



**PATIENT**

Luna Rivera Acevedo

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

25 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ferrer, DVM

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dra. Lilian Mercado

**INVOICE**

22293

**DATE**

5/2/23

**PRESENTING CLINICAL SIGNS**

History: Pt presented as a referral for an urgent abdominal ultrasound. Pt developed abdominal distension about 2 weeks ago and has worsened. Pt was at the Emergency clinic, but no improvements were seen there. Then went for a second opinion to the rDVM and recommended abdominal ultrasound. Started tx for ehrlichia, but pt cannot take meds and is anorexic. Abdominocentesis was done and removed 2,600 mls of fluid.

Abnormal PE/Chem/CBC/UA Results: PE: Severe abdominal distension, no heart murmur. Pt is very icterus 4DX: positive to Ehrlichia rest were neg CHEM: hypoalbuminemia 1.9, hypocalcemia, hypocholesterolemia Pathology report from the fluid analysis from abdomen: Atypical round cells, concerning population of atypical lymphocytes that could represent a neoplastic population although reactive population cannot be excluded. Protein: 4.0g/dL WBC: 2,210 cell/ul Orange/Hazy color

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was overdistended. A minor amount of debris was 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 5.7 cm. The left kidney measured 5.37 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.

**Spleen**

The **spleen** revealed infiltrative coalescing hypoechoic nodules with scalloping contour and disrupted architecture. The spleen measured 1.8 cm in width. Reticular/honeycomb type pattern was noted.

**Liver**

The **liver** was riddled with coalescing hypoechoic disruptive nodules with regional free fluid between the liver lobes, consistent with infiltrative disease. Multiple masses were noted throughout the liver. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was



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present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

### 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.

### Free Abdomen

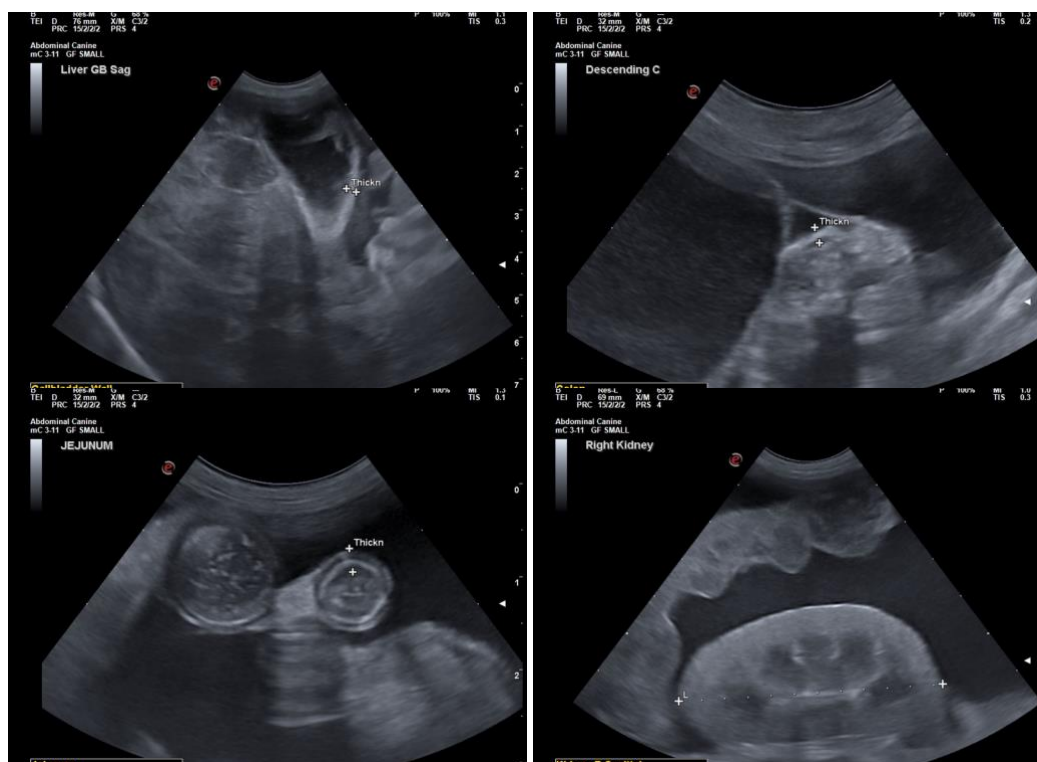
Secondary **ascites** was noted throughout the abdomen, owing to portal hypertension or lymphatic obstruction.

