

**DATE PRESENTING CLINICAL SIGNS**

3/3/22

Presented 2/21 w/ hx of loose stool for ~1 week, occasional blood noted, but improving; vomiting past few days, decreased appetite and lethargy. SQF administered and started on Cerenia. Presented again 2/24- d/v resolved, but still lethargic and marked decrease in appetite. Generally NSF on exam. No improvement on Metro, Carafate rx'd on 2/24, still lethargic and decreased appetite.

PATIENT

Rosie Uhelski

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

6/17/13

WEIGHT

79 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Pearce
RDMS, RVT**HOSPITAL NAME**

Everhart VH

REFERRING VET

Dr. Hess

INVOICE

35906

Current Medications: Carafate 1gm BID started 2/24, Metronidazole 500mg 1 ½ BID started 2/24, Phenobarbital 1.5gr BID.

Lab Results: Alb 1.8, Ca 7.8, otherwise NSF. CBC NSF; fecal negative, baseline cortisol WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

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 right kidney measured 7.3 cm. The left kidney measured 7.25 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 right adrenal gland measured 2.7 cm x 0.72 cm at the caudal pole and 0.65 cm at the cranial pole. The left adrenal gland measured 3.61 cm x 0.76 cm at the caudal pole and 0.70 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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

The **liver** itself was uniform with no evident pathology. The gallbladder was thickened and overdistended with striating bile.

Gastrointestinal

The **gastrointestinal tract** revealed portions of intestine with an infiltrative pattern and loss of mural detail. Wall thickness measured up to 1.6 cm. Regional lymph nodes enlarged, rounded and hypoechoic, measuring

up to 6.78 cm. The portion of intestine primarily involved appeared to be mid jejunum measuring 11 cm. Some gastric stasis was noted. However, the stomach and upper duodenum appeared to be intact. The pylorus was patent and mildly spastic. Soft stool noted in the colon. The colonic wall was unremarkable. Curvilinear patterns were maintained. Variable other minor jejunal thickenings noted.

Pancreas

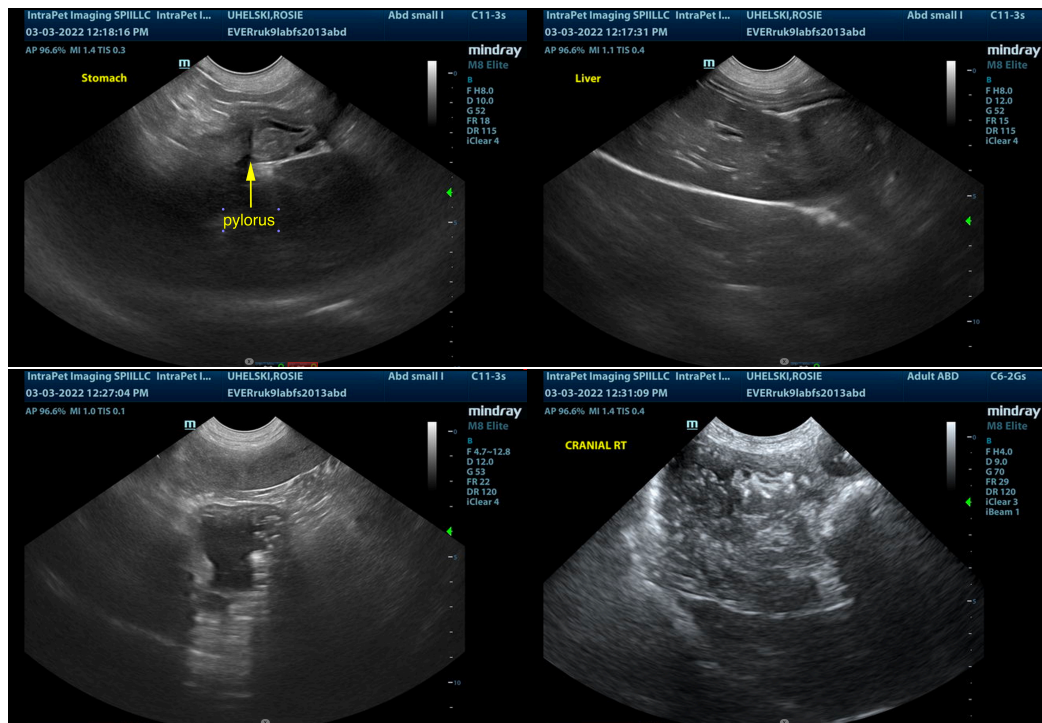
The **pancreas** presented mixed hyper- and hypoechoic changes, consistent with remodeling.

