

**PATIENT**

Goddard Auchter

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Oxford Vet Hospital

**INVOICE**

38019

**DATE**

5/26/22

**PRESENTING CLINICAL SIGNS**

Mandibular lymph node enlargement, anxiety.

Abnormal PE/Chem/CBC/UA Results: Bilateral mandibular lymphadenopathy Grade II/VI heart murmur severe dental disease \*\*See attached. \*\*Splenic aspirates performed today. Cytology pending. Crea 1.6, BUN 35, SDMA 24, Amylase and Lipase elevation. Hct 35. USG 1.015, 1+ protein.

**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 residual prostate measured 1.0 cm.

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. Microcystic cortical changes noted throughout the renal cortices. Medullary structure differed distinctly from that of the cortex. The right kidney measured 4.14 cm with pyelectasia noted at 0.51 cm. The left kidney measured 5.03 with similar pyelectasia. Slight pinpoint mineralizations noted in both kidneys.

**Adrenal Glands**

The **right adrenal gland** presented an enlarged caudal pole at 1.07 cm. The cranial pole measured 0.74 cm. Mild heterogeneous parenchymal changes.

The **left adrenal gland** presented normal size, measuring 0.59 cm at the cranial pole and 0.51 cm at the caudal pole.

**Spleen**

The **spleen** was enlarged with coalescing hypoechoic, micronodular honeycomb type appearance. Reticulated pattern. The spleen was folded upon itself cranially.

**Liver**

The **liver** was rounded and irregular with uniform swelling. Minor gallbladder sand noted.

**Gastrointestinal**

The **stomach** revealed concentric thickening with areas of loss of mural detail, particularly in the gastric fundus. Regional lymphadenopathy noted. The small intestine and colon were unremarkable.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**Free Abdomen**

Iliac lymph nodes were enlarged up to 0.69 cm. Cystic abdominal lymph nodes also noted.



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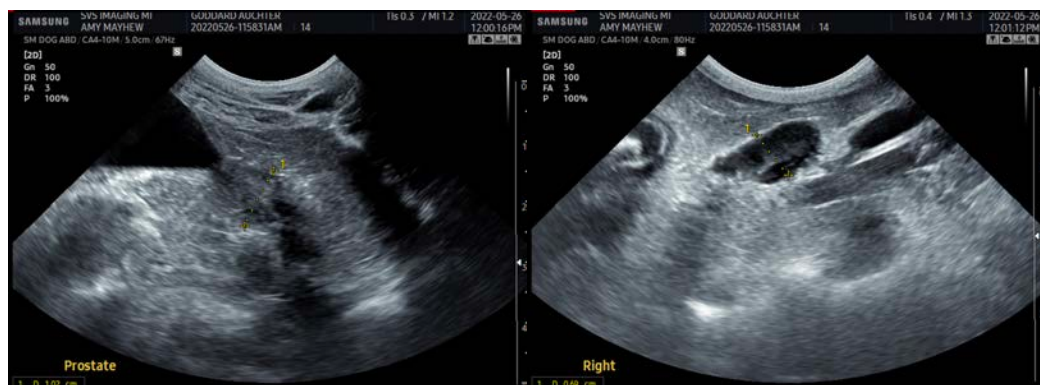
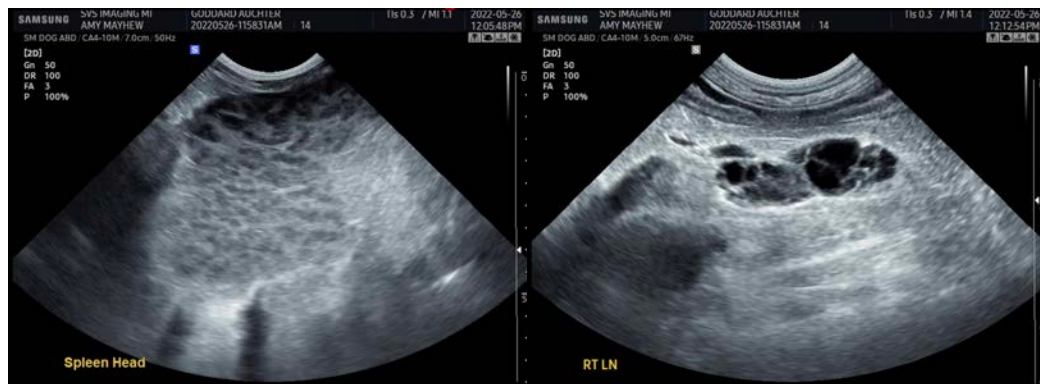
5/26/22

