



PATIENT

Jasmine Blodig

SPECIES

Canine

BREED

Newfoundland

SEX

Spayed female

AGE

7 years

WEIGHT

90 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kaitlyn McDaniel

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

43894

DATE

4/19/23

PRESENTING CLINICAL SIGNS

History: They came to us from a different clinic to get the ultrasound done. Patient eats very well but has lost 30lbs in the last year.

Abnormal PE/Chem/CBC/UA Results: PE: Generalized muscle atrophy. Stage 1 dental disease. Eyes of it's sunken. Bilateral and tropi on and Runny eyes. Auscultation normal. Bilateral stifle OA- typical of chronic cruciate issues. Bloodwork: done at another clinic

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 right kidney measured 8.11 cm. The left kidney measured 7.07 cm.

Adrenal Glands

The left adrenal gland was uniformly enlarged and swollen measuring 3.1 x 1.11 cm at the caudal pole and 0.83 cm at the cranial pole. The right adrenal gland revealed a hyperechoic nodule at the cranial pole measuring 1.6 cm. The right adrenal gland was mildly enlarged and measured 1.8 cm at the cranial pole and 0.9 cm at the caudal pole.

Spleen

The **spleen** revealed subtle, micronodular changes that are relatively normal in size. Subtle reticular pattern was noted. Given the lymphadenopathy I am concerned for underlying round cell neoplasia.

Liver

The **liver** was enlarged with mixed, hypoechoic mass noted in the right cranial liver. Swollen, irregular contour was noted otherwise. The mass measured 6.0 cm and was adjacent to the gallbladder. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph node was rounded, hypoechoic and measured 1.94 x 1.41 cm.

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



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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

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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

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A separate, undifferentiated mass was noted in the midabdomen and measured 8.0 cm.

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ULTRASONOGRAPHIC FINDINGS

AGE

Right adrenal nodule, bilateral hypertrophy.

7 years

Multi-centric lymphadenopathy.

Hepatic mass.

WEIGHT

Micronodular splenic pattern.

90 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-centric neoplasia/round cell neoplasia pattern. FNA of the spleen, accessible lymph nodes and undifferentiated cranial abdominal mass is all indicated. The prognosis is guarded to poor depending upon responsiveness to chemotherapy. The bilateral adrenal hypertrophy is possibly related to stress or emerging PDH.

