



PATIENT

Tess Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

74.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

36054

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Black Tarry Diarrhea Saturday. Firmed up and no urgency today but still black and tarry.
- Small meibomian adenoma removed from above medial canthus of left eye on 2/17. Rimadyl (4 days) and Clindamycin (10 days) sent home. Last dose Friday.
- Labs 2/9 were normal, Labs today not.
- Weak and slow moving
- Abnormal PE/Chem/CBC/UA Results: PE: Pale Sclera and gums. Lethargic. Normal Temp Mild enlargement of submandibular, right prescapular, and popliteal lymph nodes. Mild pitting edema of rear feet. Labs: 2-9-26: normal CBC, Chem, Urine, fecal, thyroid, blood parasite screen Today: Severe regenerative anemia (RBC 1.37, HCT 9.8, Hgb 4.0, Retic 127.9). Neg slide agglutination, no rouleaux Leukocytosis: 22.37, Neut 20.97 PLT 137 K/uL Total Protein 4.9 (7.6 on 2/9), Alb 2.0 (4.4 on 2/9)

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 were noted. Ureteral papillae were normal.

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 left kidney measured 6.16 cm. The right kidney measured 6.88 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. This is a mild change. The left adrenal gland measured 2.66 cm x 1.06 cm at the caudal pole and 0.88 cm at the cranial pole. The right adrenal gland measured 2.55 cm x 1.0 cm at the cranial pole and 0.85 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver



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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. The portal vein was unremarkable. No overt evidence of portal thrombosis, however, cannot be completely ruled out given the pancreatic edema.

Gastrointestinal

The **stomach** was filled with progressively shadowing luminal material with minor transit of chyme into the small intestine. Hyperperistalsis was noted in the small intestine. Recommend pairing these findings with the postprandial timing of this patient. If the patient was NPO, I'd be concerned for GI foreign matter, potentially toxic. The colon was unremarkable.

Pancreas

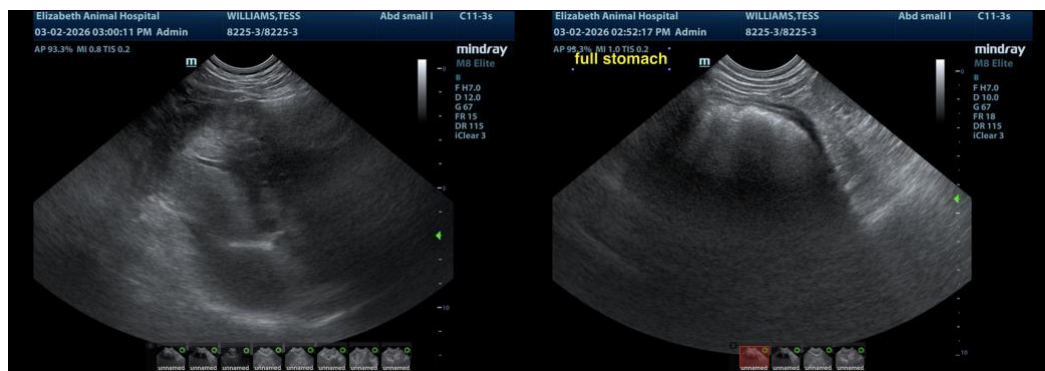
The **pancreas** revealed hypoechoic irregular parenchyma with localized free fluid and a minor amount of edema.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic edema of unknown origin. Pancreatitis, local thrombosis possible, underlying neoplasia possible.
- Luminal material in the stomach
- Bilateral adrenal hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas would be indicated once transfusion is able to reach a hematocrit of at least 20. Full coagulation panel is warranted. If the patient was completely NPO, I recommend endoscopy to assess the luminal material in the stomach. GI blood loss is a strong potential, given the patient history, however, this may be induced by shadowing material in the stomach. Prognosis is guarded.





