



**PATIENT**

Lillie Daily

**SPECIES**

Canine

**BREED**

Corgi X

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

21.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Leon Anderson

**INVOICE**

46635

**DATE**

4/12/23

**PRESENTING CLINICAL SIGNS**

2 week history of progressively worse vomiting and rapid weight loss. Lives a farm life. Very inactive.

Abnormal PE/Chem/CBC/UA Results: PE: Early muscle atrophy. Full, tense, firm, cranial abdomen. Stage II dental disease. No labs done.

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralizations noted, non-obstructive. The right kidney measured 5.28 cm. The left kidney measured 5.06 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 1.4 cm x 0.59 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 0.63 cm in width.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen folded upon itself. 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** presented coarse architecture. No evidence of passive congestion. Increased portal markings noted and mild remodeling. The gallbladder wall was slightly thickened.

**Gastrointestinal**

The **stomach** was particularly thickened in the pyloric antrum with mucosal remodeling and hypertrophy. The muscularis and submucosa layers appeared to be intact. 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 **pancreas** presented heterogeneous parenchymal changes.



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**Free Abdomen**

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Echogenic free fluid noted in the abdomen adjacent to the spleen.

**SPECIES**

Reactive mesentery noted throughout the mid abdomen.

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Rapid view of the heart revealed no evident pathology.

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**ULTRASONOGRAPHIC FINDINGS**

- Concentric gastric wall thickening – chronic gastritis pattern with reactive or remodeled omentum.
- Undefined free fluid and reactive mesentery
- Hepatic remodeling
- Heterogeneous pancreas
- Folded spleen
- Age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential carcinomatosis, lymphomatosis, mastocytosis, or similar. Recommend abdominocentesis with cytospin of the free fluid to assess for exfoliating neoplasia or sepsis. Otherwise, direct exploratory surgery indicated based on fluid findings. Prognosis is guarded.

