



PATIENT PRESENTING CLINICAL SIGNS

Indy Gabel
History: Patient presented on 3-12-23 for not eating and vomiting. Idexx snap CPL negative. Elevated Calcium(over 15). Abdominally painful Meds: Amoxicillin 500mg: 1 PO BID Has had cerenia(10mg/mL) 4mL SQ on 3-13-23 vitamin B12(1000mcg/mL) 4mL SQ on 3-13-23
Camome
Famotidine(20mg/mL) 2mL SQ on 3-13-23
Abnormal PE/Chem/CBC/UA Results: See attached labs: Elevated calcium >15.3

BREED

Australian Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

5 years

The residual prostate measured 0.5 cm.

The **kidneys** are largely normal with minor pelvic mineralization. The left kidney measured 6.6 cm.

WEIGHT

85 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was enlarged with subtle, micronodular changes and are likely involved in the lymphoproliferative process.

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

Liver

The **liver** was swollen and mildly irregular, slightly heterogenous and hypoechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Debra Johnson

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. The mesenteric lymph nodes were enlarged and measured 4.0 x 2.5 cm. There was significant disruption of architecture and peripheral inflammation. The largest lymph node measured 8.6 x 2.7 cm. The epigastric lymph nodes are enlarged, distorted and irregular.

INVOICE

43285

DATE

3/14/23



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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.

SPECIES

Camome

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Free Abdomen

The **lymph nodes** throughout the mid abdomen presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted. The lymph nodes measured up to 2.1 x 1.53 cm. Sublumbar lymph nodes measured 2.8 x 1.0 cm.

SEX

Neutered male

AGE

5 years

ULTRASONOGRAPHIC FINDINGS

Aggressive, multi-centric lymphoproliferative pattern involving multiple lymph nodes, spleen and likely liver.

WEIGHT

85 lbs

Gastrointestinal tract per se was unremarkable, yet was surrounded and impinged by regional lymphoproliferative pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the mesenteric lymph nodes, spleen and liver are recommended with immediate chemotherapeutic intervention. Minor potential for salmon poisoning or lymphadenitis. Prognosis is very guarded to poor depending on cytology results.

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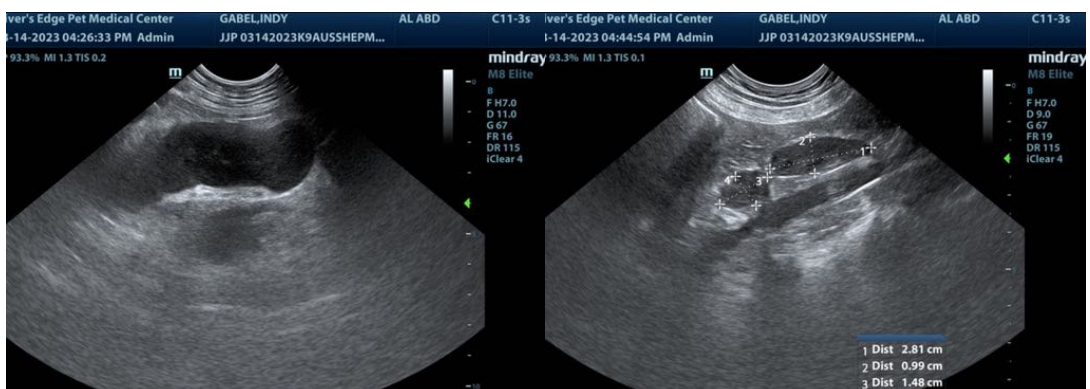
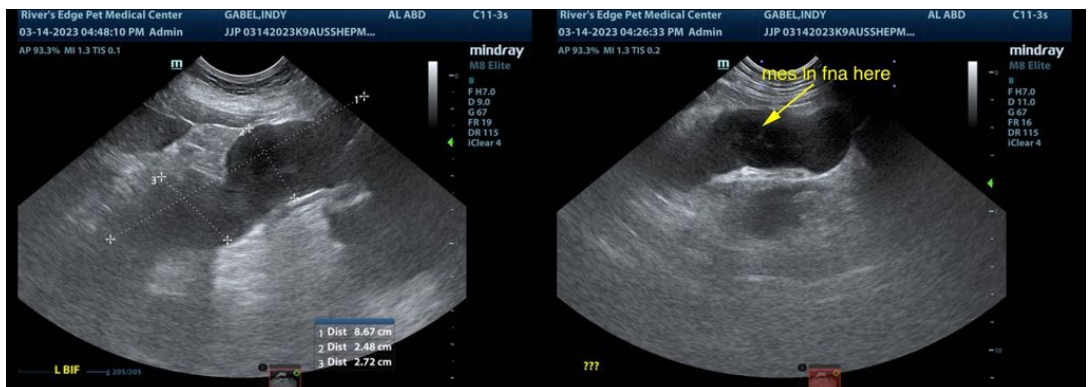
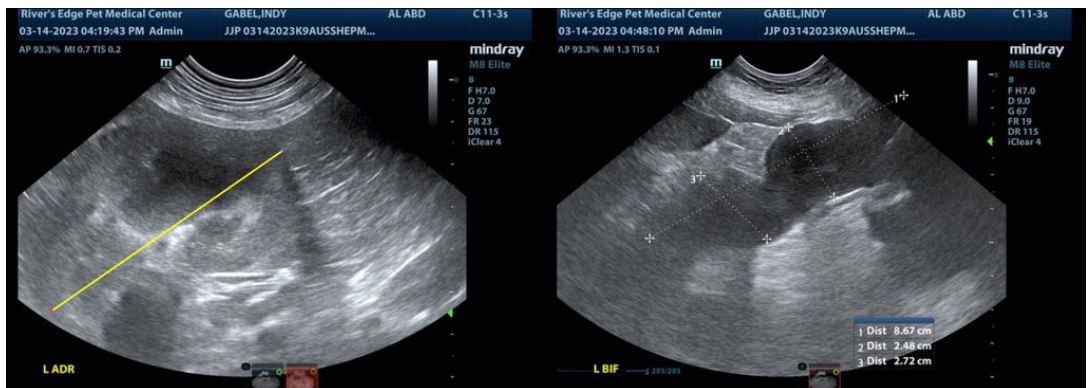
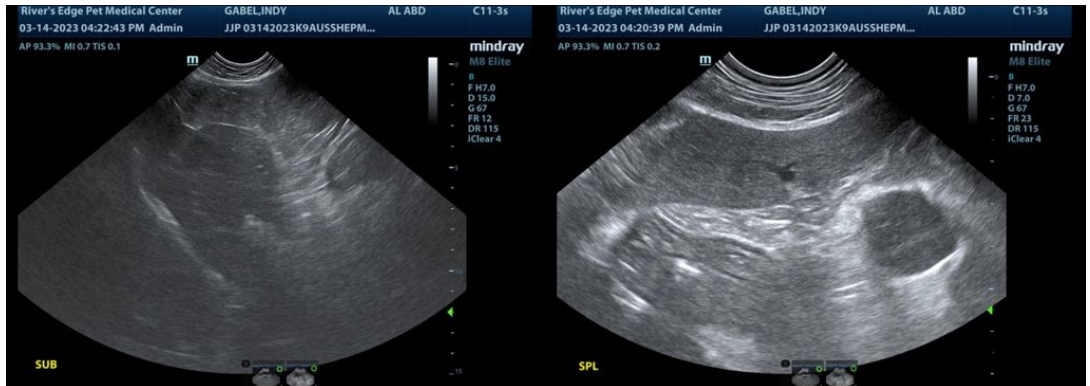
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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