



PATIENT

Boy Marienau

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Neutered male

AGE

7 years

WEIGHT

87.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Neher

INVOICE

96313

DATE

2/24/22

PRESENTING CLINICAL SIGNS

O states that Pt bit someone last Friday (6 days ago) - started bleeding from the mouth a day or so later - one small spot from a bottom canine tooth - had taken to Bonners Ferry Vet (local veterinary hospital) and sedated (Torb 1.2mls/DexDom 1.2mLs) to check mouth. Had CBC/Chem - HCT high, elevated eosinophils, low ALKP - recovered from sedation fine. Normal Wednesday. Thursday (today) not walking, staggering when he's walking, drinking a lot of water, then vomiting the water. Urinated in the car. Concern for toxicity (in retaliation of bite).

Abnormal PE/Chem/CBC/UA Results: Laterally recumbent, 95 degrees, thready pulse, and HR 170. Thoracic radiographs show pleural effusion and thoracocentesis is frank blood. Patient is bleeding from the mouth. Patient was extremely volume depleted (small heart). No pericardial effusion detected. CBC - RBC 4.65, HCT 31.8%, WBC 37.84, Neu 32.16, Mono 2.81, Eos 0.01, Plt 141 Chem - Glc 287, Cre 1.9, BUN 40, ALP normal at 95 4dx Negative Blood smear evaluation consistent with anisocytosis, neutrophilia and monocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of sand and small calculus. Grouping of which measured approximately 0.4 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.7 cm and the left kidney measured 7.6 cm.

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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.57 cm.

Spleen

The **spleen** presented mild, undulating contour and minor heterogenous parenchymal changes and was folded upon itself caudally. FNA of the spleen is indicated to ensure that this is a hyperplastic state as opposed to emerging neoplastic one.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with



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primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Transdiaphragmatic view revealed pleural effusion.

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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.

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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.

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Heart

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Rapid view of the heart revealed volume contraction and pericardial effusion as well as a right ventricular mass. The mass appeared to continue into the right auricle. Tamponade effect was noted.

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ULTRASONOGRAPHIC FINDINGS

Irregular spleen.

Small bladder sand/calculi.

Pleural effusion of unknown cause.

Right auricular and right ventricular free wall mass with pericardial effusion. Pleural effusion also present. Thoracic neoplastic event, possibly related to the splenic changes. Suspect hemangiosarcoma.

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Volume contracted heart. Tamponade effect noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Thoracic work-up is recommended with chest radiographs. Ultrasound +/- chest CT is recommended. If accessible pleurocentesis and cytospin is recommended. The prognosis is poor. Palliative therapy with pericardiocentesis +/-pleurocentesis could be considered.

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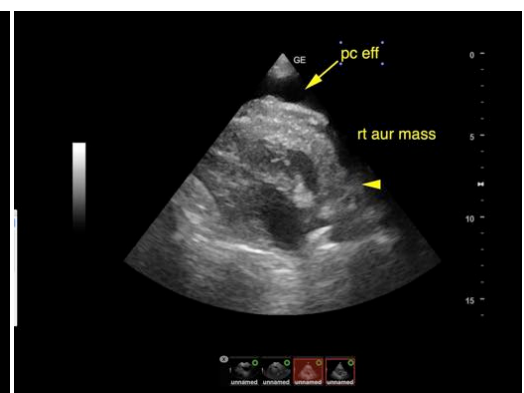
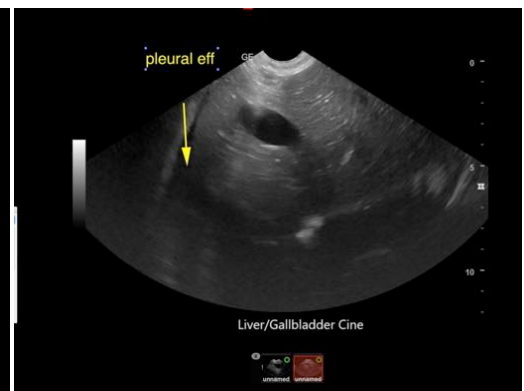
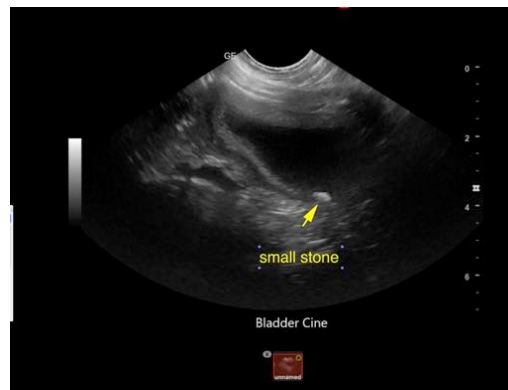
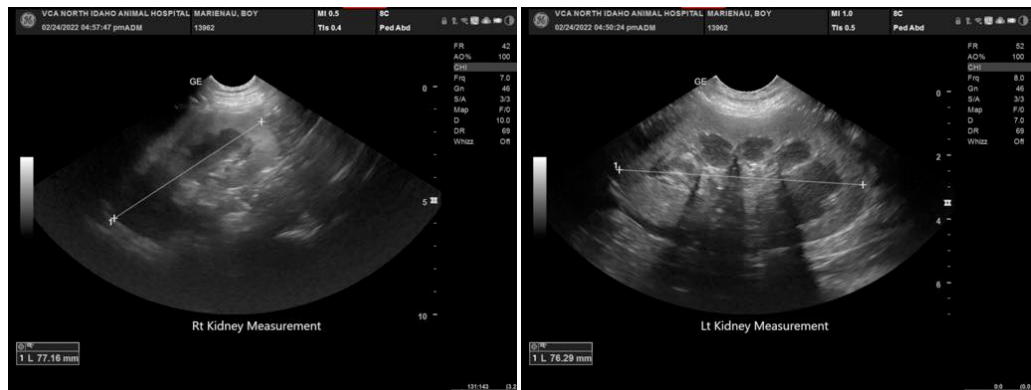
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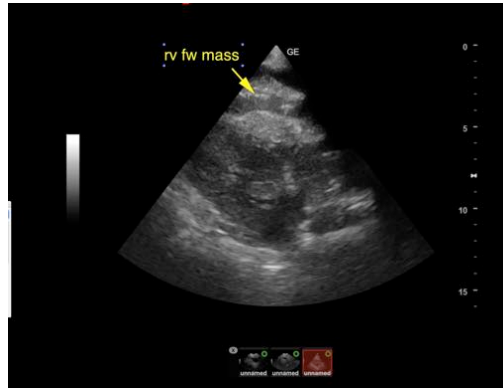
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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