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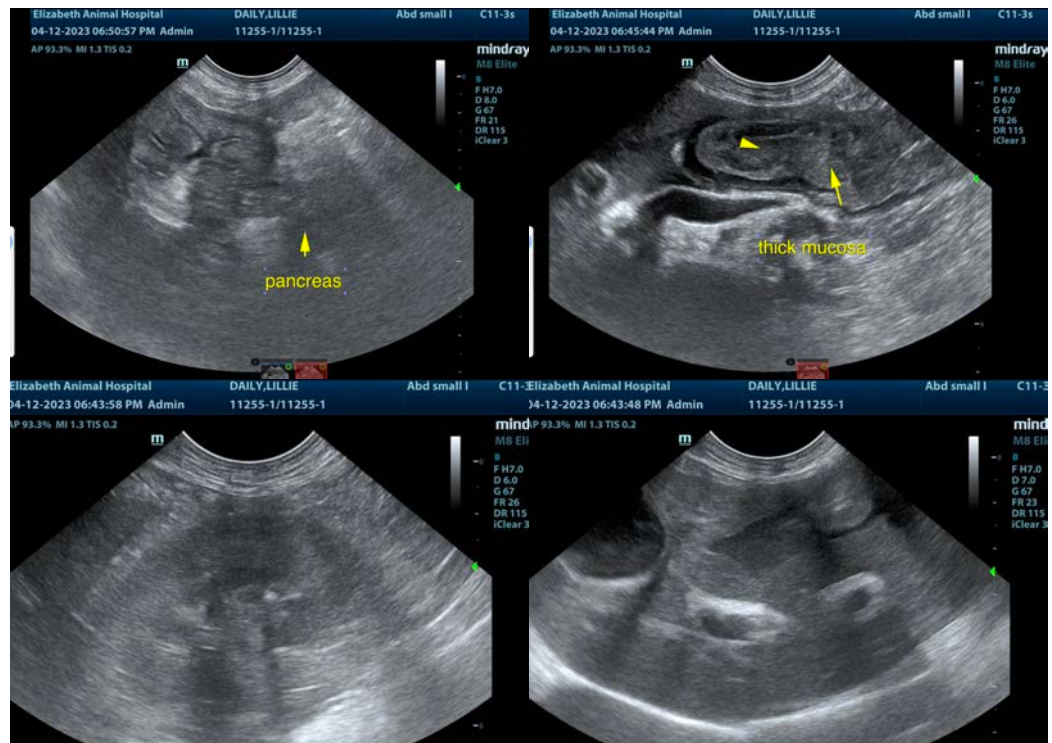
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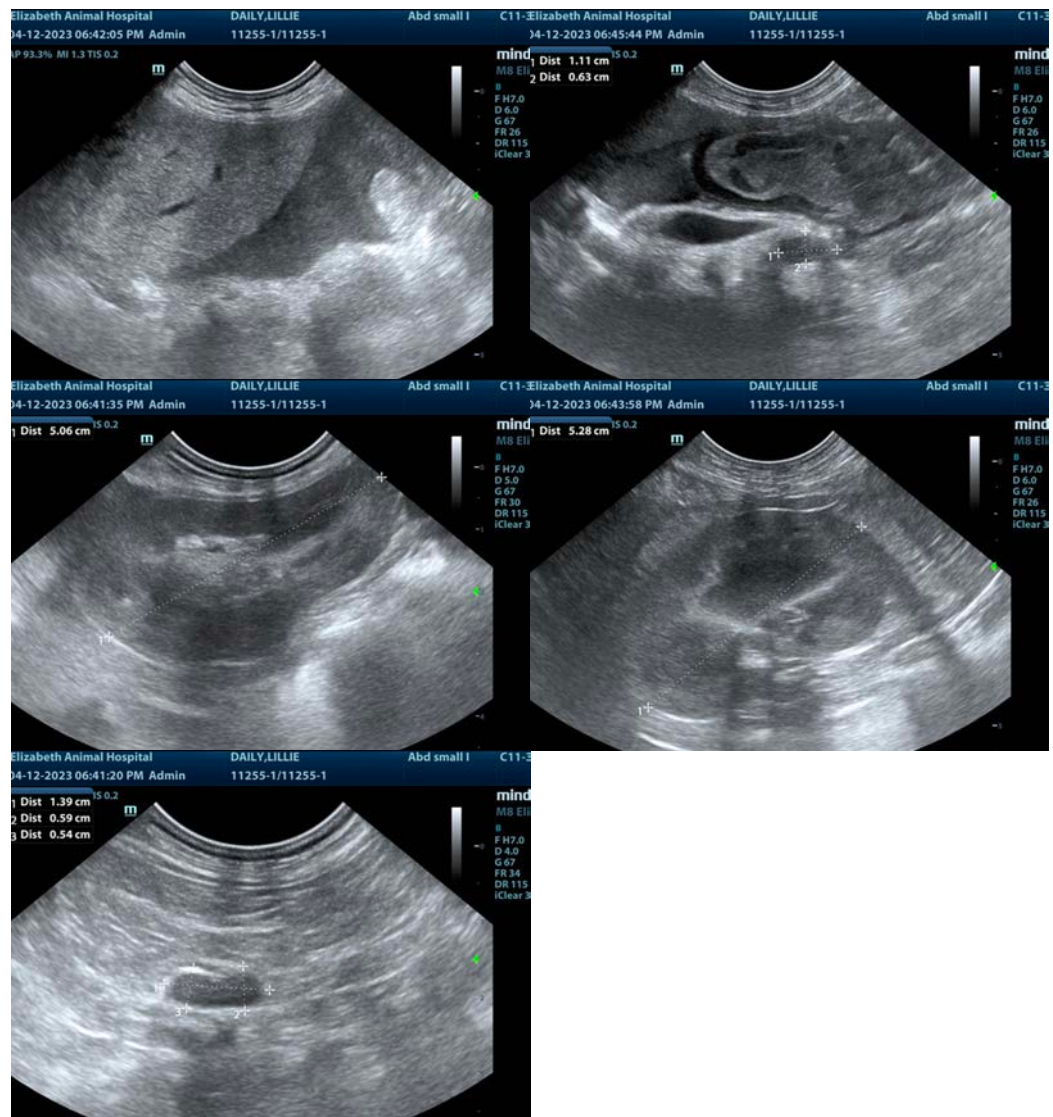
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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