



PATIENT

Rufus Aggieland

SPECIES

Marsupial

BREED

Wallaby

SEX

Male

AGE

4 years

WEIGHT

19.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rupley

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Rupley

INVOICE

99238

DATE

4/12/22

PRESENTING CLINICAL SIGNS

PRESENTED FOR: Lethargy and hyporexia. REPORTED SYMPTOM: Weight loss. Decreased appetite. Lethargy. VITALS: Fever, decreased heart rate, increased respiratory rate, mm pink, crt <2 s. CURRENT MEDICATIONS: None. EXAM FINDINGS: Tacky mucous membranes. Body score of 3/9. Pain on abdominal palpation. Passed watery stool. LAB RESULTS: Chemistry and electrolyte panel reveals low glucose and calcium, with elevated BUN, ALT, and creatinine. CBC results reveal a neutrophilia, lymphopenia, and eosinopenia. Urinalysis results reveal glucose 100, abundant red blood cells, possible cocci or short rods, sperm, protein 15, pH 6.0, and Specific Gravity: 1.036. Fecal float and direct reveals no parasites. ASSESSMENT AND PLAN: An IV catheter was placed and IV fluids with dextrose begun. Ceftiofur IM and enrofloxacin IV.

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 6.08 cm. The right kidney measured 5.32 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.

Spleen

The **spleen** was folded upon itself with subtle, micronodular parenchyma.

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.

Gastrointestinal



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The upper **gastrointestinal tract** was thickened in this patient with areas of loss of mural detail. Regional mesenteric lymph nodes were enlarged. The largest lymph node measured up to 2.0 x 0.5 cm.

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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.

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Free Abdomen

SEX

Male

A mild amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

AGE

4 years

Gastrointestinal infiltrative pattern with lymphadenopathy and free fluid. Strong concern for lymphomatosis or similar neoplasia.

WEIGHT

19.1 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin are recommended along with FNA of the accessible lymph nodes and upper gastrointestinal thickening for a definitive diagnosis. Granulomatous GI disease is possible, yet less likely.

