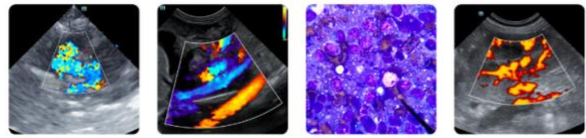

PATIENT

Charlie Aildasani

SPECIES

Canine

BREED

Basset Hound Mix

SEX

Neutered Male

AGE

12

WEIGHT

37.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wehmer

HOSPITAL NAME

Evendale- Blue Ash Pet Hosptial

REFERRING VET

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INVOICE

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03/23/26

PRESENTING CLINICAL SIGNS

The images were sent in triplicate, amplifying file size to approximately 2 gigabytes. Please adjust your image transmission procedure to reach file size of approximately 500 megabytes or less.

- 2/16 - Vomiting started
- Resolved temporarily after probiotic and pumpkin
- Vomiting returned with diarrhea
- Stools are currently normal
- 3/20 - Vomited 15+ times, initially contained food, progressed to watery with blood clots, then clear foamy with blood tinge.
- Has not vomited since 3/20.
- Hx of whipworms and roundworms, treated and resolved
- Chronic, intermittent cough
- Treatments -
- Subcutaneous fluids LRS
- - Cerenia injection 1mg/kg IV
- - Famotidine injection 0.5mg/kg IV
- -RC GI diet
- Pepcid, sucralfate, Cerenia @ home

CBC: WBC markedly elevated at 82,000 (reference range <16,000), increased from 20-21,000 in February; neutrophils and monocytes elevated; lymphocytes low-normal - Chemistry panel: ALT and ALP elevated (previously normal in February); low chloride consistent with vomiting; BUN low; albumin low-normal possibly concerning - PLI (pancreatitis): Normal - Urinalysis: Dilute urine concentration despite dehydration Radiographs taken 2/16 - Report noted possible abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

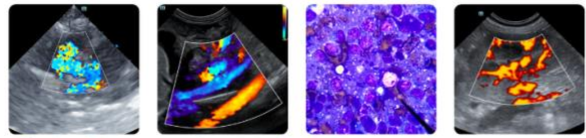
Urinary System

The **urinary bladder** presented a moderate thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present to a depth of 2.0 cm. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. Wall thickness measured 0.53 cm at moderate repletion.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 5.35 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were



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unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.2 cm x 0.80 cm width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** in this patient revealed an expansive mixed hypoechoic mass measuring 2.8 cm with no evidence of rupture present. The remainder of the spleen was largely unremarkable and uniform.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. A hypoechoic rounded lymph node was noted measuring 1.3 cm in the portal hilus region and may represent a metastatic or reactive lymph node.

Gastrointestinal

A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis. The stomach revealed hyperechoic mucosal and submucosal inclusions consistent with ulcerative gastritis. The upper duodenum also presented spastic and mildly irregular.

Pancreas

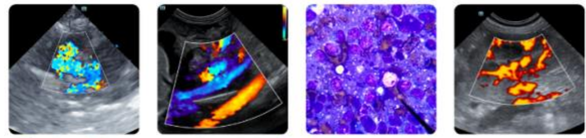
The right limb of the **pancreas** was heterogenous and irregular with potential underlying hypoechoic rounded structures, potential lymph nodes versus pancreatic nodules.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass- non-neoplastic abscessation, hemangiosarcoma, round cell neoplasia less likely, non-neoplastic necrotic mass also possible.
- Ulcerative gastritis pattern.
- Heterogenous pancreas.
- Age-related renal changes with nonobstructive mineralizations.
- Cystitis bladder pattern.
- Mild hepatic remodeling with lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend chest radiographs and rapid echocardiogram to ensure pericardial effusion is not present, followed by exploratory surgery with expectations towards splenectomy with gastric wall inspection and resection of any ulcerative change if possible. Liver biopsy is indicated to assess for micrometastasis. Ultrasound guided 25-gauge FNA of the liver and spleen could be considered as a cursory evaluation, however, I believe that a surgical approach would be the best option in this patient



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to assess for the possibility of gastric neoplasia. Full thickness gastric biopsies as well as lymph node biopsies are essential. Prognosis is guarded. Urinary work up is warranted.

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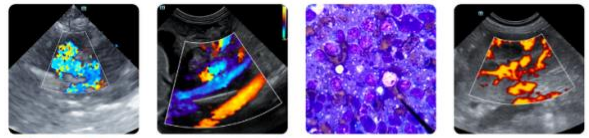

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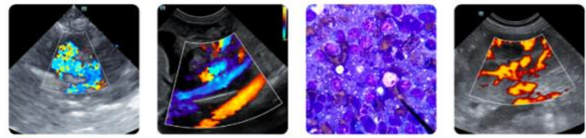

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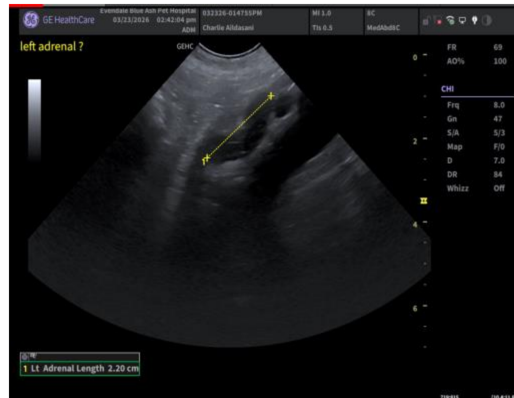

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com