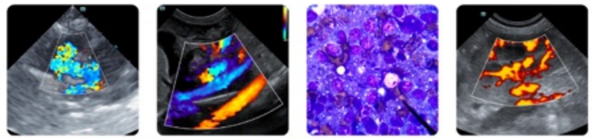


PATIENT

Abby Maitland

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

10 years

WEIGHT

35 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Field

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Field

INVOICE

73814

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- O's just arrived in Powell river a few days ago, dog has been on the beach since arriving. Vomiting twice a day since 5 days ago, now not eating except for treats, very bar still, no dha
- Very icteric on PE, otherwise quite normal CBC wnl besides rbc low 5.4 (5.6-8.8) hct low 33 (37-61) hgb low 11.9 (13-20) ret high 149 (10-110) mono high 1.55 (0.16-1.1) CHEM wnl besides sdma high 15 (0-14) alt high 797 (10-125) alkp high 1254 (23-212) tbil high 138 (0-15) total T4 low pt wnl ptt prolonged >200sec Lepto Witness: Negative (kec)

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 left kidney measured 6.2 cm.

Adrenal Glands

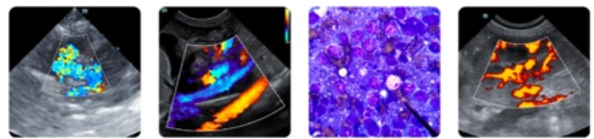
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.8 cm at the caudal pole and 0.75 cm at the cranial pole. The region of the right adrenal aglnd was imaged with no evidence of pathology.

Spleen

The **spleen** revealed subtle micronodular changes. This is most consistent with hyperplasia. There was no significant disruption of architecture.

Liver

The **liver** revealed diffuse nodular changes with disrupted architecture. The gallbladder was edematous. If any crusting skin lesions are present then hepatocutaneous syndrome can present in this fashion. The hepatic lymph nodes were rounded and hypoechoic.



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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. A portion of intestinal thickening was noted in the jejunum with reactive mesentery.

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

Enhanced mesentery was noted throughout the midcranial abdomen.

Reactive mesentery was noted around the pancreatic limb with heterogenous parenchymal changes.

ULTRASONOGRAPHIC FINDINGS

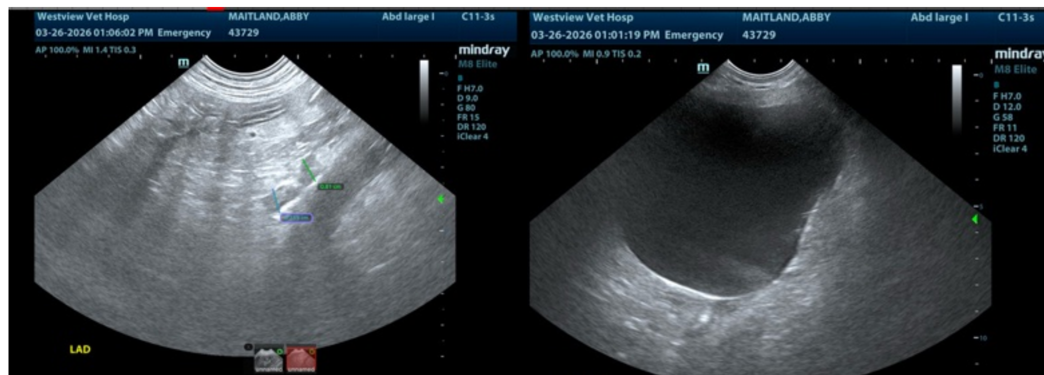
Diffuse, hepatic nodular changes with cranial abdominal lymphadenopathy. Diffuse nodular hyperplasia is possible, yet less likely.

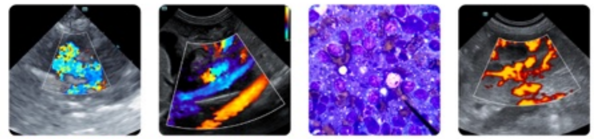
Mild splenic enlargement.

Intestinal thickening with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver and accessible cranial abdominal lymph nodes are all indicated. There is a strong concern for round cell neoplasia. Remote potential for salmon poisoning. Prognosis is very guarded to poor based on the diffuse nature of the hepatic parenchymal changes.





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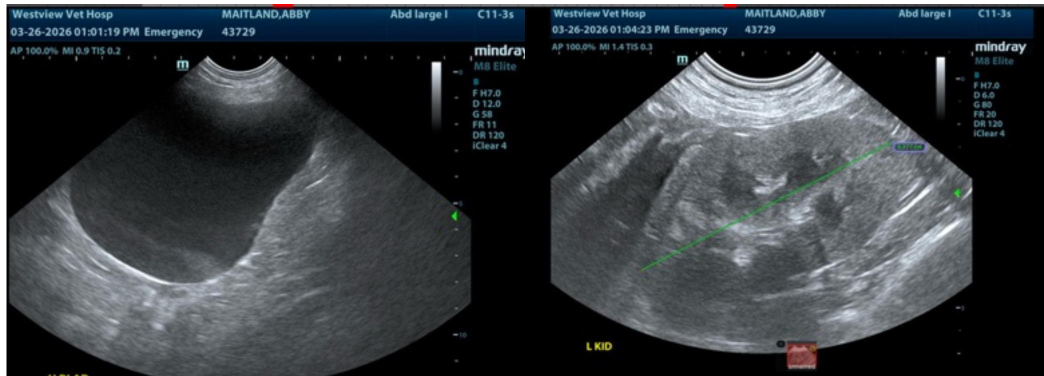

