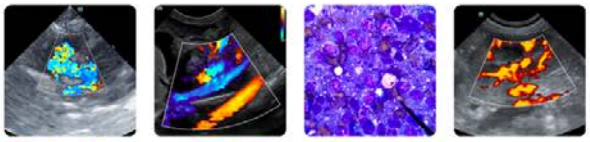

PATIENT

RJ Gwilt

SPECIES

Canine

BREED

Chesapeake Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

89.2 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Christina, CVT

HOSPITAL NAME

Animal Health Veterinary Center

REFERRING VET

Dr. Rodriguez

INVOICE

74861

DATE

5/1/26

PRESENTING CLINICAL SIGNS

P was transferred to us for continued hospitalization after being admitted to local E-Clinic for vomiting overnight and acutely elevated liver enzymes. P vomited 3 times overnight and last episode of vomit which occurred at E Clinic had blood present, P was placed on IV hetastarch and Dextrose 5% solution, given Metro, Cerenia and Ampicillin IV. P was on Carprofen for past few months due to ACL injury, has discontinued at this time. P is acting normal, no diarrhea, wanting to E and D, P is slightly icteric. No known toxic exposure.

Abnormal PE/Chem/CBC/UA Results: Full Superchem, CBC and T4 done in February were all WNL 5/1/26 - HCT - 37%, HGB - 12.6, MCV - 51.3, MCH - 20.4, WBC - 18.45, Platelets - 93, Glucose - 64, Alb - 1.9, ALT - 469, ALKP - 678, TBIL - 4.2 Glucose @ 4am - 126, Glucose @ 6am - 134

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 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. Left kidney measured 8.2 cm. Right kidney measured 8.2 cm.

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. Left measured 0.84 cm at the cranial pole and 0.76 cm at the caudal pole.

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

Spleen

The **spleen** presented subtle micronodular changes with slight irregular contour. The spleen was folded upon itself cranially.

Liver

The **liver** was swollen and irregular in contour. Macronodular changes noted. Strong concern for infiltrative pattern. 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

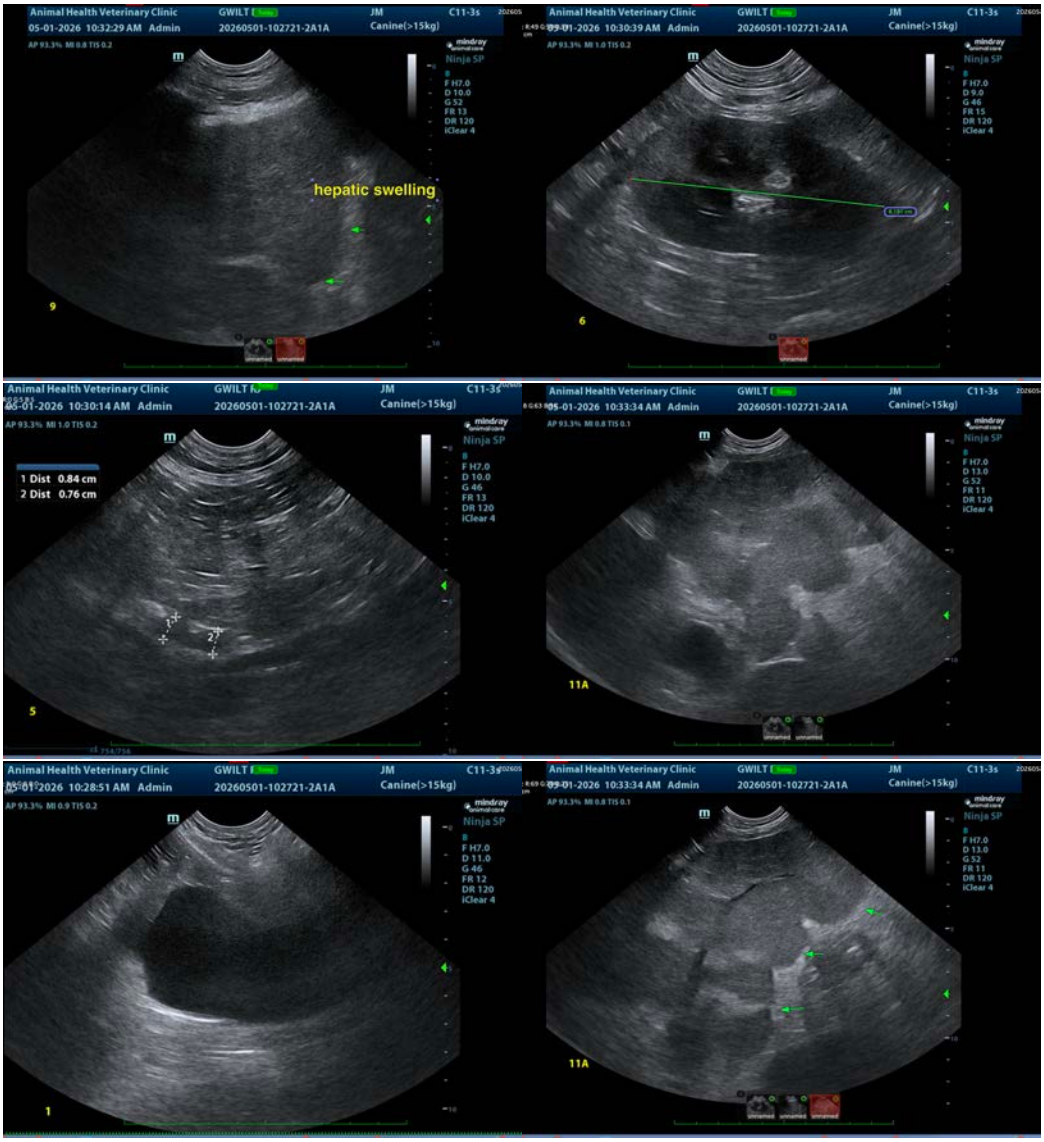
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative spleen and liver – strongly consistent with round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA spleen and liver indicated for confirmation of underlying neoplasia. Round cell neoplasia/lymphoma or similar suspected.



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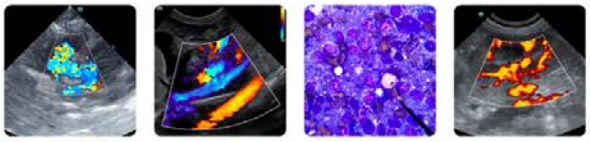

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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info@SonoPath.com