

**DATE**

3/21/22

PRESENTING CLINICAL SIGNS

About 1 week ago started with V+ Weight loss, o gave dewormer in case of worms PU/PD, anorexia, lethargic. Yesterday noticed swollen face and legs. Pretty sure lepto vaccinated.

Current Medications: Enrofloxacin, Cerenia, Protonix, Unasyn, Buprenorphine.

Lab Results: See attached.

Radiographs: Suspected mass effect cranial abdomen displacing intestines caudally- decreased detail.

aFAST= FF, aspirated clear to yellowish fluid; abnormal liver or spleen suspected, very mottled and irregular appearance.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

PATIENT

Journey Jimenez

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed Female

AGE

3/20/15

WEIGHT

83.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Jones

INVOICE

97017

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 was 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 right kidney measured 7.67 cm. The left kidney measured 7.94 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 3.05 x 0.79 cm at the caudal pole and 0.86 cm at the cranial pole. The left adrenal gland was uniformly enlarged and measured 2.81 x 1.14 cm at the caudal pole and 0.95 cm at the cranial pole.

Spleen

The **spleen** revealed diffuse enlargement with honeycomb, coalescing nodular changes and irregular contour with areas of free fluid.

Liver

The **liver** was riddled with multiple, expansive, disruptive target lesions. The target lesions were small and large throughout the liver with a separate 4.2 cm cranial abdominal lymph node mass noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. A hepatic lymph node mass was noted and measured 4.5 x 2.0 cm.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

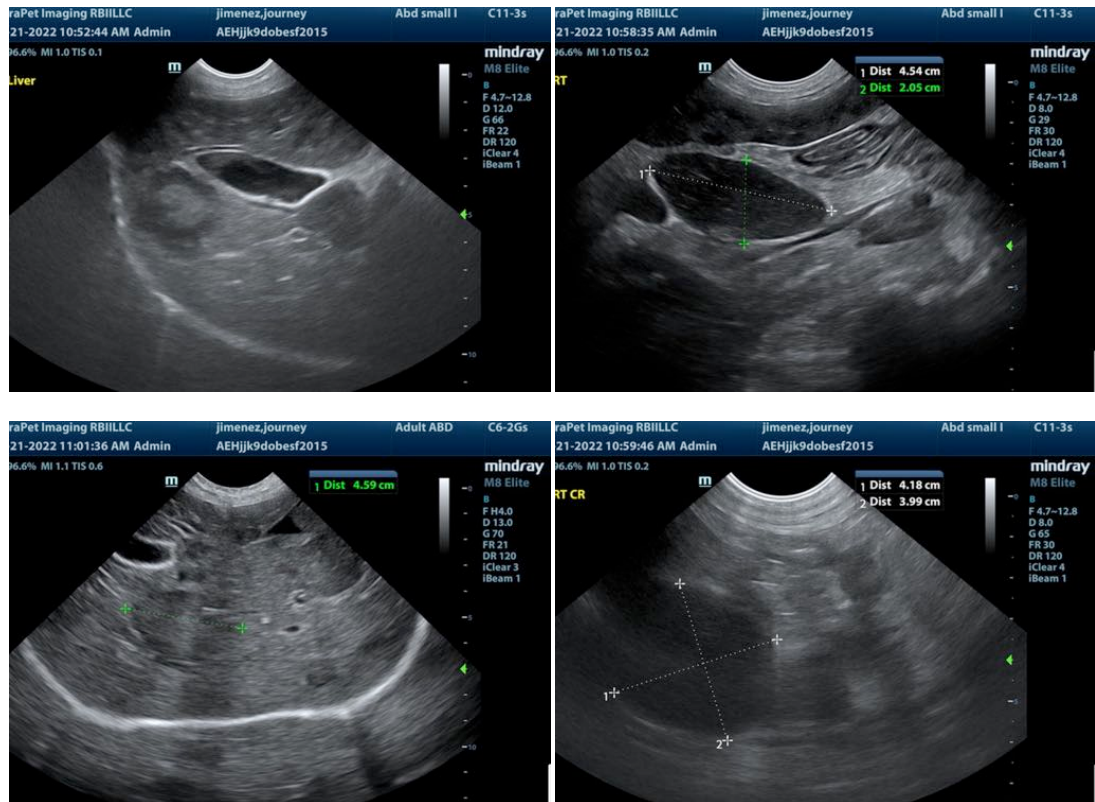
Free fluid was noted in the caudal abdomen.

