



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Blue Brackett	Sudden lethargy, anorexia and mass palpable and visible on radiographs. can't asses CRT, mild weight loss Current meds: reglan
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: RBC 3.1, HCT 22.2%, HGB 7.9, RDW 11.2%, LYM 0.87, EOS 0, PLT 96, MPV 13.8, PDW 21.2, PCT 0.13%, ALT 163, ALKP 774, GGT 17, Lyme +, Giardia +
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Irish Water	<b>Urinary System</b>
<b>SEX</b>	The <b>urinary bladder</b> revealed sand and small calculi, non-obstructive at the time of the sonogram, a grouping of which measured approximately 1.0 cm.
Neutered Male	The prostate was mildly enlarged, uniform, measuring 2.03 cm.
<b>AGE</b>	The <b>kidneys</b> 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 left kidney measured 5.6 cm. The right kidney measured 6.18 cm.
10 Years	
<b>WEIGHT</b>	
70 Pounds	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV	The <b>adrenal glands</b> were not visualized.
DABVP, Cert. IVUSS	<b>Spleen</b>
	The <b>spleen</b> was severely enlarged with scalloping contour and irregular parenchyma, strongly consistent with infiltrative disease.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Val Shumskaya	The <b>liver</b> revealed expansive irregular tissue comprising of parenchymal nodules, expanding from various portion of the liver. The gallbladder and common bile duct were unremarkable.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Animal General	Examination of the <b>gastrointestinal tract</b> 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.
<b>REFERRING VET</b>	<b>Pancreas</b>
Dr. Castimore	The base and limbs of the <b>pancreas</b> 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.
<b>INVOICE</b>	<b>Free Abdomen</b>
45866	Free fluid noted in the abdomen, likely owing to lymphatic obstruction.
<b>DATE</b>	
3/13/23	



**PATIENT**

Blue Brackett

Iliac lymph nodes were enlarged, irregular, hypoechoic and rounded, measuring up to 2.0 cm x 1.2 cm. Hepatic lymph nodes were also enlarged, measuring up to 3.0 cm, and were rounded.

**SPECIES**

Canine

Enhanced mesentery noted around the pancreas.

Pleural effusion noted through the diaphragm. Rapid view of the heart revealed no evident pathology.

**BREED**

Irish Water

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric infiltrative round cell pattern involving the spleen, liver, and lymph nodes
- Mildly enlarged prostate
- Concurrent bladder calculi, not clinically significant
- Age related renal changes
- Free fluid and enhanced mesentery
- Pleural effusion

**AGE**

10 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA spleen and liver indicated for confirmation. Prognosis is poor.

**WEIGHT**

70 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Animal General

**REFERRING VET**

Dr. Castimore

**INVOICE**

45866

**DATE**

3/13/23





**PATIENT**

Blue Brackett

**SPECIES**

Canine

**BREED**

Irish Water

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

70 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Animal General

**REFERRING VET**

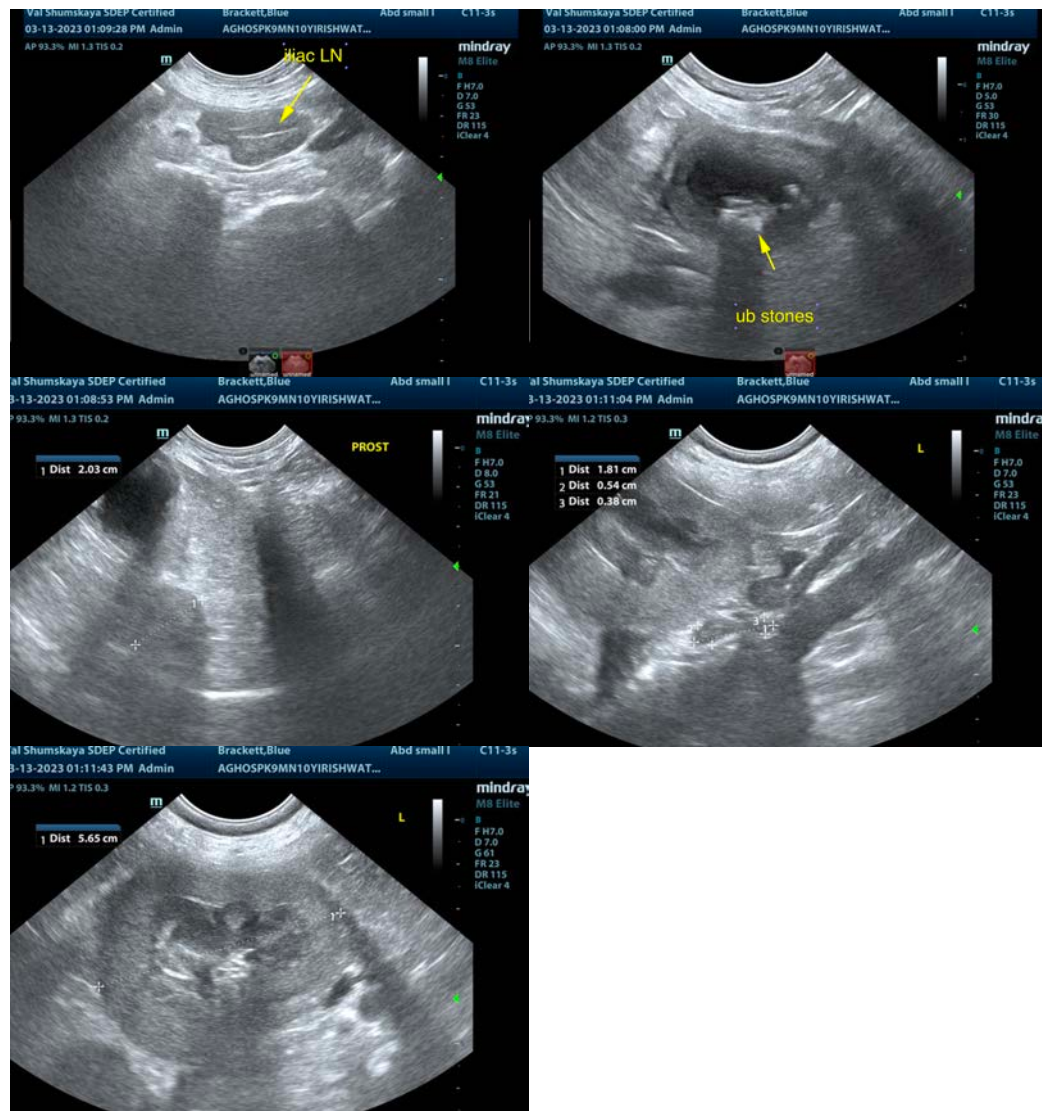
Dr. Castimore

**INVOICE**

45866

**DATE**

3/13/23



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](mailto:info@SonoPath.com)