



**PATIENT**

Havoc Rescue CPAA

**SPECIES**

Canine

**BREED**

Pitbull Corss

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

38 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Slenbaker

**INVOICE**

95806

**DATE**

2/3/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for drinking lots of water and diarrhea. O states that P has been having increased water consumption for the past several weeks. O states that P had been having on going diarrhea for the past 2 weeks. O states that bowel movements have been liquid and mucoid for the past two weeks. O states that P vomited today – O states that P vomited 1x, vomitus contained dry dog food. O states that P has had a reduced appetite, was started on bland diet last week. Reduced appetite for the past several weeks. O states that p has been lethargic for the past week or so, notably since last Thursday. Increased frequency of urination for the past couple weeks. Previous Health Concerns: Kidney disease (ddx last Thursday); bilateral ACL tear (resolved) Current Medications: Probiotics; Abx; Anti-emetic  
Abnormal PE/Chem/CBC/UA Results: Bloodwork: BUN 30.2; CREA 2.2; Phos 7.1; GLU 69; ALT 347; ALP 395; GGT 63; Tbili 0.8; NEU% 84.8; LYM%7.8; EOS % 0.4; RBC 9.69; HGB 23.7; HCT 67.1; pCO2 49.3; pH 7.269; K 7.1; Lactate 3.12 In house lepto - negative Rdxm rads: enlarged kidneys and mass like effect in the cranial abdomen, chest rads unremarkable. Tense/painful on cranial abdominal palpation.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was thickened with polypoid changes and air. This is likely owing to Foley catheter placement.

The **kidneys** were swollen with bilateral pyelectasia and loss of corticomedullary definition. The cortices are thickened. The left kidney measured 10.46 cm. The right kidney measured 10.39 cm. Enhanced surrounding mesentery was present.

**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.

**Spleen**

The **spleen** revealed a focal 3.0 cm hypoechoic mass adjacent to the splenic hilus. Heterogenous splenic changes noted elsewhere with other nodules.

**Liver**

The **liver** was enlarged with multi-focal, nodular changes in the right and left liver with disrupted architecture and swollen contour. The gallbladder was unremarkable with a minor amount of debris.



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**Gastrointestinal**

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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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Strong concern for renal, splenic and hepatic round cell neoplasia.

**AGE**

7 years

Otherwise, pyelonephritis pattern.

**WEIGHT**

38 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of all three organs is recommended.

**INTERPRETED BY**

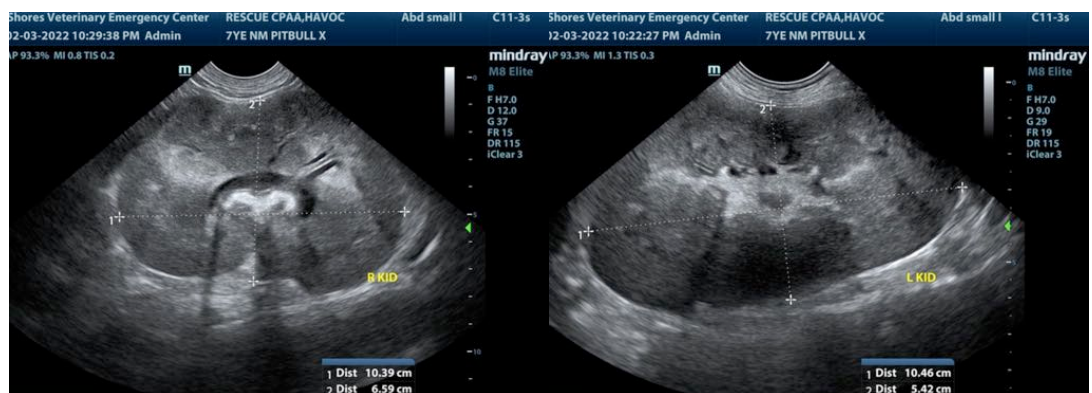
Eric Lindquist, DMV  
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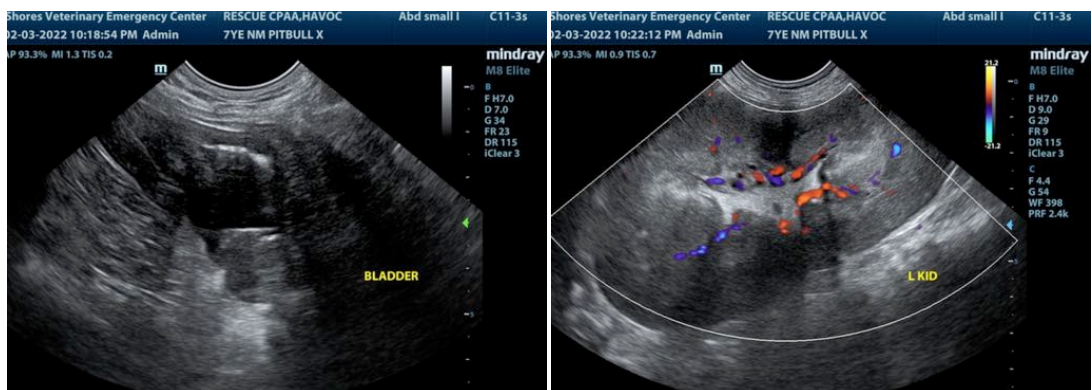
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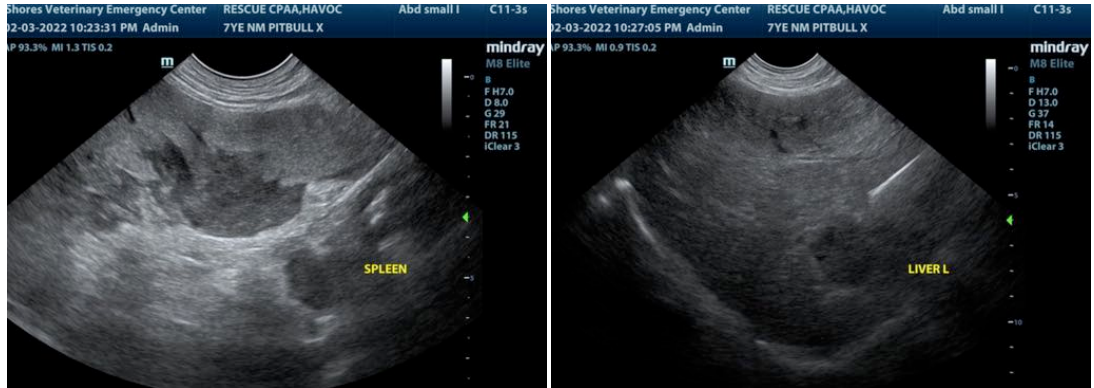
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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