

**DATE**

3/4/22

**PRESENTING CLINICAL SIGNS****PATIENT**

Oliver Devincenzo

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

7/1/16

**WEIGHT**

63.3 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Roper

**INVOICE**

14183

History: 3/2/22- About a week and half ago P started having increase urination and drinking. O took P to rdvm on 2/21. P had a low thyroid (<.4 ug/dL), urinalysis showed a USG of 1.014 and RBC. Amylase decreased and cholesterol mildly high 423. P usually needs to be on Trazodone and Clonidine but P was very lethargic before visit and O only gave 1 tablet of Clonidine and 1 tablet of Trazodone. O not sure of the mg for each. On Monday P started to have a decrease in appetite. O gave boiled chicken and rice and P ate that last night but today P did not want to eat was very lethargic. P was diagnosed with Anaplasma in June 2021., retested in November and then P was started on Doxycycline (5mg/kg) for 4 weeks. P is on Apoquel SID. Patient did walk in- but required sedation for catheter placement. Has not wanted to get up since/recumbent. 3/3/22 (am)- was able to respond to stimuli- tries to pick up head; but when trying to get to stand- knuckling on the back legs, a few hours after morning exam- nurses were able to get up and the patient was able to walk a little bit, still not eating, low heart rate.

Current Medications: Maropitant, Protonix.

Lab Results: Tick panel, T4, ACTH and low colony urine culture pending.

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.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** revealed foley catheter in proper placement and position. Anechoic urine and normal bladder wall noted. The prostate was uniform, measuring 1.63 cm. Post-prostatic urethra was unremarkable yet occupied by the urinary catheter.

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 7.07 cm. The right kidney measured 7.07 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 3.08 cm x 0.49 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.28 cm x 0.5 cm at the caudal pole and 0.65 cm at the cranial pole

**Spleen**

Minor heterogeneous **splenic** changes noted with slight irregular contour, FNA indicated.

**Liver**

The **liver** itself was unremarkable. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

### ***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***

The mesenteric root revealed a 5.2 cm x 2.37 cm, hypoechoic, undifferentiated **lymph node**.

### ***Other***

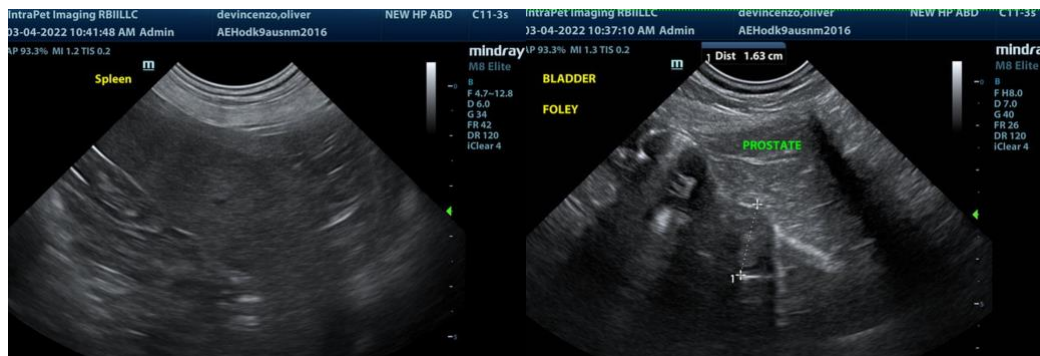
A rapid view of the **heart** revealed tachyarrhythmia and hypocontractility- EKG or Holter monitor recommended.

