



PATIENT

Ellie Stuck

SPECIES

Canine

BREED

Golden Retriever X

SEX

Spayed Female

AGE

9 Years

WEIGHT

27.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

35892

DATE

2/25/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. Pet sometimes wouldn't eat, took for wellness check, gums pale and icteric skin. Otherwise pet seemed ok. Rdvm took rads and did bloodwork, concern for cancer/mass, rec AUS. Previous Health Concerns: Lyme positive, buckshot found on xrays (old) Current Medications: Prozac Last given yesterday, joint supplement, Yunnan Appetite/When did they eat last: last night Abnormal PE/Chem/CBC/UA Results: Abdominal: Full abdomen, tense on palpation Rdvm bloodwork: HCT 28.3; HGB 9.5; MONO 1.88; PLT 109; Retic 174.6; RBC 4.09; MPV 17.0; ALB 1.5; Ca 7.5; Cl 125; K 3.3; Na 142; TP 3.9; Glob 2.4; Rdvm rads: large amt of lead shot, suspect splenic mass

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. The right kidney measured 7.35 cm. The left kidney measured 6.93 cm.

Adrenal Glands

The **left adrenal gland** was 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 2.38 cm x 0.42 cm at the cranial pole and 0.47 cm at the caudal pole. The region of the **right adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** was enlarged, irregular, nodular, and folded upon itself caudally with enhanced surrounding mesentery, strongly suggestive for an infiltrative process.

Liver

The **liver** was mildly enlarged, yet uniform. The gallbladder and common bile duct were normal. Enhanced mesentery noted. Hepatic lymph nodes were enlarged and rounded.

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 **pancreas** was hypoechoic, irregular and edematous.



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Free Abdomen

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Free fluid noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenic pattern possibly involving the liver
- Edematous pancreas owing to inflammation or portal hypertension

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen, liver, abdominocentesis and cytospin all indicated. Strong suspicion for round cell neoplasia or similar. Paraneoplastic protein losing enteropathy or nephropathy possible, given the low albumin.

