



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Moxxie Swope  
**SPECIES** Canine  
**BREED** Basset Hound  
**SEX** Spayed Female  
**AGE** 10 years  
**WEIGHT** 15.6 kg  
**INTERPRETED BY** Eric Lindquist, DMV DABVP, Cert. IVUSS  
**IMAGING PERFORMED BY** Erin Wicks  
**HOSPITAL NAME** Shores VEC  
**REFERRING VET** Dr. Zippay

**History:** Presented at our hospital for not eating, this morning V+ about 10 times just water, and weight loss within the last week. Previous Health Concerns: seen at reg vet 3/1/22 Lyme disease, given Cerenia; no specific treatment for Lyme at that time; 3/2/22- offered Convenia and cyproheptadine- owner elected cypro only at that time; whipworms (gave medication but patient threw up 5-6 hours later) Current Medications: none, normally gives CBD but hasn't because patient isn't feeling well. Abnormal PE/Chem/CBC/UA Results: Fleas; Oral-Nasal-Throat: ulcerated gums, drool, uremic breath Eyes: bilat. NS; sunken ; dried purulent discharge Cardiovascular: tachycardic; weak femoral pulses Respiratory: increased BV sounds Abdominal: soft/ doughy RDVM 3/1/22- Lyme positive 3/2/22- RDVM BW- relatively NR rads RDVM- no fb or obstruction noted SVEC- EPOC- iCa+ 1.12(L0 glucose 162 (H) HCT 62% (H) Pre-surg- glucose 178(H) glob 3.8(L) ph 6.5(L)

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.24 cm. The right kidney measured 6.0 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 2.29 x 0.75 cm at the caudal pole and 0.42 cm at the cranial pole.

**Spleen**

The **spleen** was mildly irregular and folded upon itself cranially.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**INVOICE**

96622

**DATE**

3/8/22



**PATIENT**

**Gastrointestinal**

Moxxie Swope

The **stomach** revealed mild uniform thickening and an empty lumen. Variable small intestinal thickening was noted. A regional small intestinal mass was noted in this patient with a cystic or mural component measuring approximately 3.0 x 3.0 cm.

**SPECIES**

Canine

**Pancreas**

**BREED**

Basset Hound

The **pancreas** revealed hypoechoic, irregular parenchyma with enhanced surrounding mesentery. This is suggestive for inflammation.

**SEX**

**Free Abdomen**

Spayed Female

A slight amount of free fluid was noted in the caudal abdomen. Bright mesentery was noted throughout the mid abdomen.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

Variable intestinal thickening with overt jejunal mass. This may be cystic or a mural abscess.

**WEIGHT**

15.6 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

I recommend exploratory surgery with expectation of resection and anastomosis. GI biopsies are warranted to ensure underlying multi-centric neoplasia is not present. However, the jejunal mass is the only area that reveals neoplastic criteria. Differentials include carcinoma, leiomyosarcoma, focal lymphoma and granulomatous disease or penetrating foreign body that was not overtly visible.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