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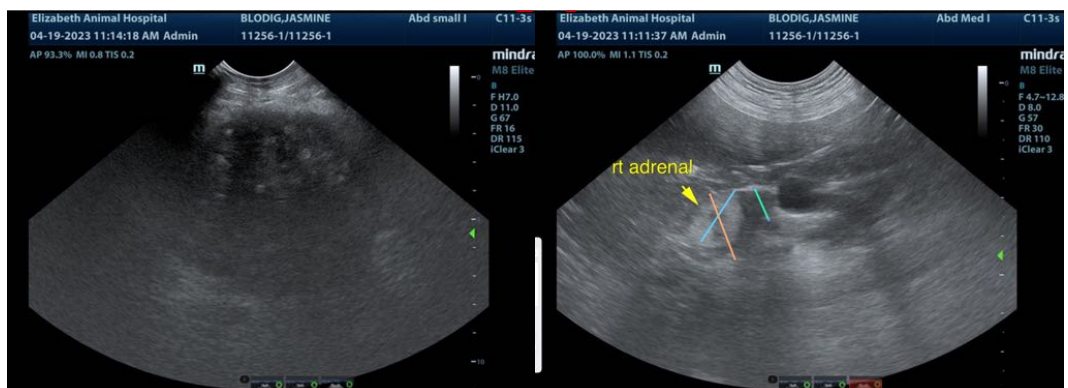
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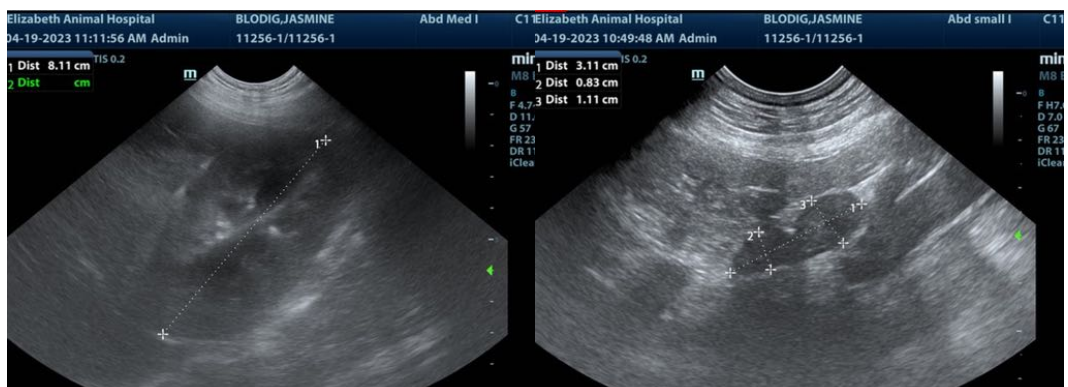
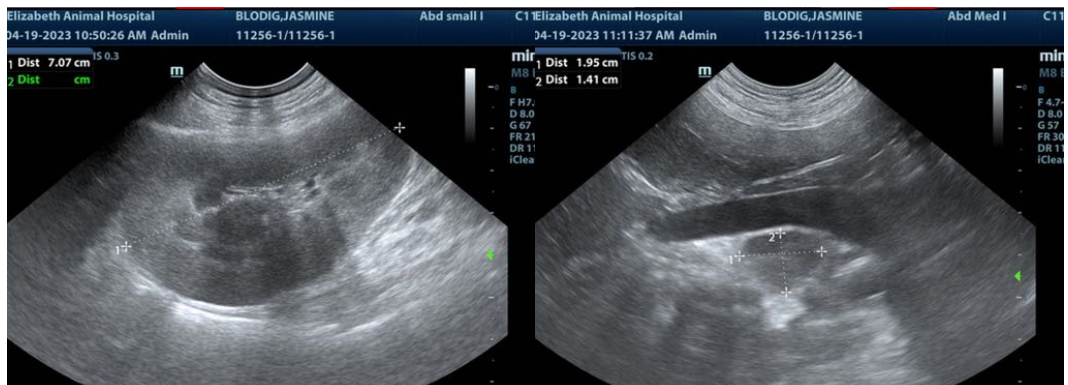
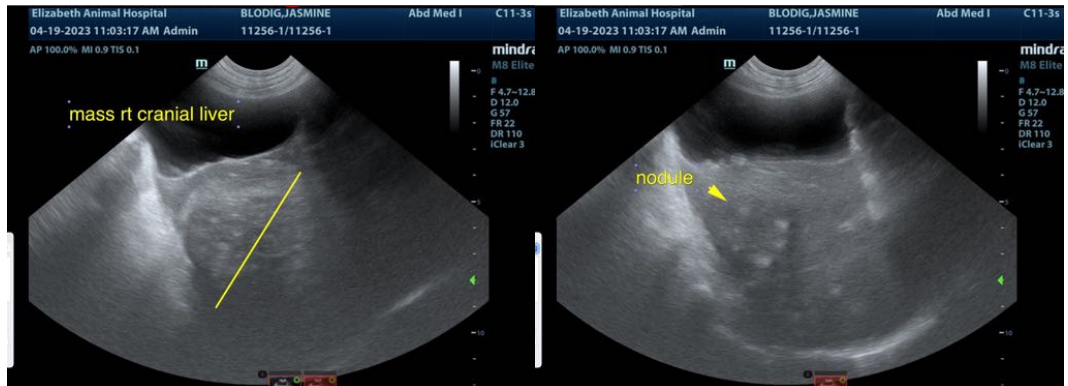
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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