SonoPath
Clinical Sonography & Telecytology
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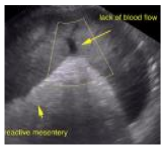
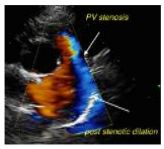
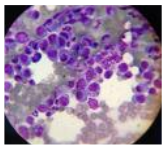
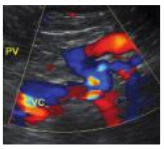





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lady Walmer

SPECIES

Canine

BREED

Beagle X

SEX

Spayed Female

AGE

10 Years

WEIGHT

14 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

15212

DATE

5/16/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for hard stomach and acute slow walking with grunting. P was left out this morning per normal. O went out to get her and found her walking very slowly with her head down and grunting a lot. Stride was very short. No vomiting or drooling noted. O felt around abdomen and described it as hard and bloated just at the end of ribcage. Previous Health Concerns: None

Abnormal PE/Chem/CBC/UA Results: Abdominal: very very painful to palpate abdomen Rads: decrease detail in mid cranial abdomen Cbc: hct: 63% wbc 5.29 hct 61 Epoc: lactate 4.23 Chem: lipase 228 Flex 4: negative X4

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 minor 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 5.43 cm. The left kidney measured 5.47 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. The left adrenal gland measured 2.26 cm x 0.6 cm at the cranial pole and 0.64 cm at the caudal pole.

The region of the **right adrenal gland** was unremarkable.

Spleen

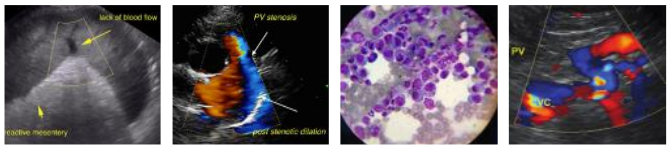
The **spleen** revealed multifocal hypoechoic nodular changes in the cranial body.

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 **stomach** was empty. The duodenum was empty yet enveloped by the pancreatic pathology. An undifferentiated intestinal mass was noted with wall thickness up to 1.3 cm with embedded luminal



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material. The exact portion of the intestinal mass is unclear as the tissue is undifferentiated. Concurrent foreign matter possible.

Pancreas

Visible portion of the **pancreas** revealed hypoechoic and parenchymal changes with hyperechoic surrounding mesentery, appeared to be enveloping the upper intestine.

Free Abdomen

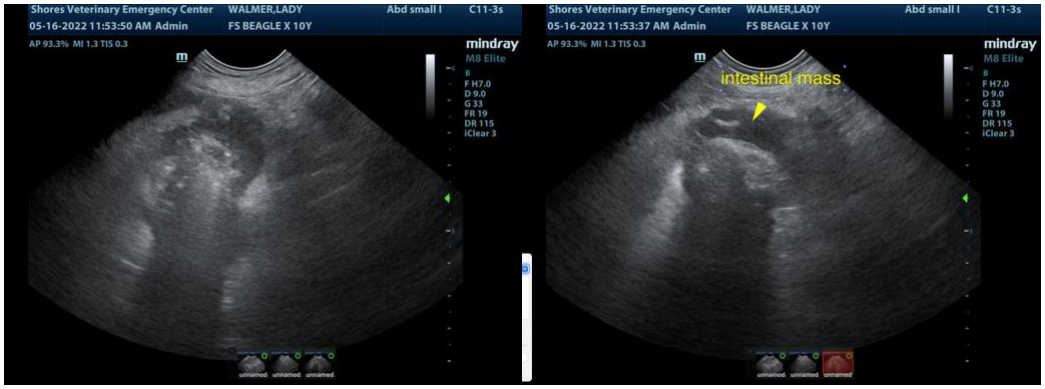
Free fluid was noted in the abdomen. Reactive mesentery was noted associated with the pancreas and stomach.

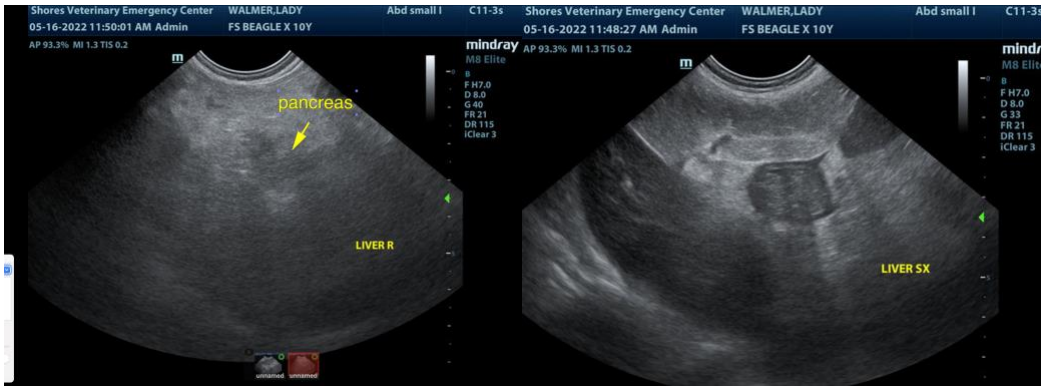
ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis presentation
- Undefined splenic nodules
- Intestinal mass with embedded luminal material
- Reactive mesentery and free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neoplastic criteria are met. Regional mesenteric remodeling and free fluid would suggest lymphomatosis/carcinomatosis type presentation. Prognosis is very guarded. Ultrasound guided FNA of the intestinal mass and cytospin of the free fluid would be indicated for further definition. Exploratory surgery could be considered; however, clean resection is doubtful. FNA of the splenic nodules warranted to assess for associated lesions.





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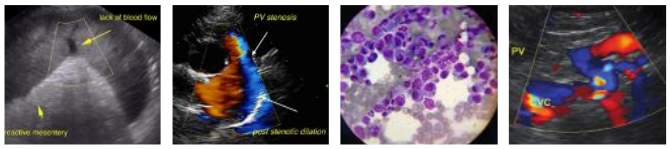

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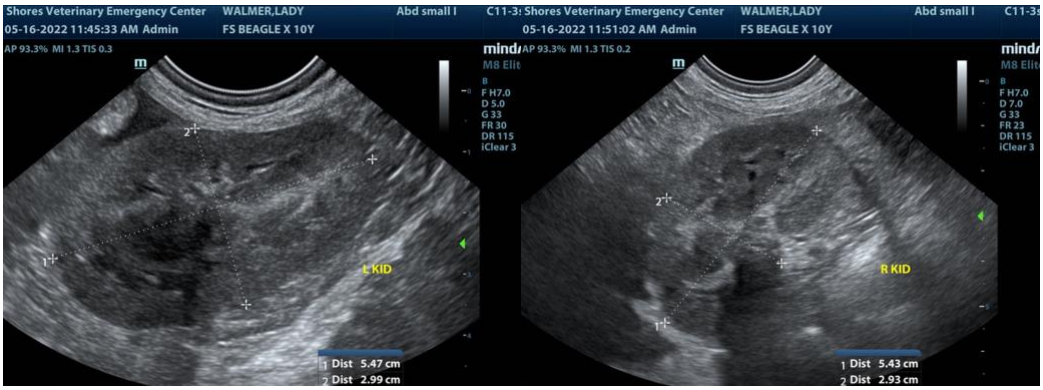

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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