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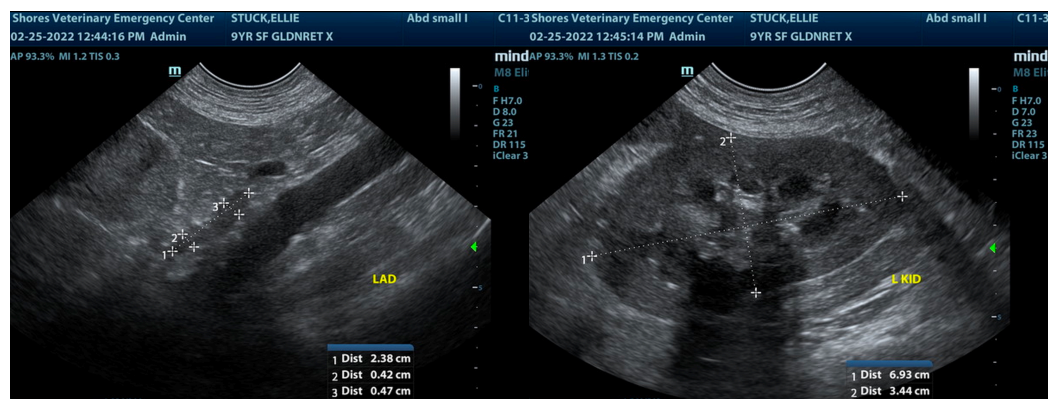
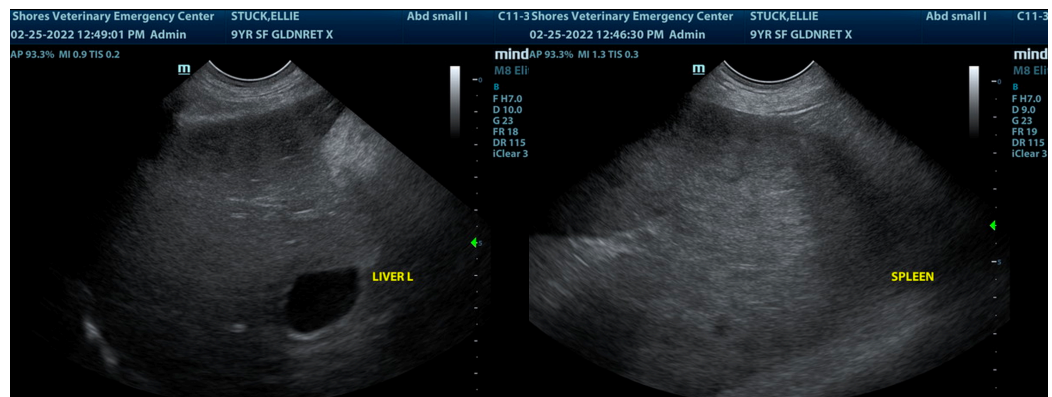
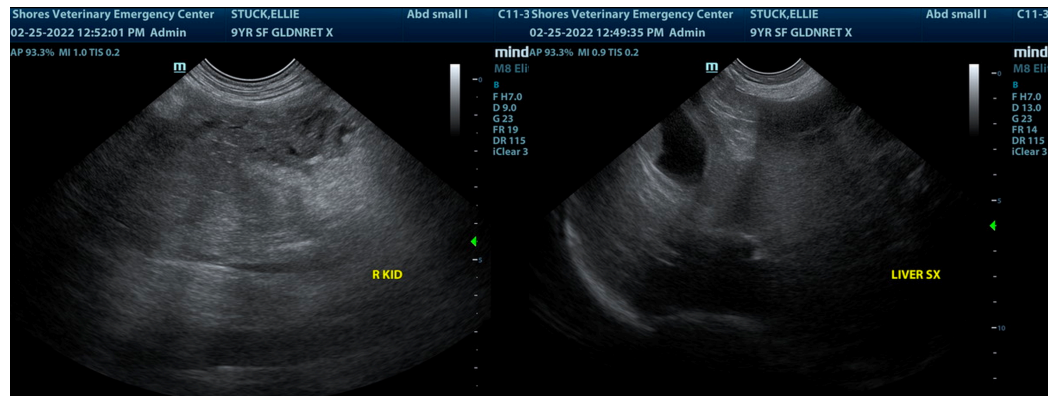
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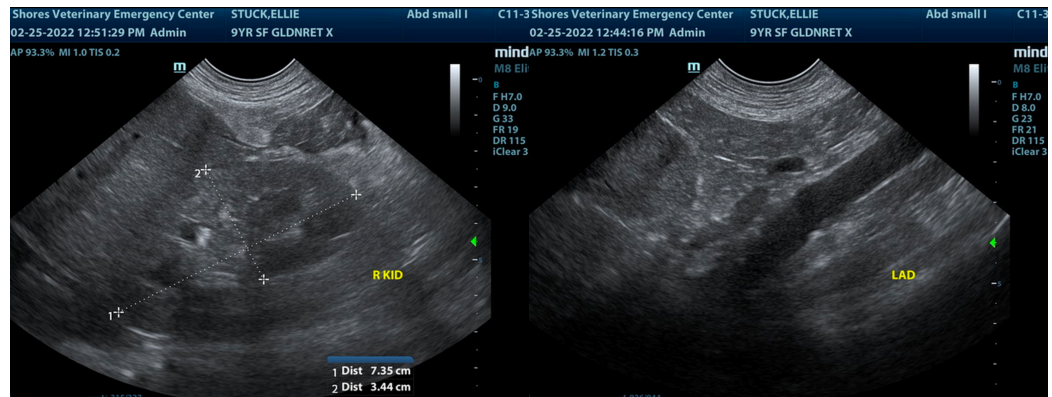
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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