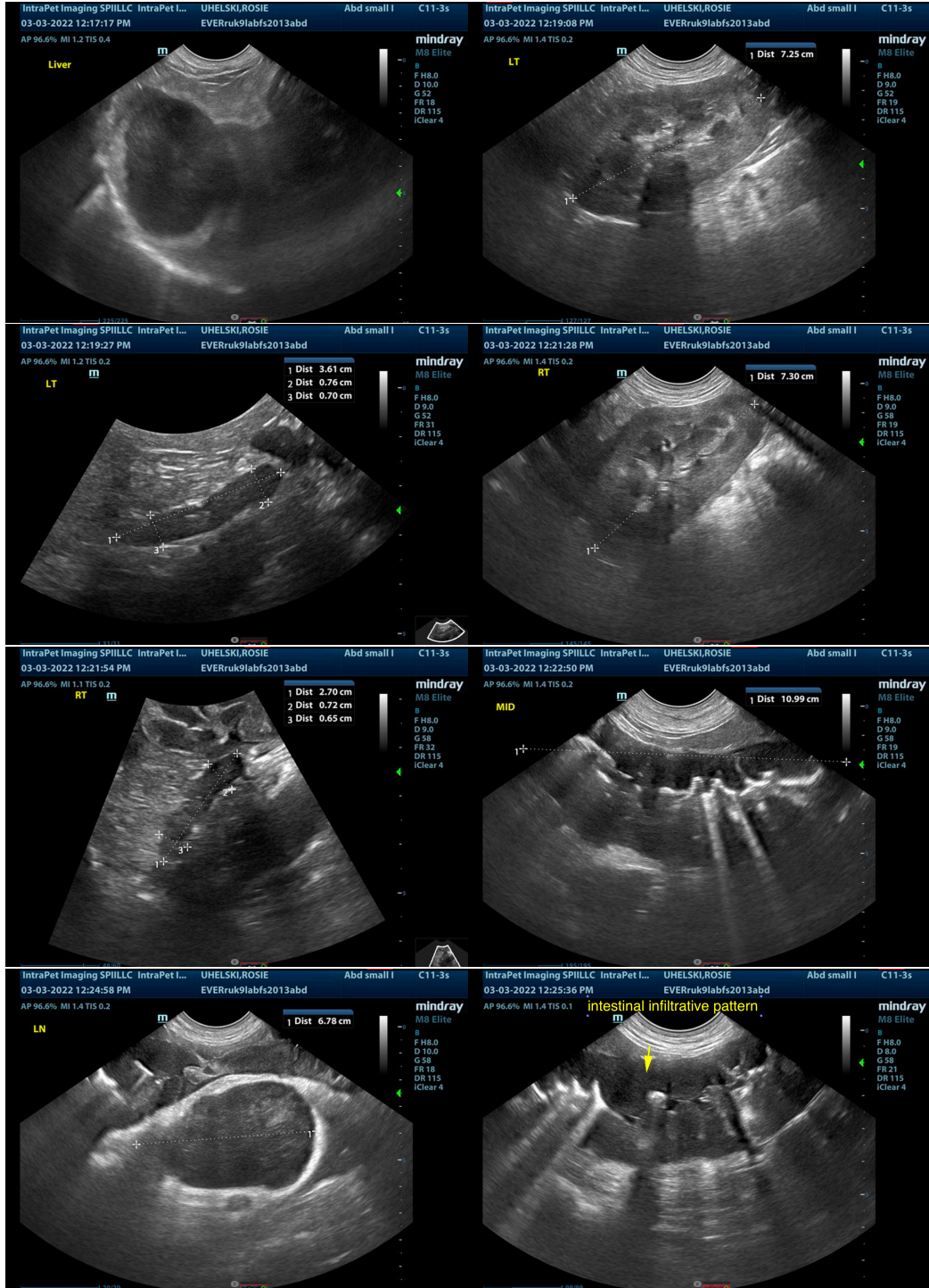
ULTRASONOGRAPHIC FINDINGS

- Intestinal lymphoma pattern with regional lymphadenopathy – not a surgical presentation.
- Concurrent paraneoplastic protein losing enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the intestine and lymph node recommended with cytology. Immediate chemotherapeutic intervention recommended. Regional inflammation noted around the intestinal and lymph node pathology. Pain management, broad-spectrum antibiotics, and fluid support as necessary until chemotherapeutic intervention can occur. Prognosis is guarded depending upon responsiveness to chemotherapy. Chest radiographs and assessment of the cranial mediastinum warranted to assess for metastatic disease.





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.

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