



**PATIENT**

Rowdy Kurten

**SPECIES**

Canine

**BREED**

German Shepherd X

**SEX**

Neutered Male

**AGE**

7.5 Years

**WEIGHT**

114 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

Dr. Meghan Myers

**INVOICE**

37671

**DATE**

5/17/22

**PRESENTING CLINICAL SIGNS**

1-2 month long history of ADR- lip smacking, drooling, off/on appetite, no vomit no diarrhea, significant weight loss, lethargic - about 15 pounds. Abdominal mass palpated today on exam. Blood work 6 weeks ago was normal. Slight improvement on cerenia, sucralfate and fortiflora. Has not been on meds since saturday.

**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** were riddled with multiple cortical cystic nodules, similar to that of the spleen and liver, consistent with metastatic disease. The right kidney was minimally visible, yet similar changes as the left kidney noted.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** revealed multiple nodules and an overt complex cystic and parenchymal mass measuring 5+ cm. Disrupted architecture noted.

**Liver**

The **liver** was riddled with metastatic disruptive pattern with coalescing nodules and internal mass effects. The gallbladder was enveloped by multiple masses.

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Aggressive multicentric neoplasia involving the spleen, liver and kidneys – sarcoma likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the parenchymal portions of the pathology recommended for further definition and immediate chemotherapeutic intervention. Prognosis is guarded to poor depending upon eventual responsiveness to chemotherapy. If the patient is in a fungal region, fungal disease cannot be completely ruled out.



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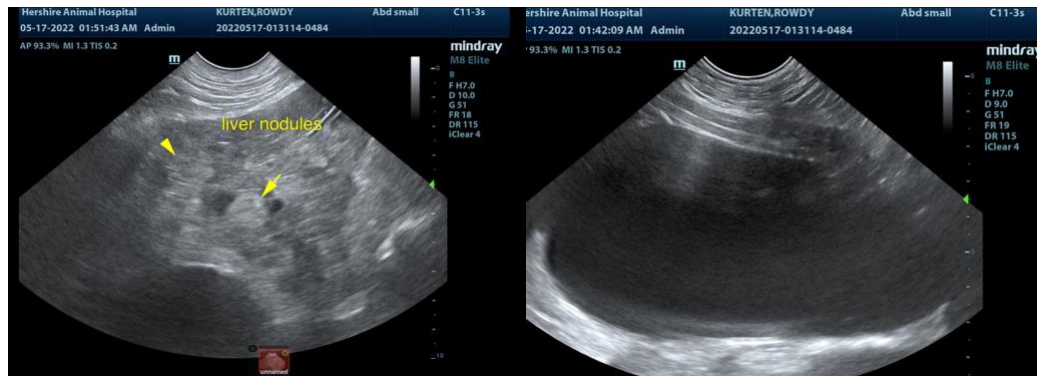
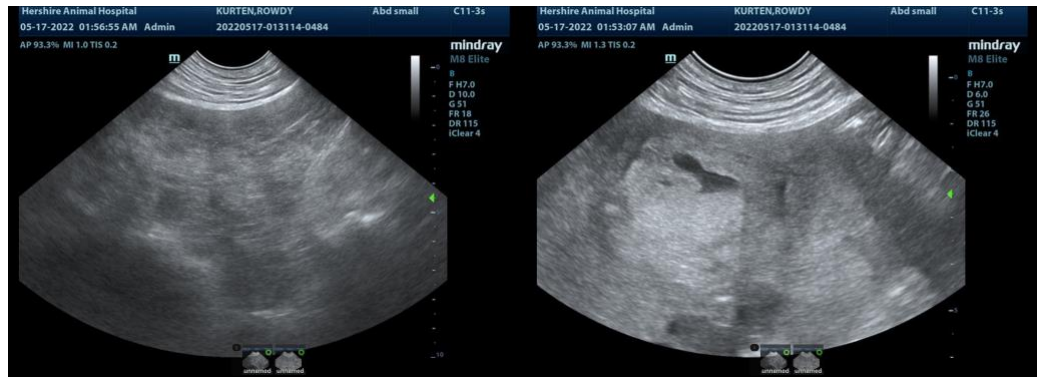
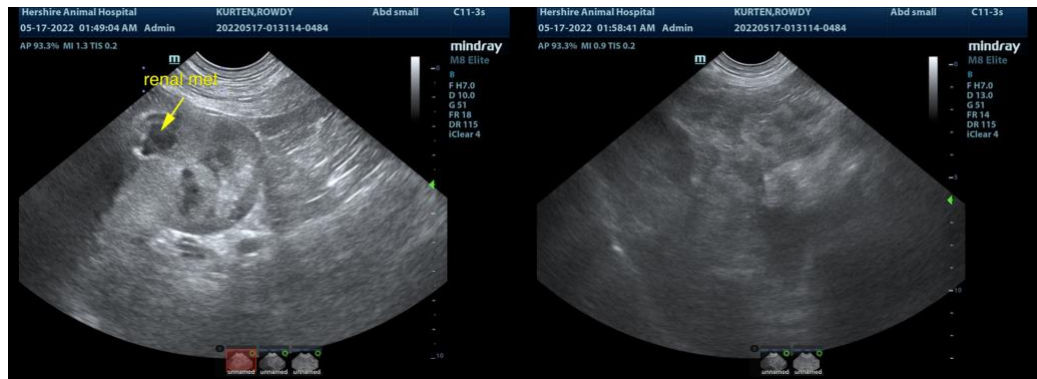
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

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.

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

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

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