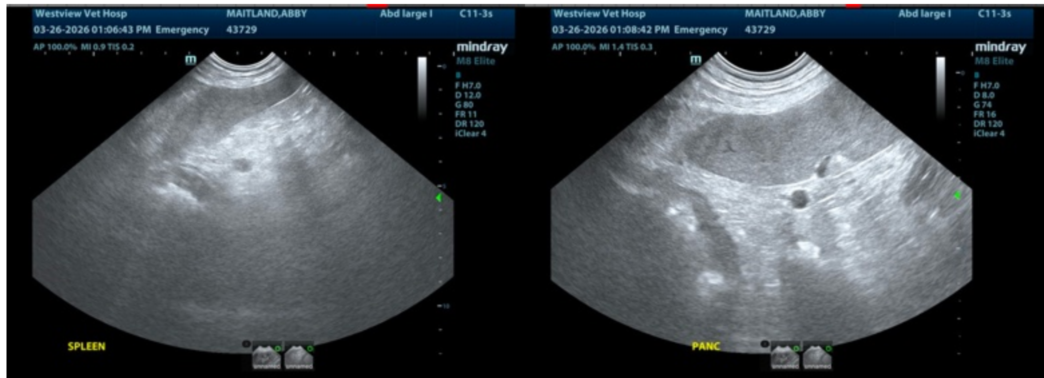

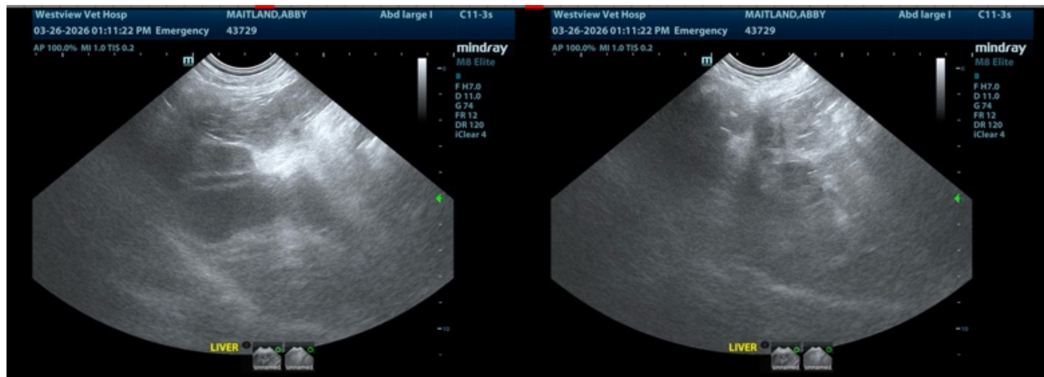

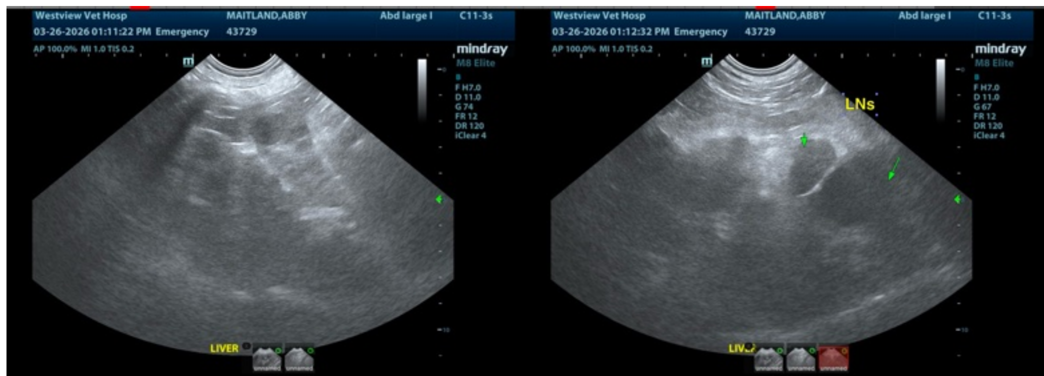

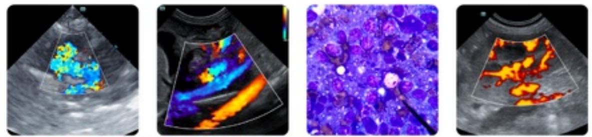

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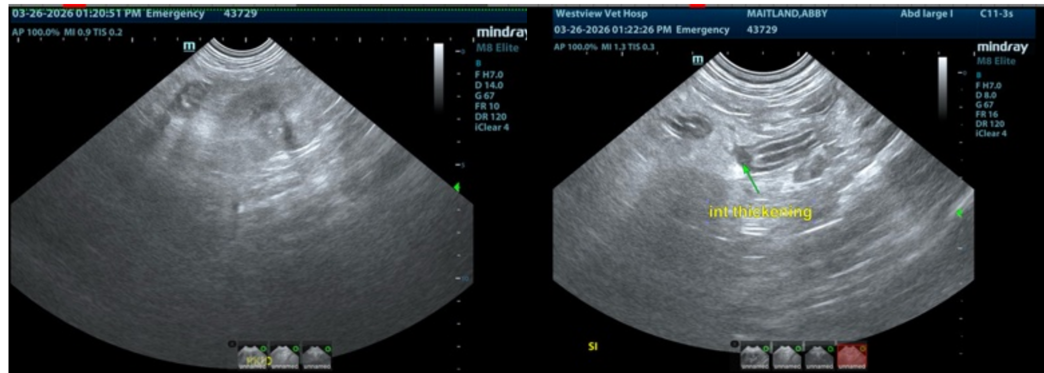

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com