micronodular changes.
Haley Harasimowicz	Heterogenous liver.
<b>HOSPITAL NAME</b>	Thickened upper GI tract.
Waterbury VH	Free fluid.
<b>REFERRING VET</b>	Reactive mesentery.
Dr. Crawford	Rounded, structure in the left cranial abdomen.
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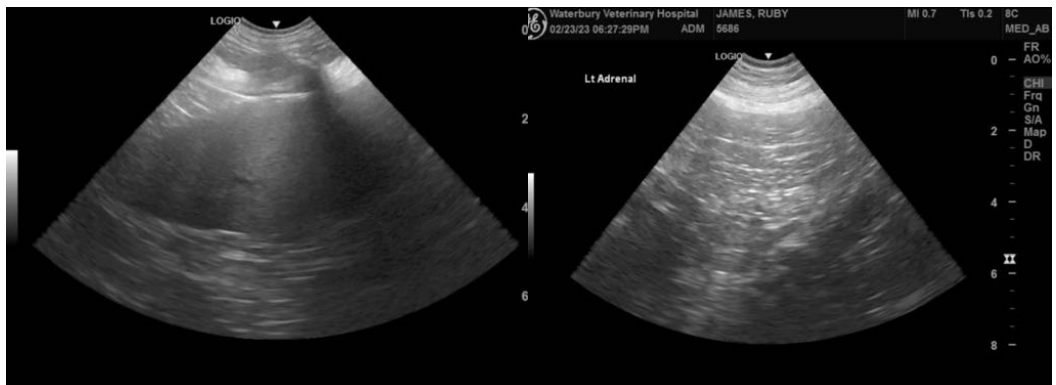
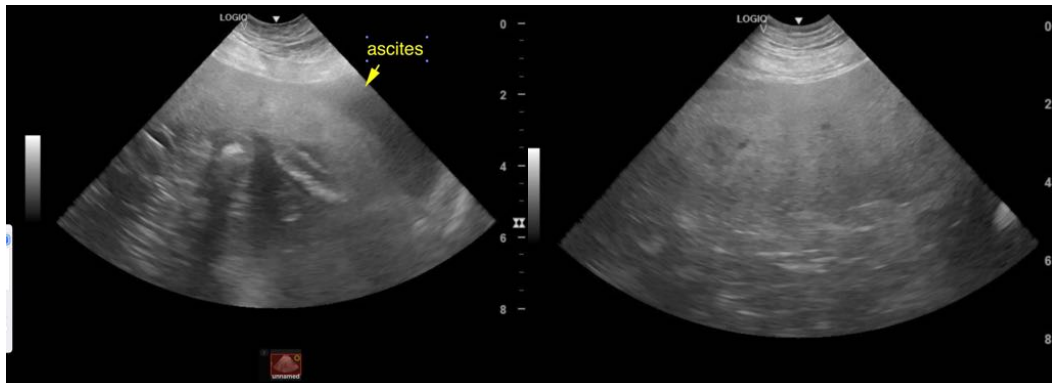
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend abdominocentesis and cytopsin as well as 25-gauge FNA of the spleen in this patient as the next diagnostic maneuver. I am concerned for emerging round cell neoplasia, mast cell disease or similar. FNA of the unidentified structure in the cranial abdomen is also warranted to assess if this is a proliferative lesion or possible benign accessory spleen.





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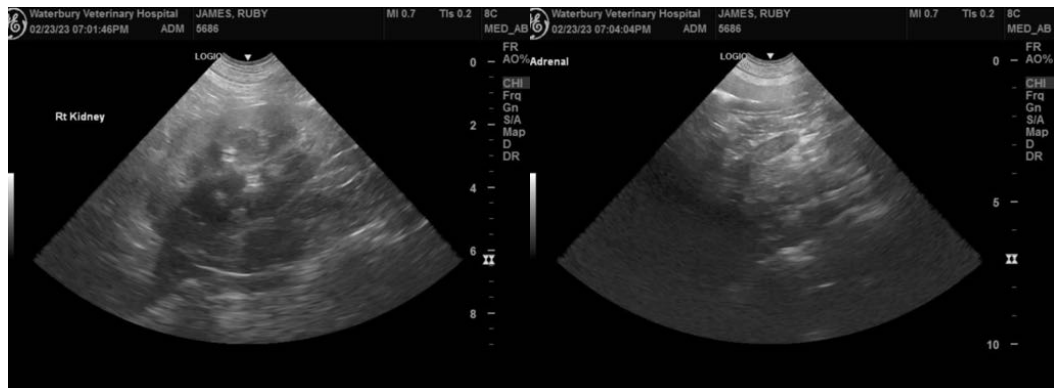
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com