



PATIENT

Little Girl Duncan

SPECIES

Canine

BREED

Terrier Cross

SEX

Spayed Female

AGE

9 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Beachy

INVOICE

30353

DATE

5/13/22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea off/on for 4 months, was V+ as well but has since resolved.. Only temporary response to general tx (probiotics, meto ext). Did not respond to i/d food.
Abnormal PE/Chem/CBC/UA Results: Senior screen done 3/21/22: Neutrophils 16926 (2060-10600) Albumin 2.4 (2.7-4.4) PSL 177 (24-140) Fecal negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine with a trace amount of sand.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 4.1 cm. The right kidney measured 4.0 cm with anechoic cysts at the caudal pole.

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 1.21 x 0.4 cm at the caudal pole and 0.37 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed a honeycomb micronodular pattern and minor swelling. Early round cell neoplasia may be present in the spleen.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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The upper **gastrointestinal tract** revealed slight areas of gastric hypertrophy. The stomach was mildly thickened. Variable areas of small intestine revealed minor thickening. Soft stool was noted in the colon. A mesenteric lymph node mass was noted and measured 2.5 cm with peripheral, hyperechoic surrounding fat.

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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.

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ULTRASONOGRAPHIC FINDINGS

Mesenteric lymphadenopathy/lymph node mass with possible splenic involvement.

AGE

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Hepatic remodeling.

Slight pinpoint renal mineralization.

WEIGHT

14 lbs

Bladder sand.

Upper gastric hypertrophy and areas of thickened intestine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically to the bladder. I recommend ultrasound-guided FNA of the mesenteric lymph nodes, spleen and liver in this patient as I am strongly concerned for round cell neoplasia.

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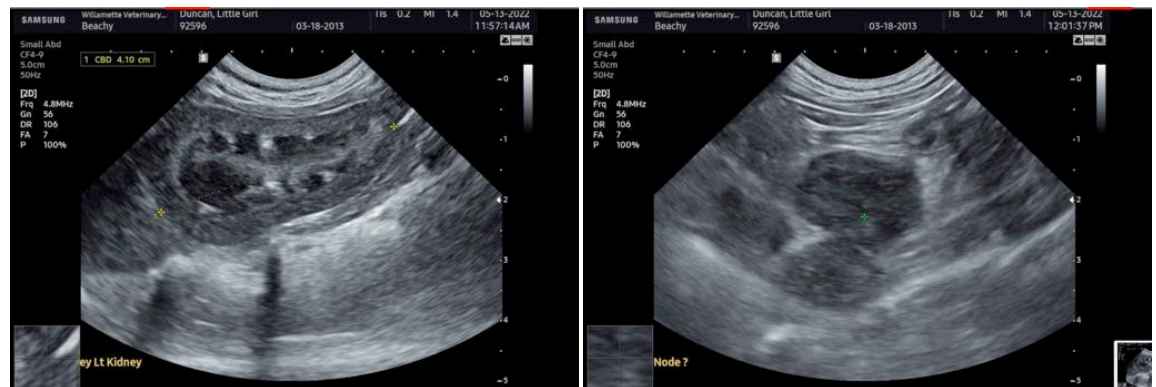
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com