## ULTRASONOGRAPHIC FINDINGS

- Diffuse neoplasia of the spleen and liver- aggressive round cell neoplasia pattern
- IBD pattern
- Ascites
- Urinary bladder debris

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Humane euthanasia should be considered in this patient. FNA of the spleen and liver could be considered for further definition.





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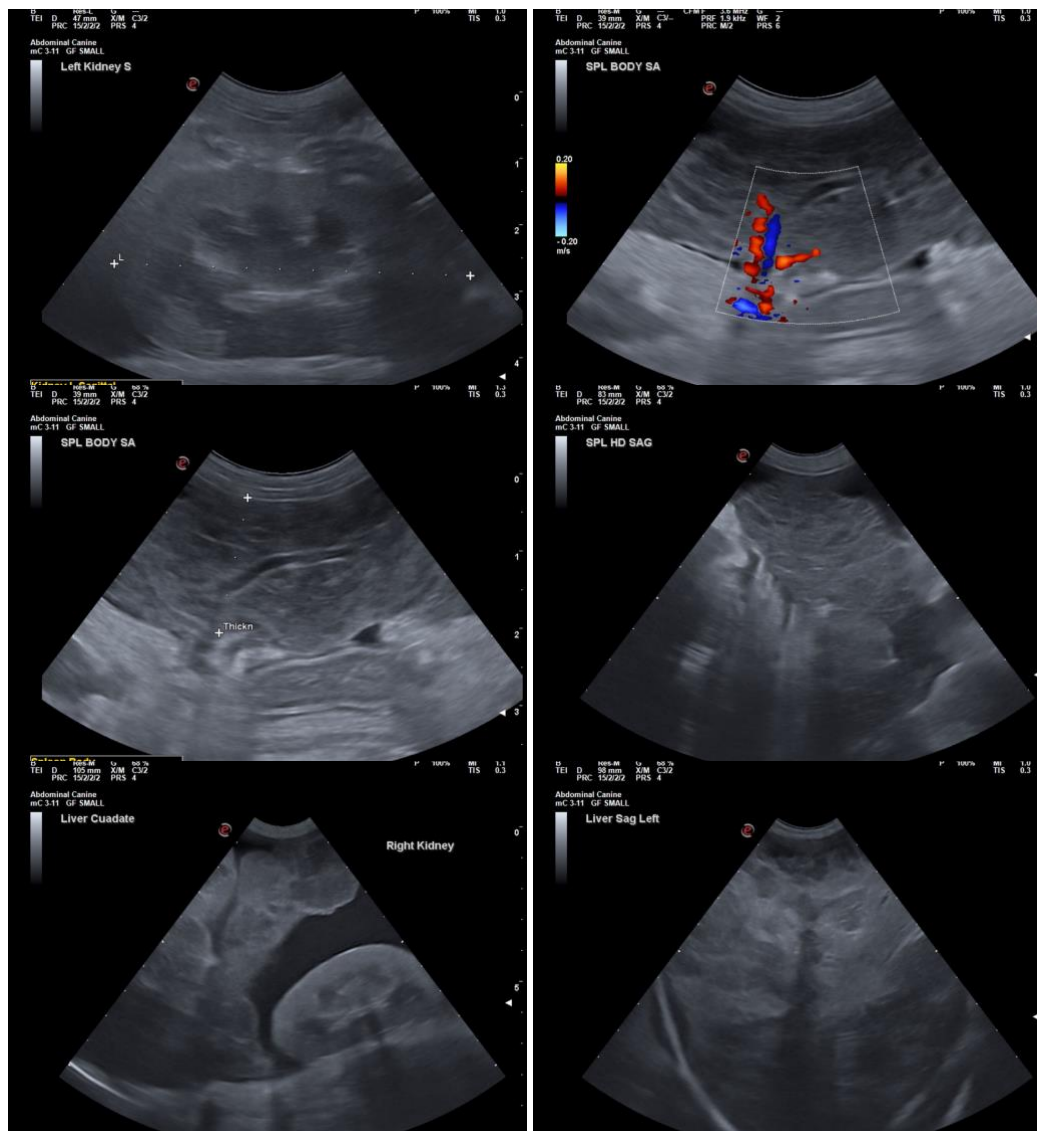
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**  
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