

**PATIENT**Storm Dahmen
49166A**SPECIES**

Canine

BREEDAmerican Staffordshire
Terrier**SEX**

Neutered Male

AGE

12 ½ years

WEIGHT

27.4 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeil

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists Dr. Maller**INVOICE**

96606

DATE

3/7/22

PRESENTING CLINICAL SIGNS

History: Starting on Sunday, Storm has been having diarrhea with some frank blood in it. Mom said it has varied from soft serve to liquid in consistency. She did offer him some GI food that afternoon, which he ate well, but hasn't been interested in food or water since. Starting this morning, Storm started vomiting around 3-4am and has vomited 10-15x since. He has also been more lethargic since Sunday when the diarrhea started. Mom did say that the diarrhea wasn't bloody at all this morning. He is on galliprant and cosequin and has been for years. Also mom said that his eye sight hasn't been very good recently. Storm did also have a check up in Feb and she was told it was all normal except he was very mildly anemic.

Painful on abdominal palpation Mildly low lymphocytes Mildly low eosinophils Chem WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 right kidney measured 7.09 cm. The left kidney measured 7.22 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.76 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 0.77 cm at the caudal pole and 0.7 cm at the cranial pole.

Spleen

The **spleen** was hypochoic with a 0.75 cm undifferentiated nodule at the mid caudal body.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypochoic 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.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There were minor areas of intestinal wall thickening noted with hypertrophied muscularis. The mesenteric lymph nodes were rounded and hypoechoic measuring 1.14 cm in width.

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

Sublumbar lymph node comprised a cystic mass measuring 6.34 x 3.38 cm. This is strongly suggestive for metastatic disease.

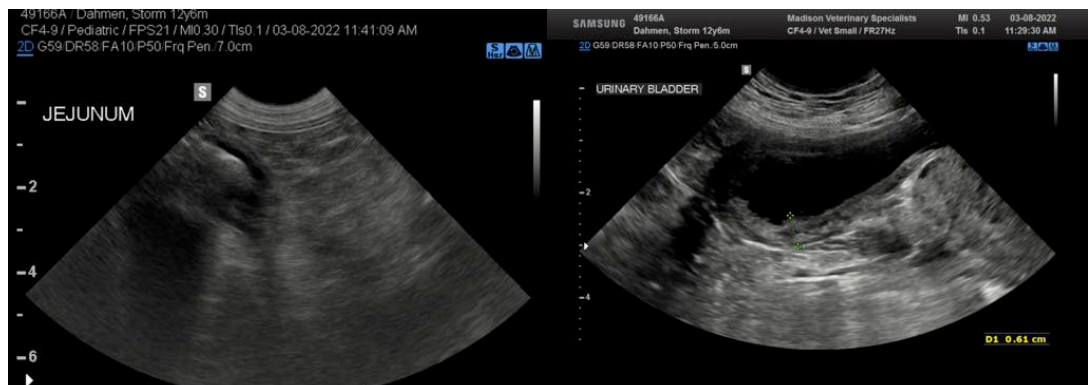
ULTRASONOGRAPHIC FINDINGS

Cystic, sublumbar lymph node mass with multi-focal, lymphadenopathy.

Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph node and drainage of the cystic portions are warranted as a diagnostic and palliative measure. FNA of the splenic nodule is also indicated. There is a strong concern for metastatic lymph node pathology or underlying lymphoma. Mesenteric lymph node FNA is also indicated. The prognosis is guarded.



IMAGING PERFORMED BY

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svsimagingmi@gmail.com



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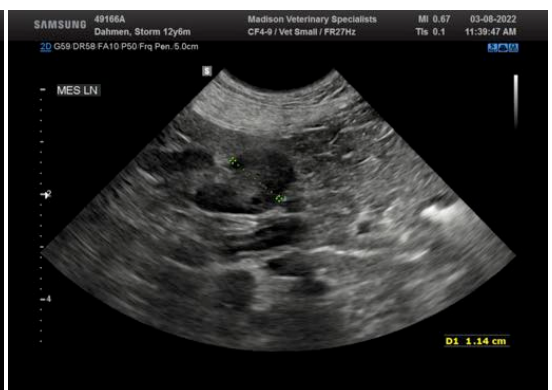
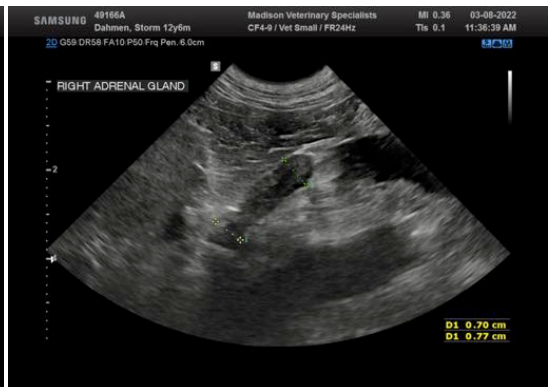
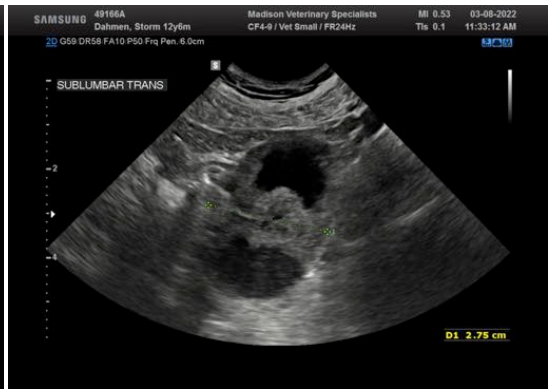
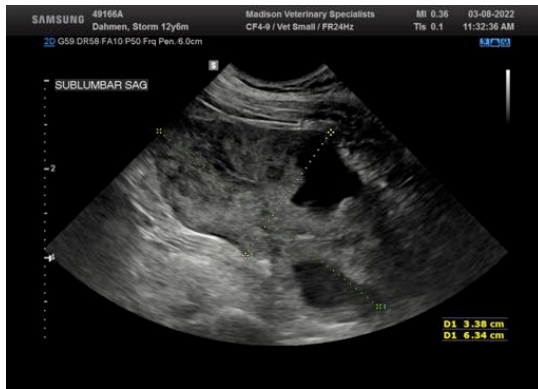
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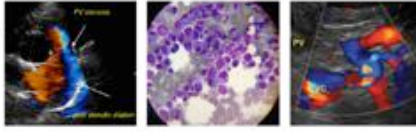
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Eric.Lindquist@SonoPath.com

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