



PATIENT PRESENTING CLINICAL SIGNS

Charlotte VanEtten Chronic GI symptoms, hx of pancreatitis, weight loss, diarrhea and vomiting, inappetence Meds: Famotidine, Metronidazole

SPECIES Abnormal PE/Chem/CBC/UA Results: Low folate 6 * red 7.7-24.4) Normal cobalamin, normal TLI, Normal resting cortisol, AST 103 (15-66)
 Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

GSD Mix **Urinary System**

SEX 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.
 Spayed Female

AGE The iliac **lymph nodes** were enlarged, hypoechoic and irregular measuring 2.6 cm x 1.8 cm and 1.1 cm x 3.2 cm.
 12 Years

WEIGHT 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 left kidney measured 5.78 cm in length. The right kidney measured 5.78 cm in length.
 52.7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP(CFM), Cert.
 IVUSS

Adrenal Glands

The **right 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 right adrenal gland measured 1.84 cm x 0.8 cm width at the cranial pole and 0.51 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebecca Hamilton

The **left adrenal gland** was imaged from the left and right approaches and presented enlarged measuring 2.8 cm x 0.7 cm width.

HOSPITAL NAME

Newburgh Veterinary
 Hospital

Spleen

The **spleen** presented enlarged, irregular and hypoechoic with a mass effect at the caudal pole measuring 6.7 cm x 4.8 cm. No evidence of cavitation. Slight areas of free fluid were present.

REFERRING VET

Dr. Crum

Liver

The **liver** revealed multiple hepatic masses that appeared expansive, parenchymal, irregular, disruptive. A swollen, irregular liver pattern was noted. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

Variable areas of **gastrointestinal** thickening were noted in this patient.

Pancreas



PATIENT

Charlotte VanEtten

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.

SPECIES

Canine

Free Abdomen

The mesenteric **lymph node** measured 1.3 cm x 0.53 cm. Mild free fluid was noted in the abdomen, likely owing to perineoplastic effusion and/or lymphatic obstruction or hemorrhage.

BREED

GSD Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Multifocal lymphadenopathy.
- Parenchymal splenic mass/infiltrative pattern.
- Hepatic masses/infiltrative pattern.
- GI thickening.
- Age-related renal changes.
- Mild free abdominal fluid.
- Enlarged left adrenal gland.

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

52.7 lbs

Multicentric round cell neoplasia is suspected. This is not a surgical presentation. Ultrasound guided FNA of the spleen and liver as well as lymph nodes should prove definitive for round cell neoplasia or similar. Immediate chemotherapeutic intervention or hospice management is indicated. Chest radiographs are warranted to assess for metastatic disease.

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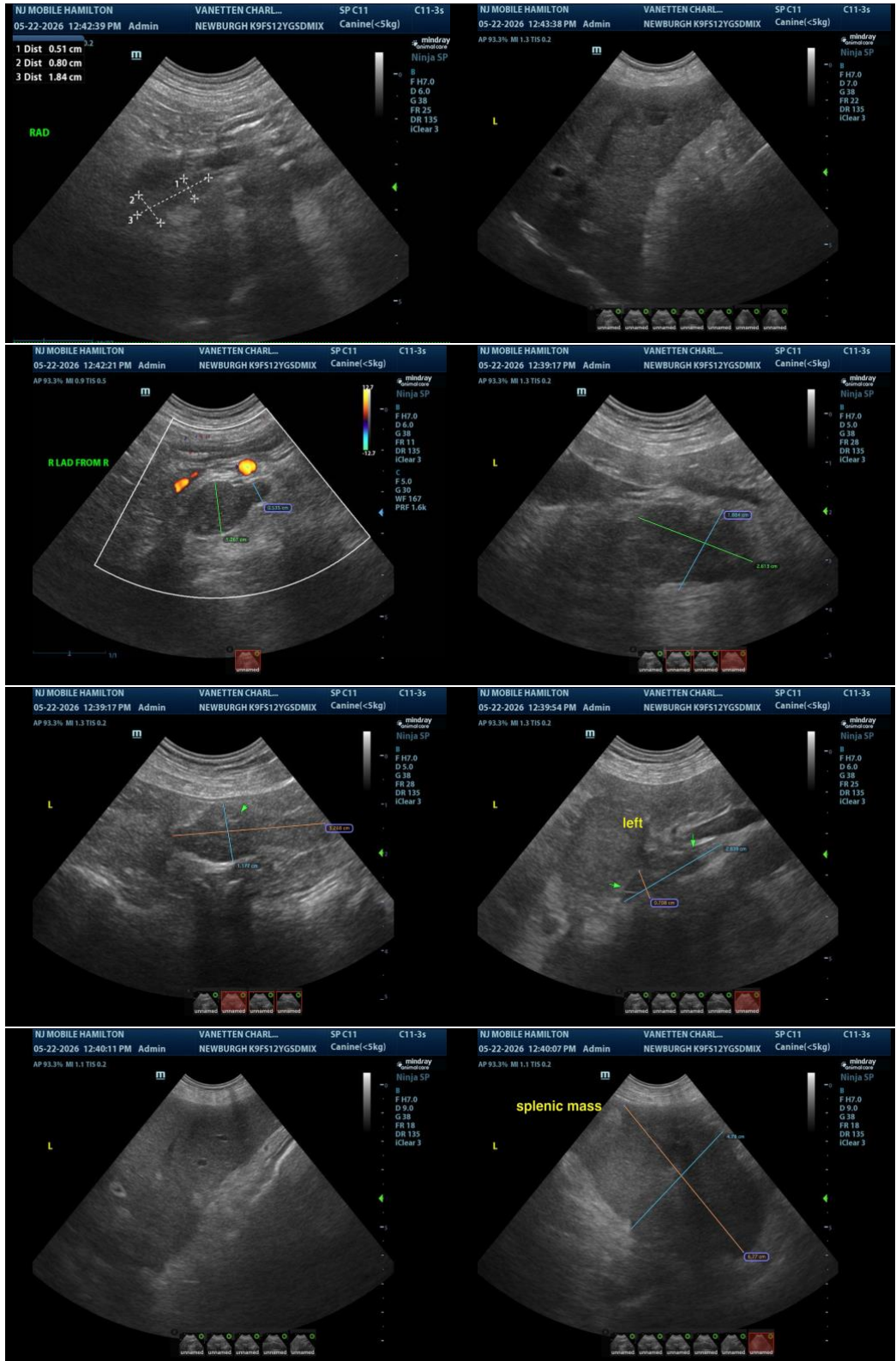
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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