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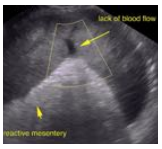
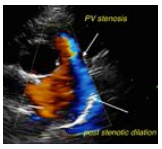
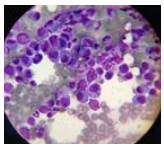
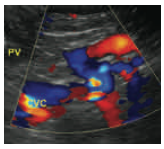

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1-800-838-4268 info@sonopath.com

PATIENT
Aura Atteberry

SPECIES
Canine

BREED
Pug

SEX
Spayed Female

AGE
8 years

WEIGHT
17.5 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ertunc

HOSPITAL NAME
Healing Spirit AH

REFERRING VET
Dr. Ertunc

INVOICE
30778

DATE
5/29/22

PRESENTING CLINICAL SIGNS

2 week history of vomiting, hyporexia-anorexia and lethargy. Occasional diarrhea.
Abnormal PE/Chem/CBC/UA Results: PE- Moderately dehydrated. CBC: WBC (6-17), Neut= 22.9 (3-12), RBC= 5.4 (5.5-8.5) Hgb= 11.1 (12-18), HCT= 38%, MCHC= 29 (31-39), MPV= 14.9 (3.9-11.1), PLT= 202 (165-500), other values WNL. Chem: Albumin= 1.7 (2.5-4.4), ALP= 523 (20-150), ALT= 191 (10-118), BUN= 37 (7-25), Cre= 1.5 (0.3-1.4), TP= 3.9 (5.4-8.2), Glob= 2.3 (2.3-5.2) T4= 0.8 (1.1-4.0), otherwise WNL. cPL2= 336 (200-400 in suspected range) ng/mL

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed swollen, irregular contour with isoechoic, nodular cortical changes. Pelvic calculus was noted and measured 1.3 cm with corticomedullary definition. A hypoechoic nodule was noted in the dorsal cortex of the right kidney.

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. The right adrenal gland measured 1.86 x 0.62 cm at the caudal pole and 0.53 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder debris was noted with calculi.

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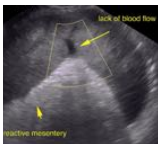
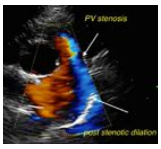
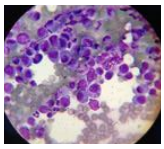
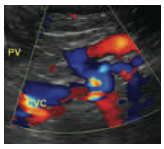

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Gastrointestinal

Variable **gastrointestinal** thickening was noted with some areas of loss of detail and mucosal fogging. The mesenteric lymph nodes are enlarged and measured up to 1.5 x 1.0 cm. Epigastric lymph node was enlarged and measured 1.5 x 1.0 cm.

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

Free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

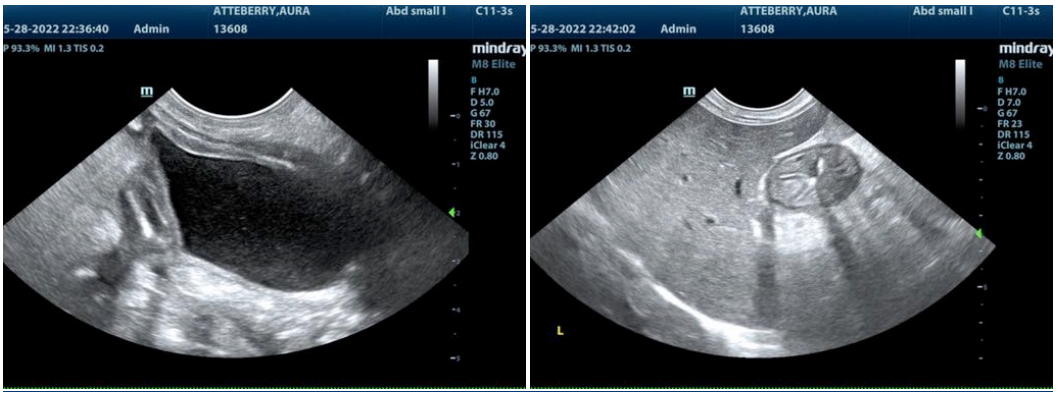
Infiltrative renal pattern with free fluid.

