



**PATIENT**

Maddie Berquist

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

89 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jacquie Preston

**HOSPITAL NAME**

All Creatures AH

**REFERRING VET**

Dr. Krisha Salmon

**INVOICE**

36919

**DATE**

4/14/22

**PRESENTING CLINICAL SIGNS**

Pet presented 4/1/2022 to local emergency clinic for pitting edema of RH leg, xray and labwork unremarkable per chart notes, concern for neoplasia affecting lymphatics. (we have been unable to obtain the actual blood test values from the ER clinic to verify). Currently, the edema on the RH leg improved from initial presentation but still present. The thigh/quadriceps muscle palpates thickened, pet has a potbellied appearance with some free fluid in abdomen. Recheck xray- no bone tumor noted on pelvic limb, or pelvis, pet has marked spondylosis in spine with loss of abdominal detail. Recheck blood testing declined. Pet does not appear clearly jaundiced but the urine and feces are orange in color.

**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 **left kidney** 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 7.0 cm.

The **right kidney** was not visualized.

**Adrenal Glands**

The **left adrenal gland** was 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 0.50 cm.

The **right adrenal gland** was not visualized.

**Spleen**

The **spleen** was enlarged with scalloping contour. Subtle micronodular changes noted. The spleen was folded upon itself with enhanced surrounding mesentery.

**Liver**

The **liver** presented multiple target lesions, coalescing to create mass effects within the parenchyma. Ultrasound guided FNA recommended. The gallbladder was unremarkable.

**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.



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**Pancreas**

Maddie Berquist

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.

**SPECIES**

Canine

**Free Abdomen**

A moderate amount of free fluid was noted. Iliac lymph nodes were enlarged and rounded, measuring up to 2.0 cm. Cranial abdominal lymphadenopathy noted. Hepatic and epigastric lymphadenopathy also noted. Reactive mesentery noted.

**BREED**

German Shepherd

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Multicentric round cell neoplasia involving lymph nodes, spleen and liver, with secondary reactive mesentery .

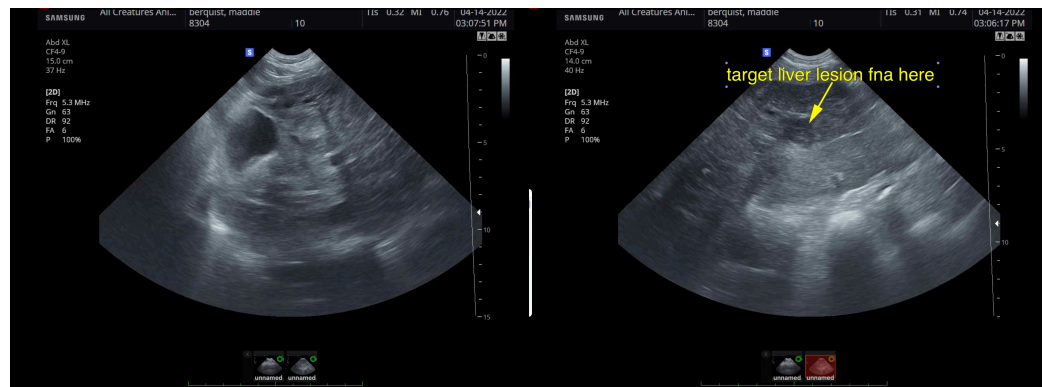
Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA spleen and liver and immediate chemotherapeutic intervention recommended.

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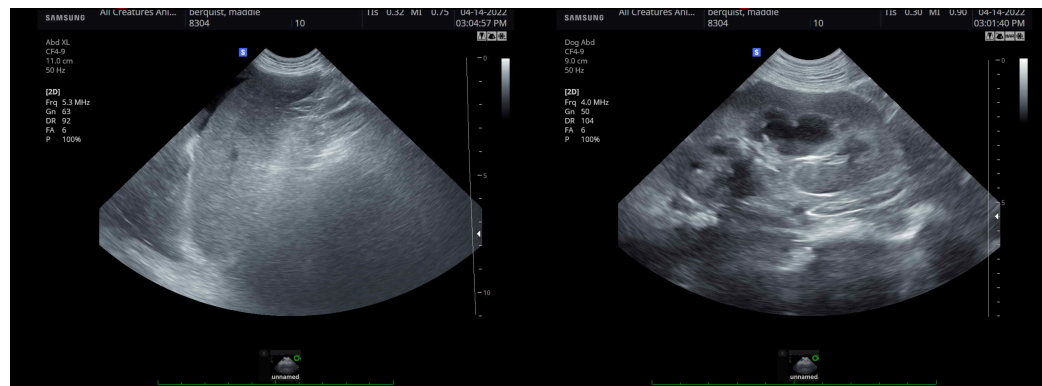
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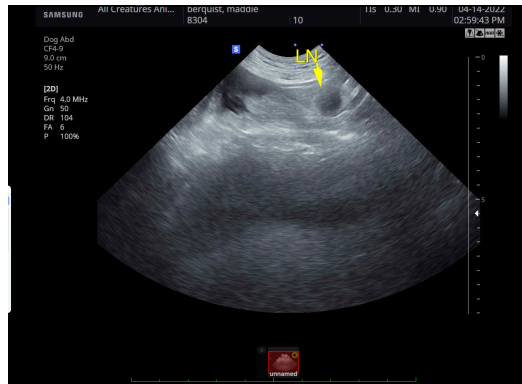
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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