

**DATE**

5/13/22

PRESENTING CLINICAL SIGNS

History: Patient was seen at Mason Dixon Pet ER on 5/10 for bloody diarrhea. He was hospitalized for 24 hours, had been doing well in hospital and then was discharged with Pro-Pectalin paste for diarrhea and a bland diet. Since discharge on 5/11, patient initially perked up and was acting normally. His stools had started to solidify. Then yesterday, returned to uncontrollable diarrhea. He had a bland diet yesterday at 8 am and vomited last night at 7 pm, including part of his breakfast. He was fed a small amount with the paste and vomited that up several hours later as well. He was restless overnight, not drinking, has decreased activity. He did get a new treat approximately a week ago. No known dietary indiscretion but owner says if he does eat stuff, it is usually sanitary napkins or tampons which he vomits up later.

PATIENT

Boomer Oswald

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered Male

AGE

13 Pounds

WEIGHT

13 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 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 4.0 cm. The right kidney measured 3.45 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 1.75 cm x 0.51 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 1.43 cm x 0.62 cm at the caudal pole and 0.57 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Goessling

Spleen

The **spleen** revealed a focal hypoechoic nodule at the cranial pole, measuring 1.13 cm x 0.9 cm with capsular expansion and mild disruption of architecture. Minor heterogeneous splenic changes noted elsewhere.

INVOICE

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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

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.

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.

Other

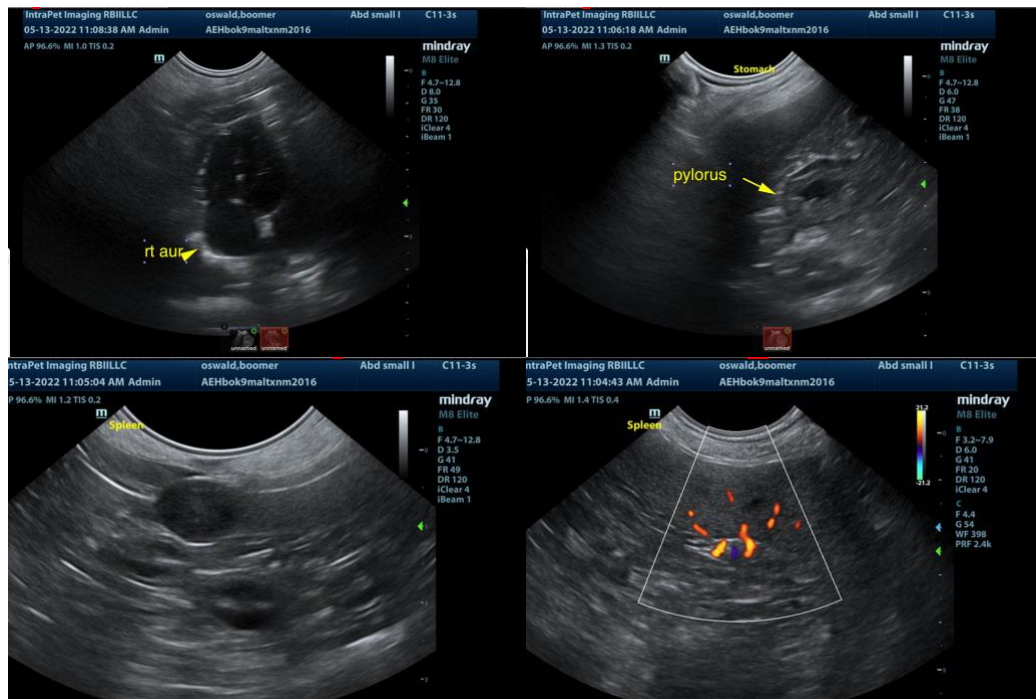
A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

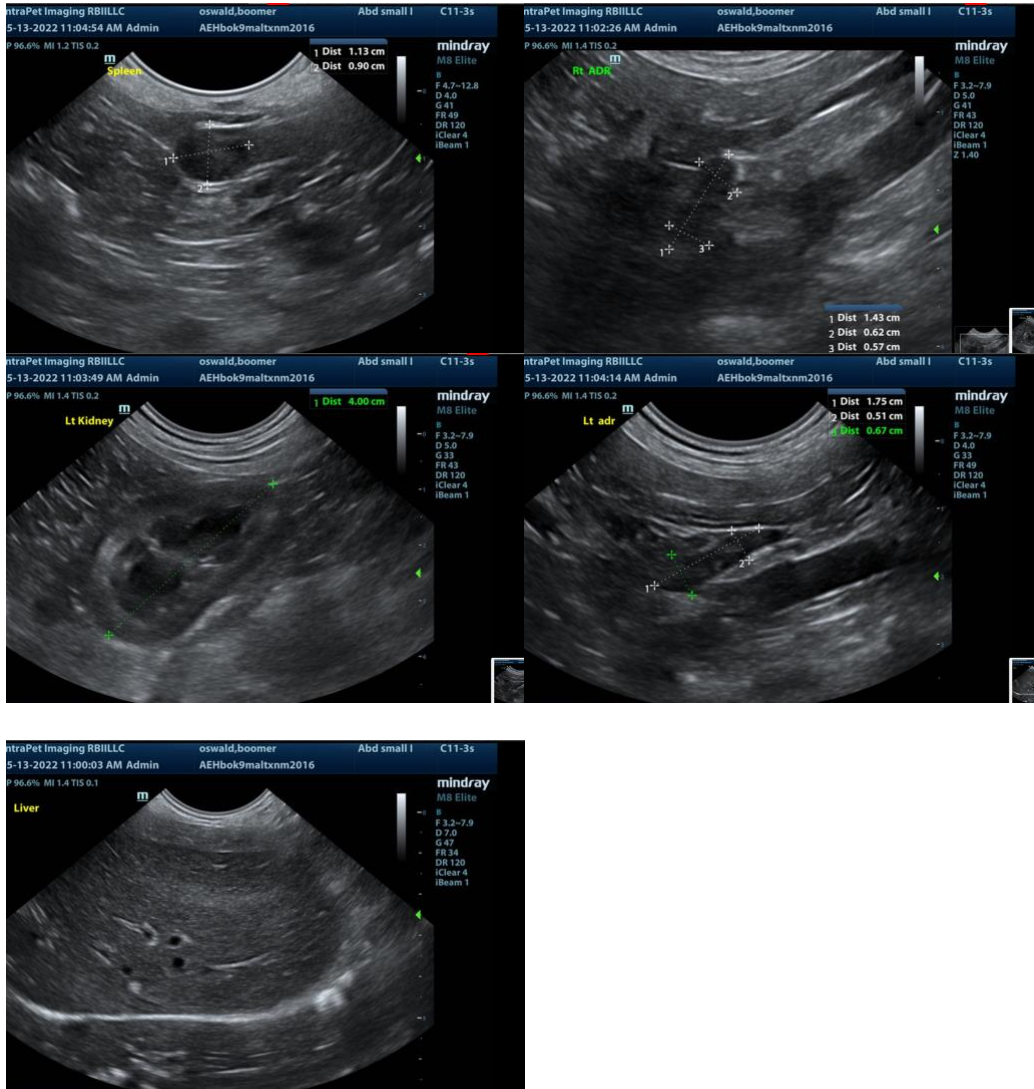
ULTRASONOGRAPHIC FINDINGS

- Focal splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hyperplasia, round cell neoplasia, emerging hemangiosarcoma all possible. Direct splenectomy would be indicated at this point, however, FNA and monitoring over the next 2 weeks could be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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