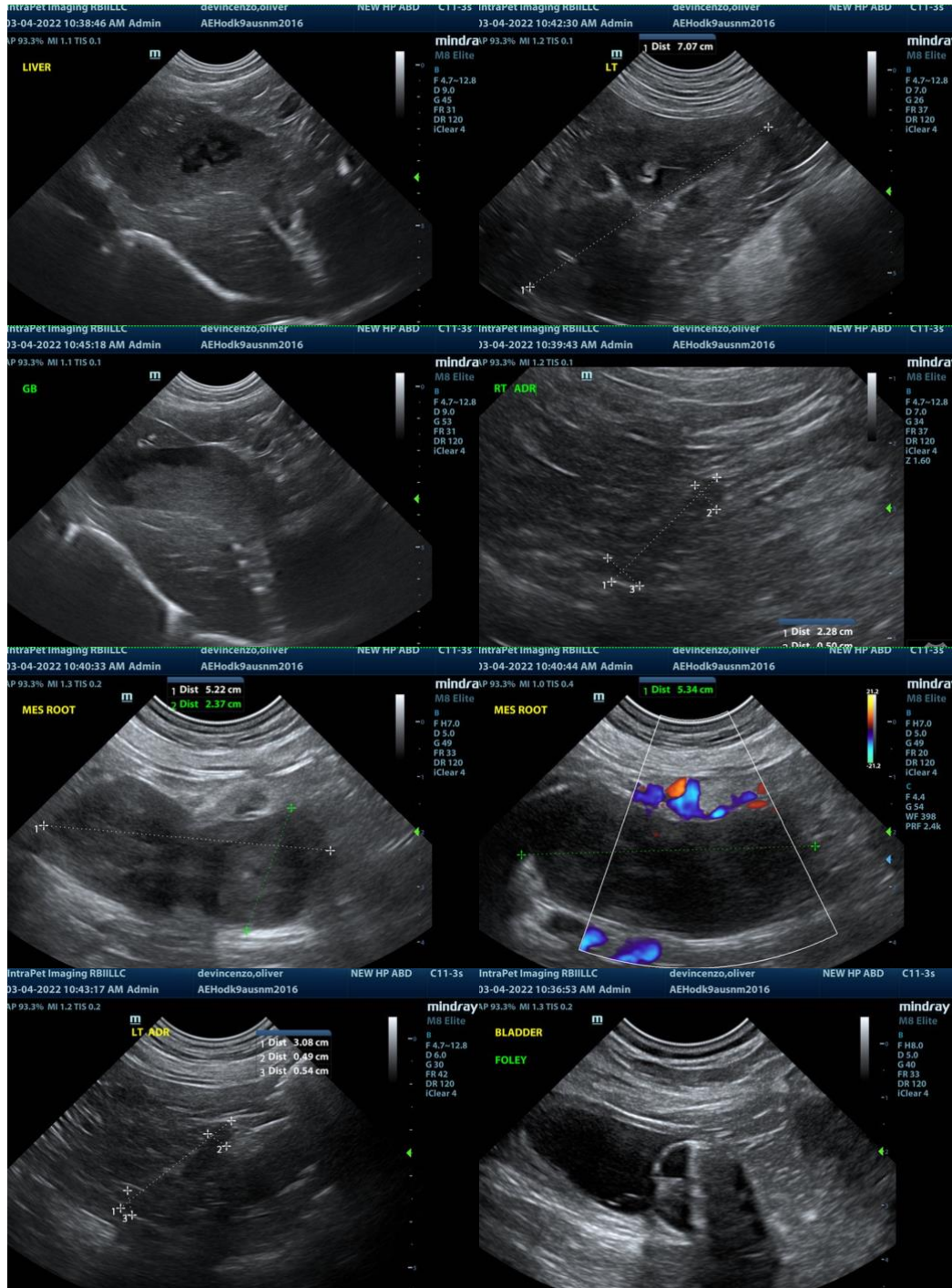
## **ULTRASONOGRAPHIC FINDINGS**

- Aggressive mesenteric lymphadenopathy
- Heterogeneous spleen-FNA indicated
- Tachyarrhythmia and hypocontractility

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

EKG and Holter monitor recommended as well as FNA of spleen and lymph nodes. Strong concern for round cell neoplasia/lymphoma.





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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