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric lymphadenopathy with infiltrative splenic pattern
- Early gastric infiltrative pattern
- Enlarged right adrenal gland - likely adenoma or hyperplasia.
- Secondary pancreatic inflammation likely owing to the gastric pathology

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Severe splenitis with lymphadenitis possible, yet less likely. Treatment should be based on FNA results. This is not a surgical presentation, given the multicentric infiltrative pattern. Prognosis is guarded depending upon response to therapy. The SDMA elevation may be a combination of both primary renal disease as well as paraneoplastic manifestation. Round cell neoplastic infiltrates suspected.



**IMAGING PERFORMED BY**

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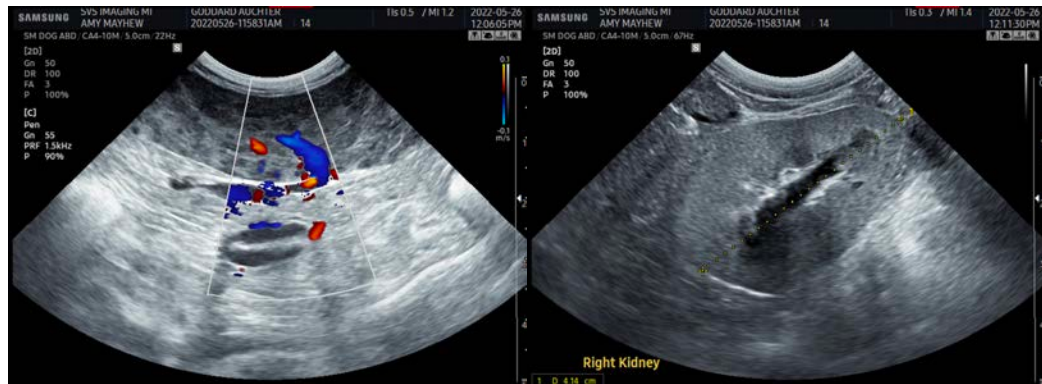
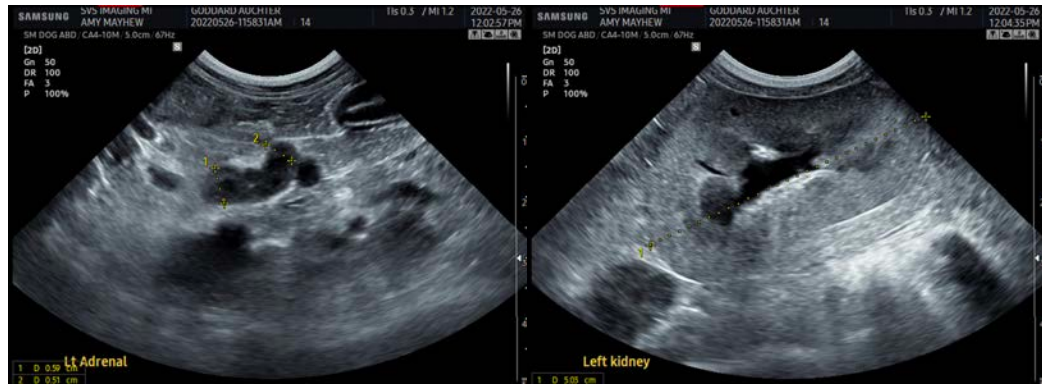
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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