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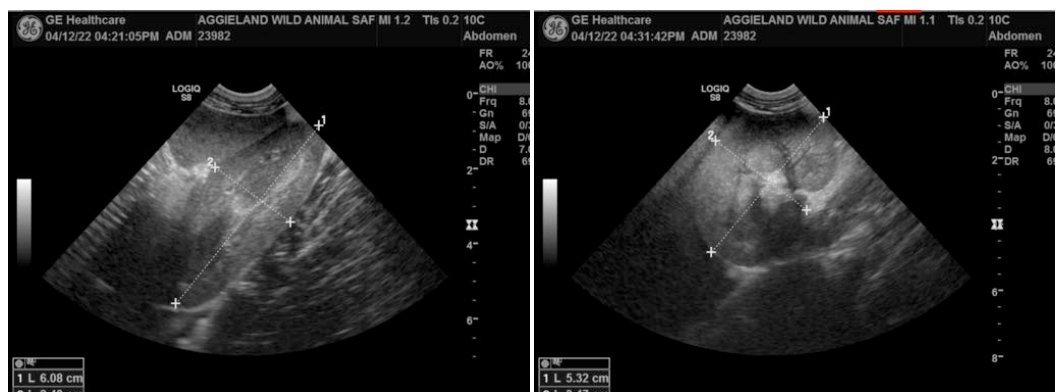
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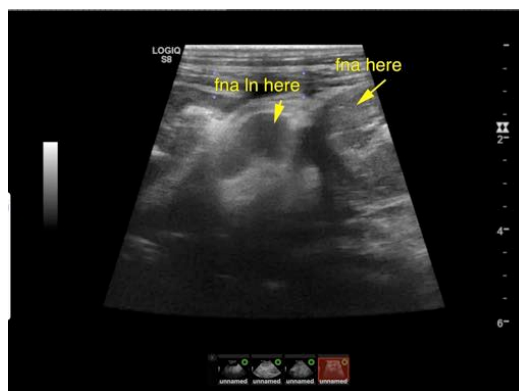
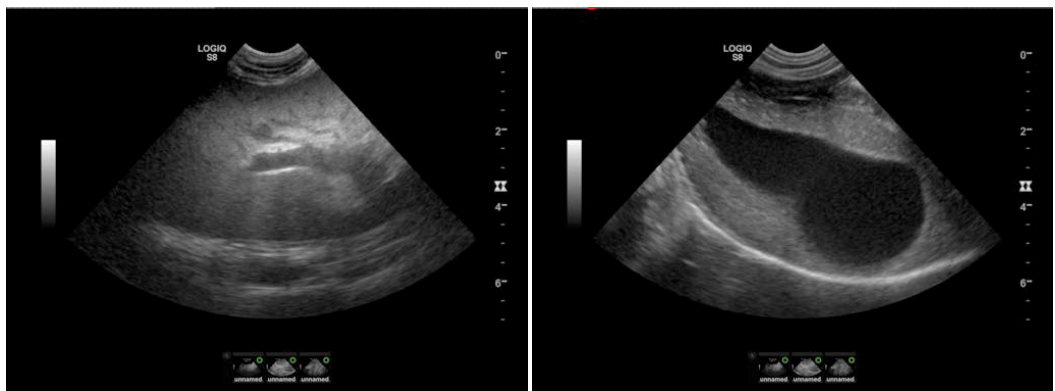
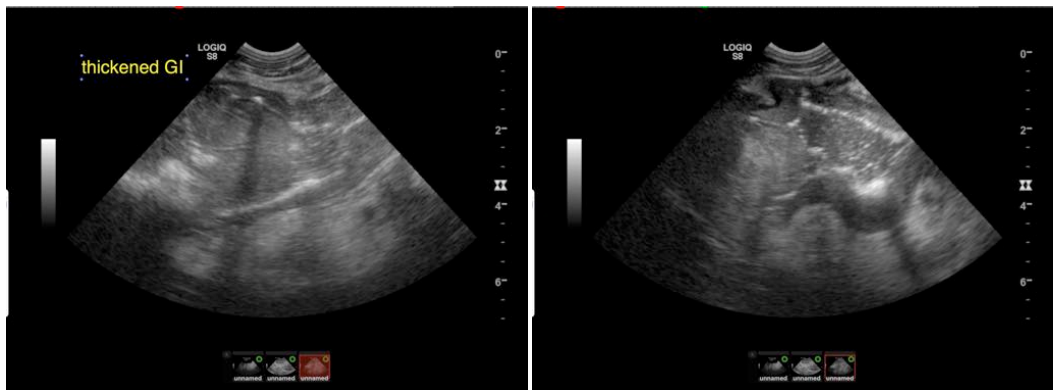
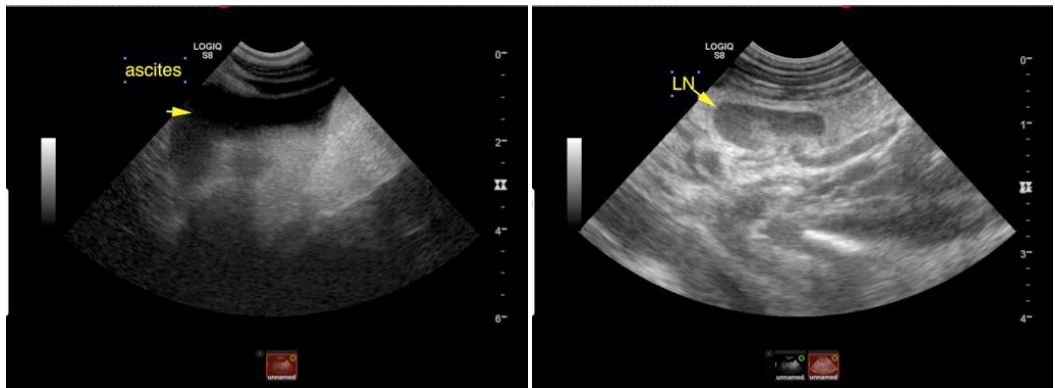
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com