Mesenteric lymphadenopathy.

Gallbladder debris and calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia. Ultrasound-guided FNA is indicated. Concurrent protein losing enteropathy or protein losing nephropathy is possible. Coagulation panel and 25-gauge FNA of either kidney is recommended. Areas of loss of mural detail was noted in the small intestine. This is strongly suggestive for multi-centric round cell neoplasia involving the kidneys, intestine and likely lymph nodes. The prognosis is guarded to poor depending upon eventual responsiveness to chemotherapy.



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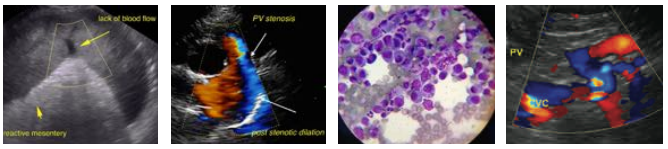

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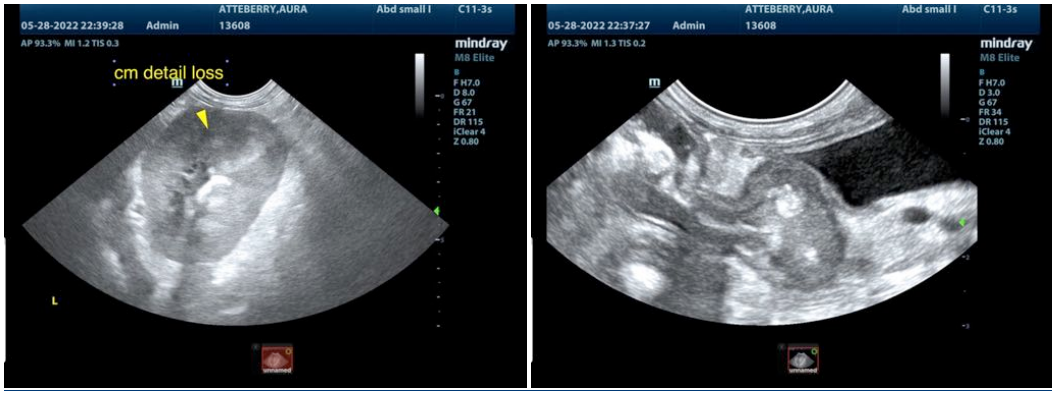

