



**PATIENT**

Gravy Wilson

**SPECIES**

Canine

**BREED**

Greyhound

**SEX**

Neutered Male

**AGE**

9

**WEIGHT**

28 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Megan Spatz

**HOSPITAL NAME**

Boren Vet Medical Teaching Hospital

**REFERRING VET**

Dr. Biddick

**INVOICE**

46972

**DATE**

4/27/23

**PRESENTING CLINICAL SIGNS**

Presented to OSU-VTH Emergency service on 04/26/23 for increased respiratory rate and effort. Gravy had CT and ultrasound guided FNA performed on 4/21/23. CT found right caudal lung lobe consolidation and thoracic/mesenteric lymphadenopathies. FNA of pulmonary mass revealed mixed inflammation. Gravy has chronic history of gastrointestinal issues with bouts of constipation and diarrhea. Gravy also has been having urinary incontinence, accident in the house. **LEADING DIFFERENTIAL/DIAGNOSIS:** Pulmonary mass - neoplasia (primary vs metastatic) vs inflammation/granuloma/abscess vs infection, Lymphadenopathies - neoplastic vs reactive

**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 **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. The right kidney measured 8.32 cm. The left kidney measured 7.16 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 2.0 cm x 0.60 cm. The right adrenal gland measured 3.26 cm x 0.58 cm at the cranial pole and 0.52 cm at the caudal pole.

**Spleen**

The **spleen** presented generalized enlargement and multifocal hypoechoic nodules up to 5.0 mm. Heterogeneous parenchymal changes noted throughout the spleen. The spleen was folded upon itself cranially and caudally.

**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**

The **gastrointestinal** tract was largely unremarkable. However, distal small intestinal thickening was noted without loss of mural detail. However, hypertrophied muscularis present. This area should be monitored carefully and evaluation for discomfort upon palpation. Soft stool noted in the descending colon.



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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.

**Free Abdomen**

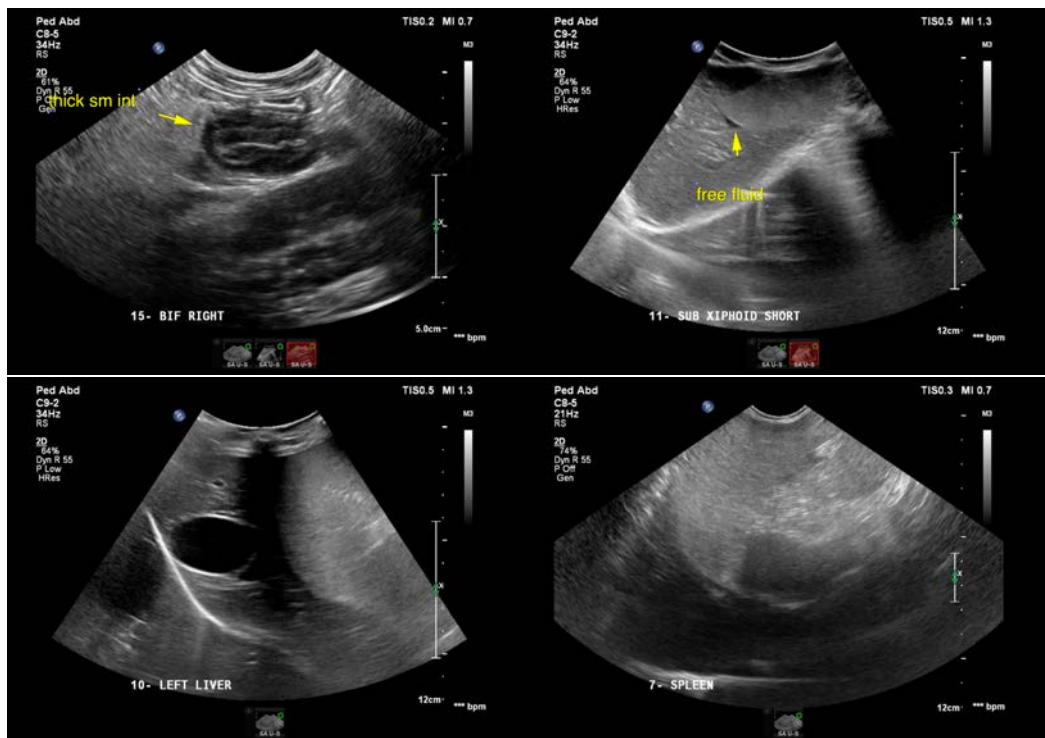
Slight amounts of free fluid noted at the fold of the spleen and may be owing to focal congestion.

**ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly with undefined nodular changes – round cell neoplasia, nodular hyperplasia, granulomatous disease, splenitis (bacterial or fungal) all possible.
- Slight free fluid
- Intestinal thickening – likely focal inflammatory bowel, however emerging round cell neoplasia cannot be ruled out.
- Age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA performed upon the spleen. If the patient was painful upon palpation of the spleen, proactive splenectomy indicated. Next step depends upon FNA results. Chest radiographs warranted to assess for comorbidities.





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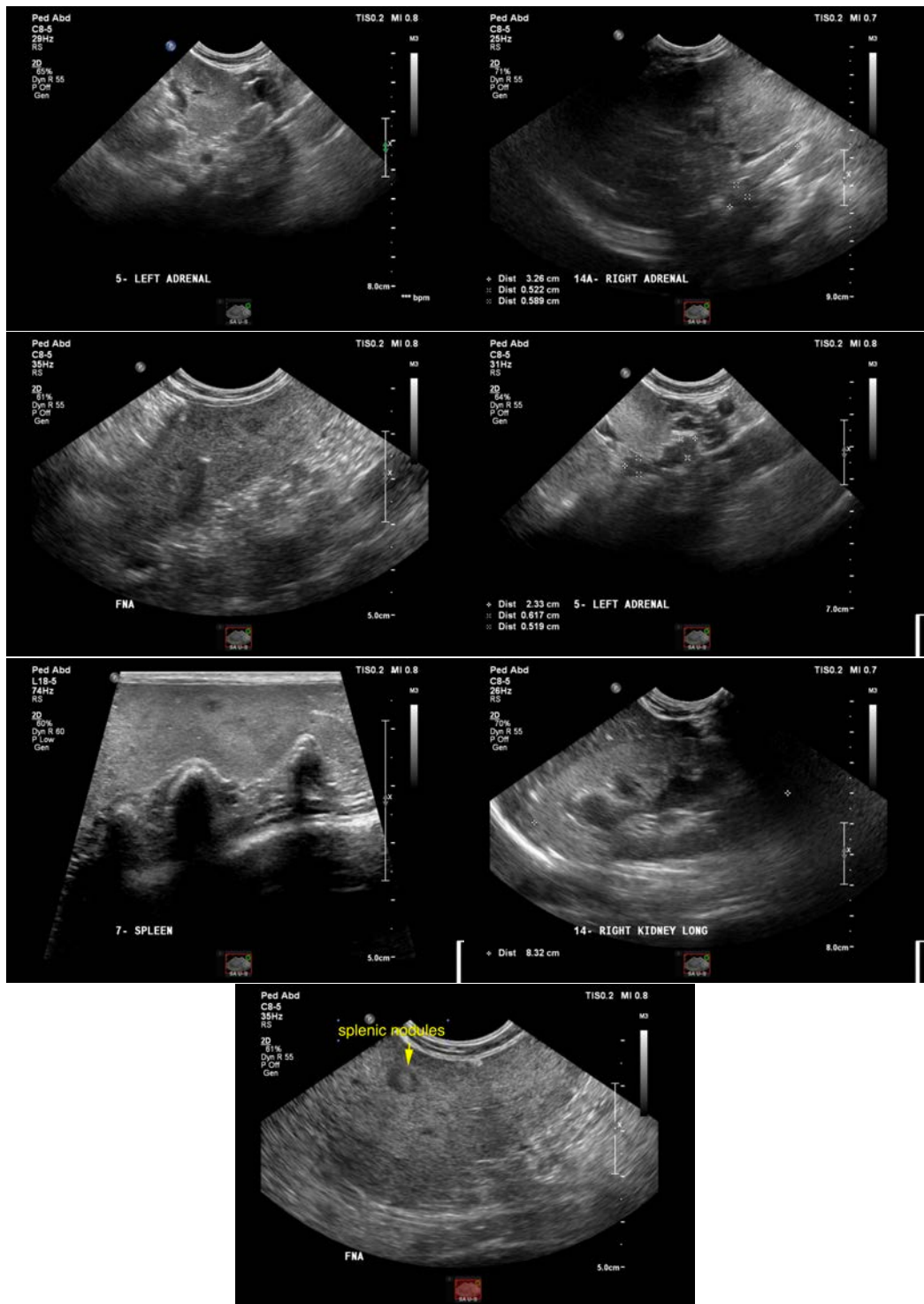
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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Greyhound

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)

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