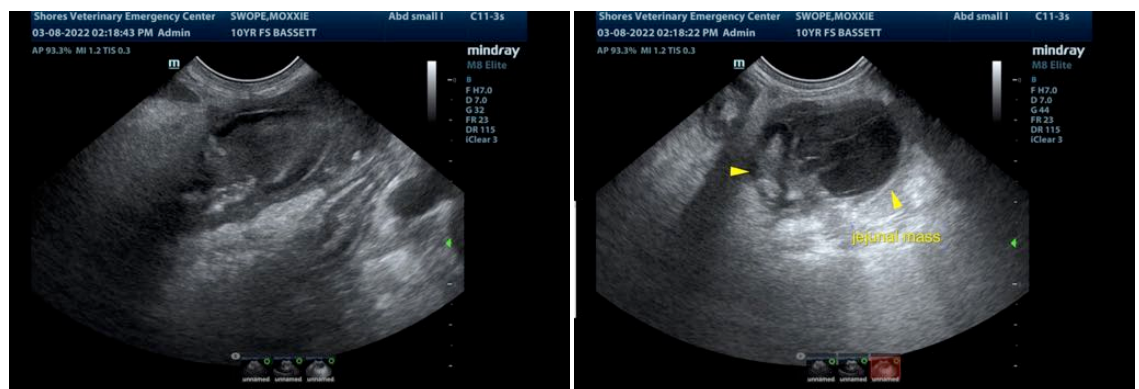
Erin Wicks

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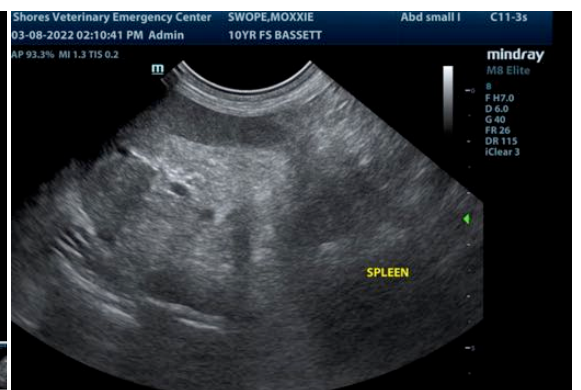
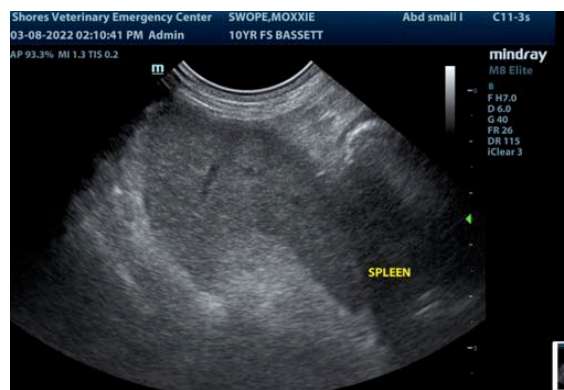
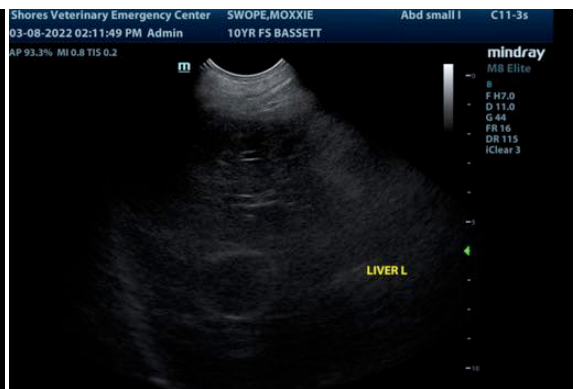
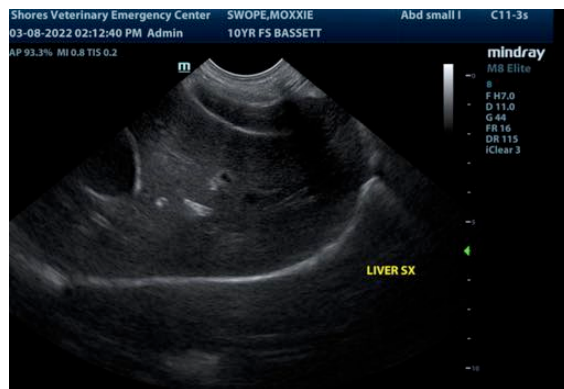
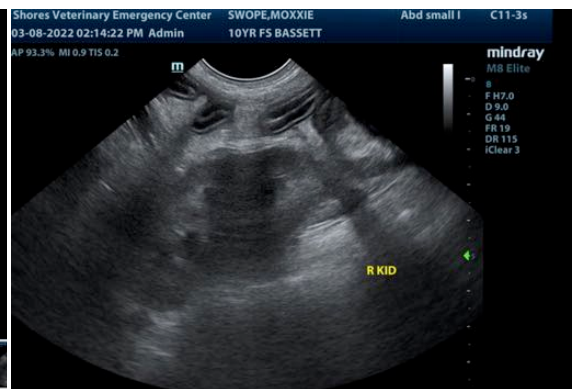
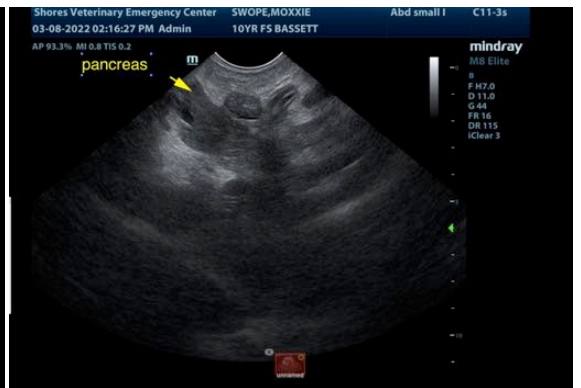
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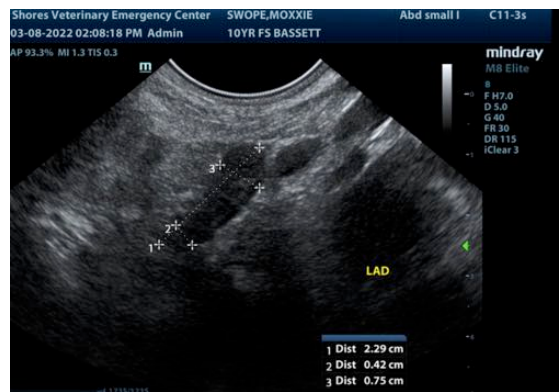
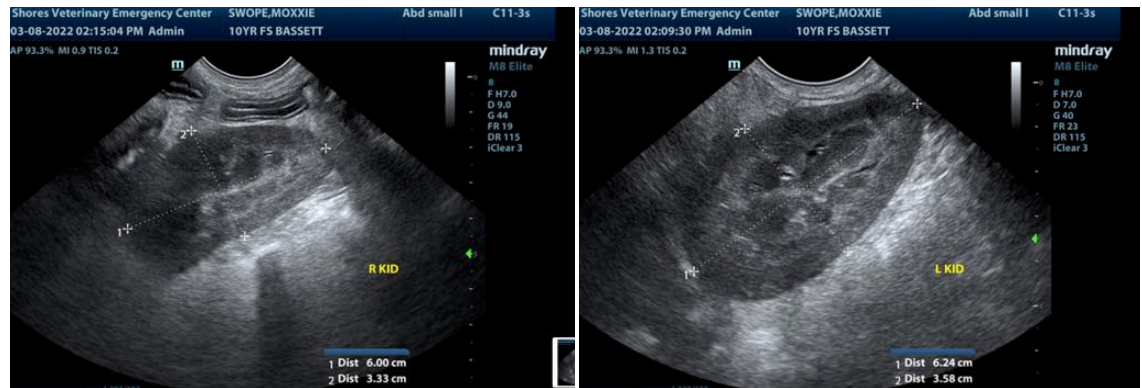
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DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Erin Wicks

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.

**HOSPITAL NAME**

Shores VEC

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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