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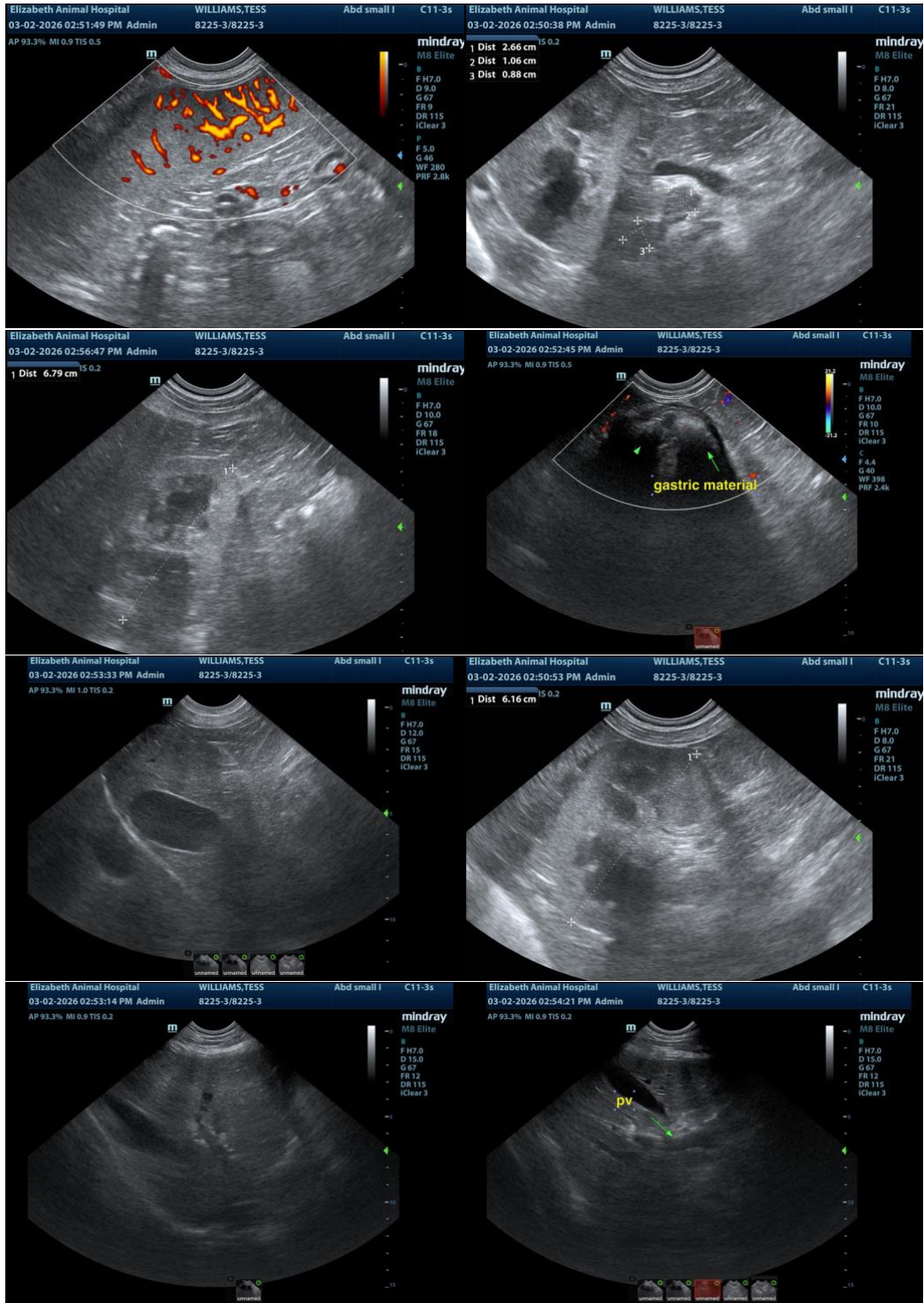
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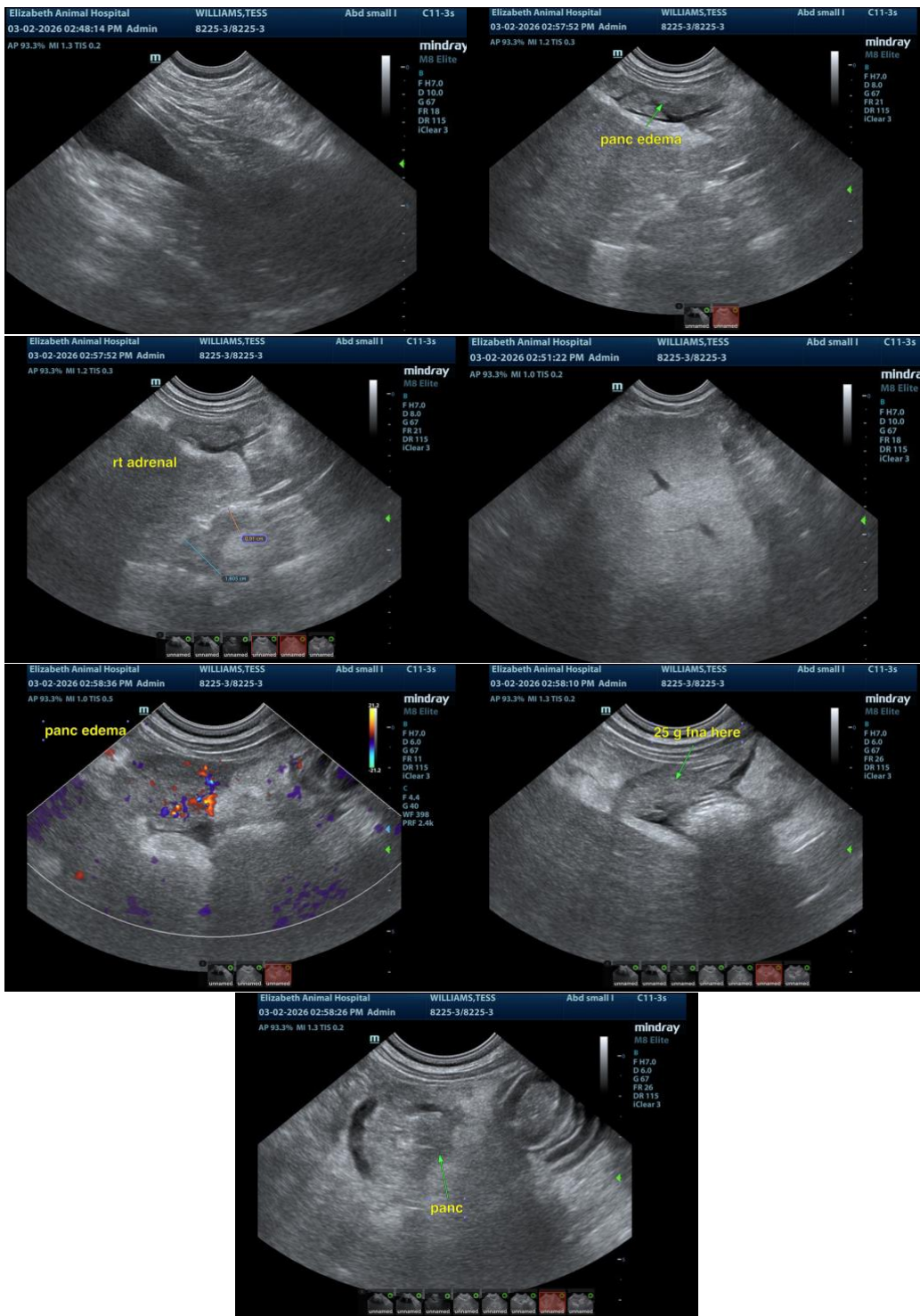
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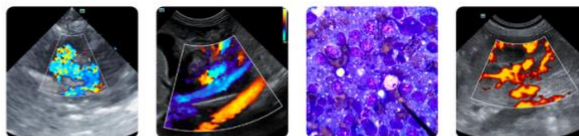
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The information and recommendations provided are based on the images presented by the referring



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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(CFM), Cert. IVUSS,
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