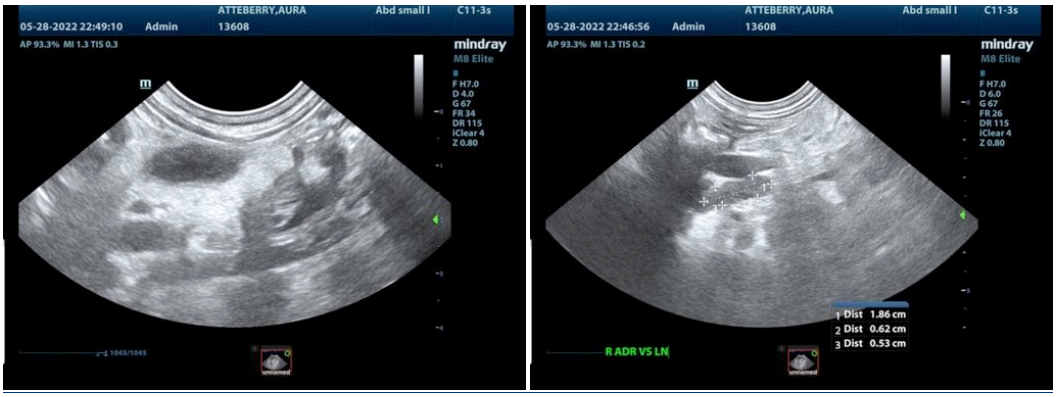

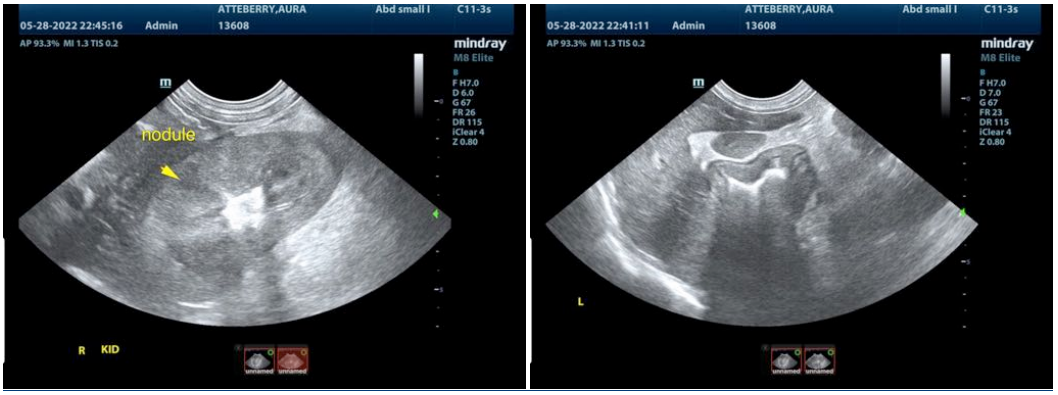

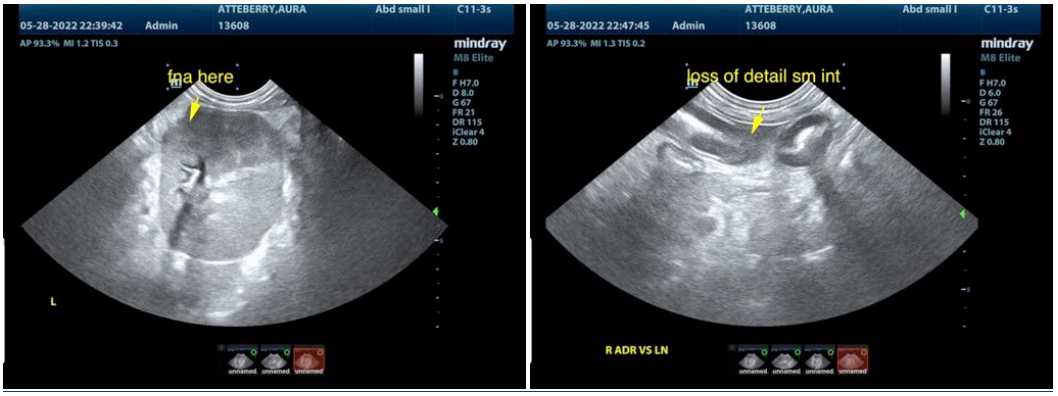

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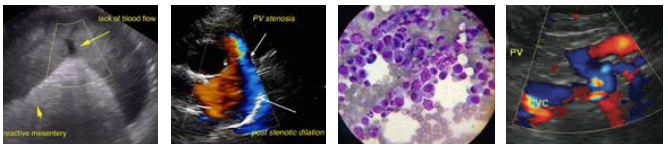

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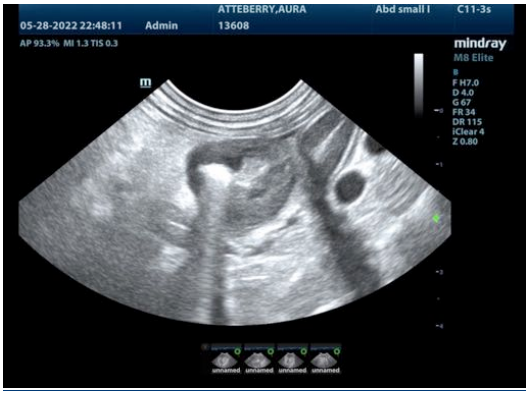

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com