



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Blain Sheima

**SPECIES**  
Canine

**BREED**  
Boston

**SEX**  
Neutered male

**AGE**  
9 years

**WEIGHT**  
16.6 lg

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Erin Wicks

**HOSPITAL NAME**  
Shores VEC

**REFERRING VET**  
Dr. Miller

**INVOICE**  
95804

**DATE**  
2/3/22

Presented at our hospital for yellowing in eyes and gums. O was due to take p in to rdvm today for a recheck post glaucoma diagnosis. O called with the update of the yellow coloring and rdvm referred p here. O also stated that p's abdomen was distended and that p has had not eaten today. O did say he ate a small treat but there was vomit in his crate when o got home and the treat was in the vomit. P did have diarrhea last night but has not had any diarrhea today. Previous Health Concerns: glaucoma (1/2022 at rdvm) and pancreatitis (12/2021 dx here) Current Medications: carprofen 25 mg (1.5 tablets BID- last given at 6a), and Cosopt.  
Abnormal PE/Chem/CBC/UA Results: Eyes: slightly icteric sclera; scleral injection; hypopyon OU( not mentioned 1/31/22 in reg vets notes\_ Respiratory: increased BV sounds Abdominal: full/ painful EPOC- Na 135(L) lactate 3.16(H) BUN 52 (H) Liver panel- alb 2.4 (L) ALT 215(H) (was 222 in December) ALP 563(H) ( was 188 December) GGt 26(H) (was <10 December) TBili 4.4(H) was (<0.1) in December Owner declined rads at this time; wishes to pursue AUS

**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.

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. Slight mineralization was noted. The left kidney measured 6.23 cm. The right kidney measured 6.59 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 2.94 x 0.57 cm at the caudal pole and 0.52 cm at the cranial pole.

**Spleen**

The **spleen** was enlarged and irregular with a hypoechoic nodule at the mid cranial body.

**Liver**

The **liver** was enlarged with scalloping contour and enhanced surrounding mesentery. The gallbladder was unremarkable and slightly echogenic. There was no evidence of passive congestion.



**PATIENT**

**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable gastrointestinal thickening was noted without loss of mural detail. The mesenteric lymph nodes were enlarged, hypoechoic and rounded.

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**Pancreas**

Enhanced mesentery was noted around the **pancreas** obscuring some parenchyma. Mild, mixed, hypoechoic parenchymal changes were noted in the pancreas. This is consistent with pancreatitis surrounded by regional lymph nodes that were enlarged and rounded.

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**Free Abdomen**

A mild amount of ascites was noted in the abdomen.

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**ULTRASONOGRAPHIC FINDINGS**

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Infiltrative hepatic pattern with multi-focal lymphadenopathy and secondary ascites. Strongly suggestive for round cell neoplasia/lymphoma.

Concurrent pancreatitis and lymphadenopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is warranted. The prognosis is extremely guarded to poor depending on cytology results.

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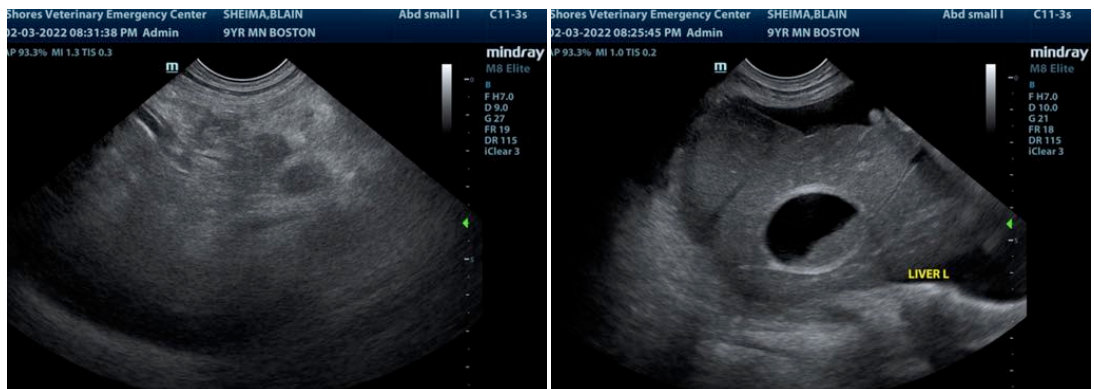
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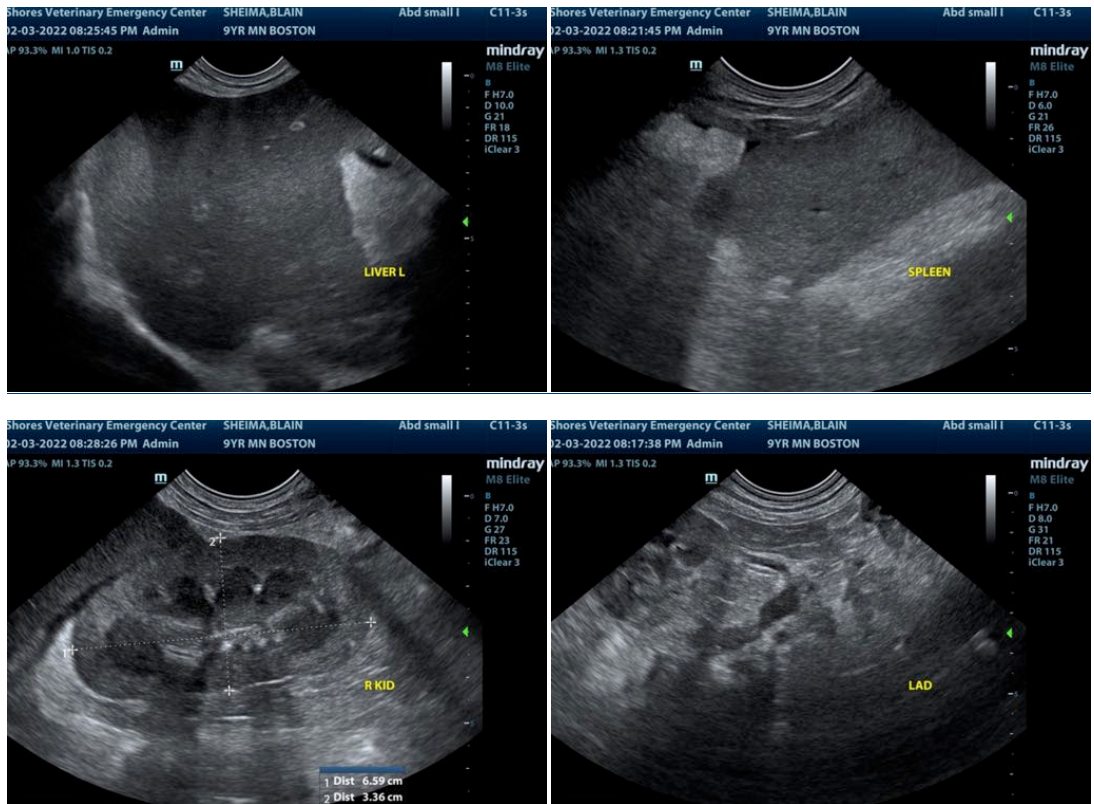
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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