



**PATIENT**

Luna Wootten

**PRESENTING CLINICAL SIGNS**

Previously submitted Radiograph (Case-Upload-1644096620)

Abnormal PE/Chem/CBC/UA Results: Total Protein: 77 Albumin : 25 Globulin: 52 Albumin:Globulin ratio: 0.5 ALT: 14 Ehrlichia and Anaplasma are positive

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Mix

**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.

**SEX**

Spayed Female

**AGE**

2 years

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.44 cm. The left kidney measured 3.7 cm.

**WEIGHT**

46.6 lbs

**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 0.54 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Haghighat

**Spleen**

The **spleen** was heterogenous and enlarged. Multi-focal, nodular changes were noted with capsular expansion and disrupted architecture. A 4.0 x 4.0 cm annular intestinal mass was noted.

**HOSPITAL NAME**

Beaches-Fallingbrook  
VC

**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 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.

**REFERRING VET**

Dr. Shahsavari

**INVOICE**

95916

**DATE**

2/8/22



**PATIENT**

**Gastrointestinal**

Luna Wootten

The **stomach** appeared normal. An annular intestinal mass was noted and measured 4.0 x at least 5.0+ cm. The mass appeared to occupy the descending colon. Hard stool was obstructed. The mesenteric lymph nodes are enlarged and rounded. The largest of which measured 1.47 cm.

**SPECIES**

Canine

**Pancreas**

**BREED**

Mix

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**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Colonic mass with splenic infiltrative pattern.

**AGE**

2 years

Regional lymphadenopathy. Multi-centric lymphoma or similar is suspected.

**WEIGHT**

46.6 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and colonic mass is recommended for staging purposes. Round cell neoplasia is likely. Given the slightly subnormal albumin protein losing enteropathy is a paraneoplastic manifestation likely. Three view chest radiographs are warranted if not already performed to assess for metastatic disease.

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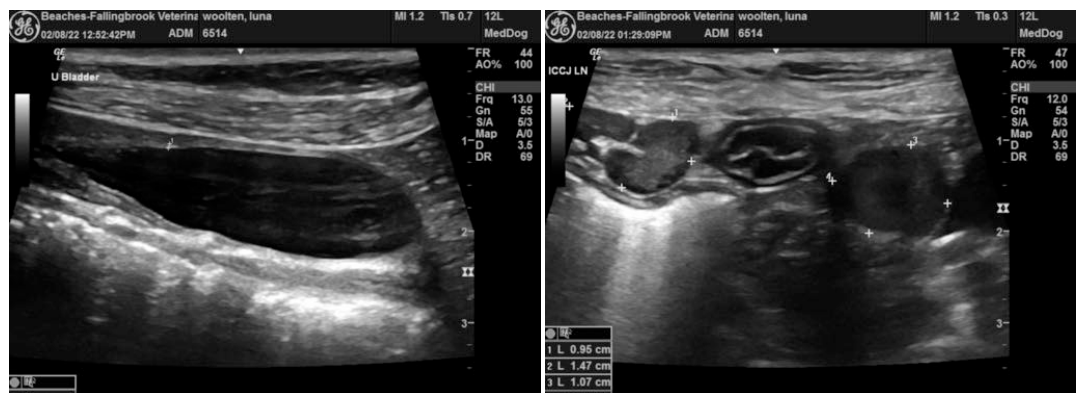
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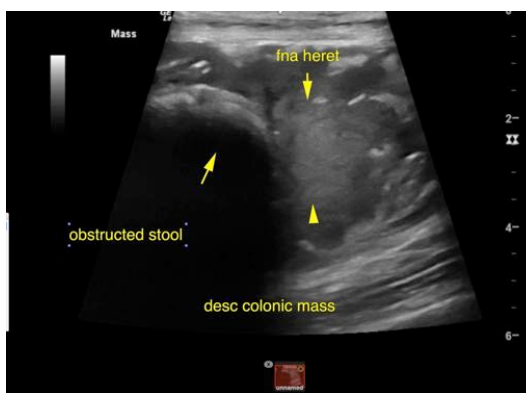
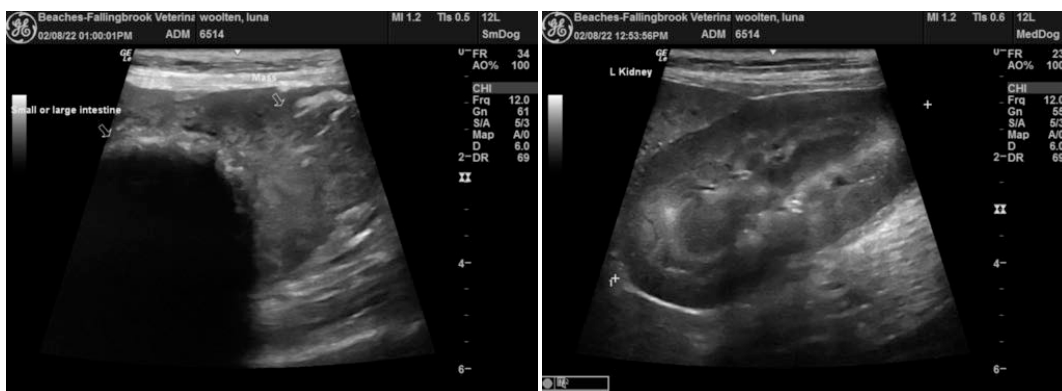
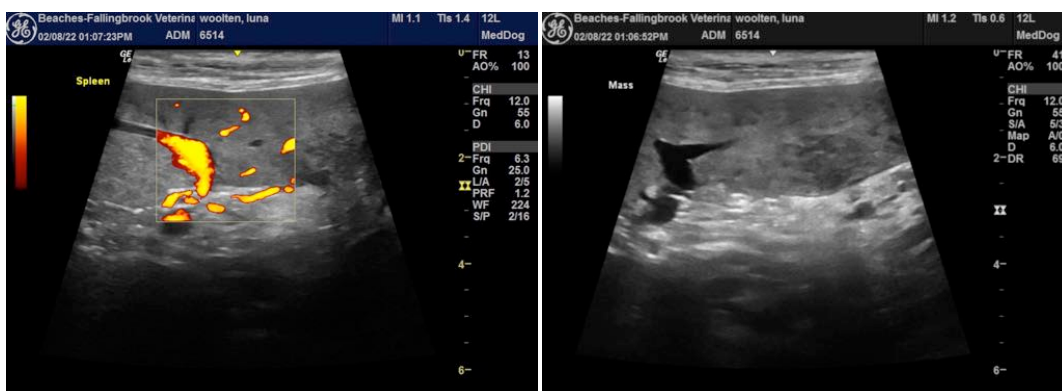
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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