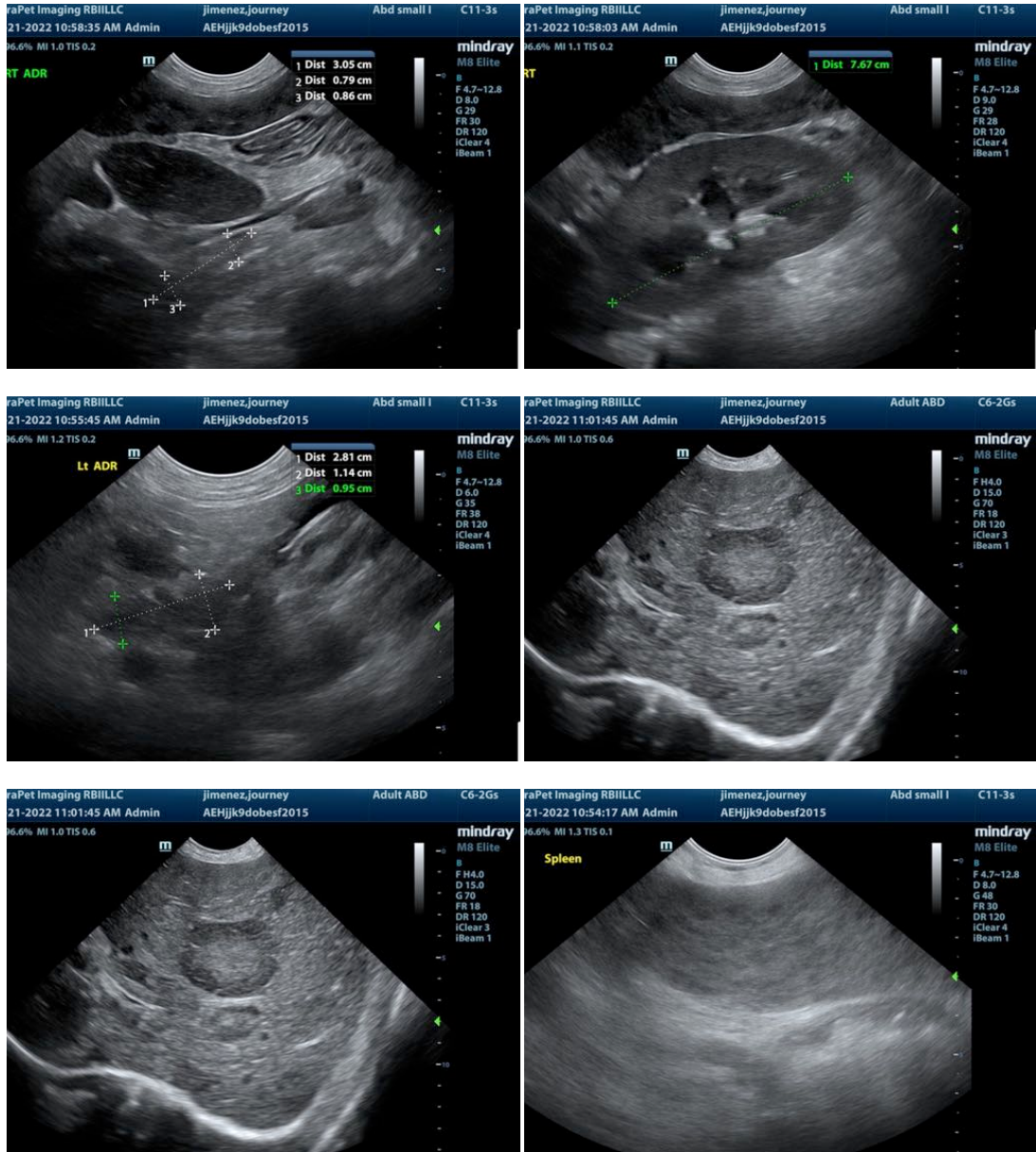
ULTRASONOGRAPHIC FINDINGS

Aggressive multi-centric round cell neoplasia pattern involving the spleen, lymph nodes and liver with enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver and lymph nodes is indicated with immediate chemotherapeutic intervention. The left adrenal gland may be infiltrated with round cell neoplasia or separate adenoma, hyperplasia, pheochromocytoma are all technically possible. The prognosis is poor. However, this may be responsive to chemotherapy.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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
 Eric.Lindquist@SonoPath.com