



**PATIENT**

Buddy Sponable

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

3.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Garnder

**INVOICE**

30806

**DATE**

5/31/22

**PRESENTING CLINICAL SIGNS**

History: For the last 2 month has noticed diarrhea (black), decrease appetite (progressive) and weight loss. Patient presented for an abdominal ultrasound.  
Abnormal PE/Chem/CBC/UA Results: BW performed which showed mildly decreased alb and mildly increased WBC per pDVM (did not receive BW).

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.5 cm.

**Adrenal Glands**

Both **adrenal glands** were uniformly swollen possibly owing to stress or underlying PDH/Cushing's. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.

**Spleen**

The **spleen** revealed a parenchymal mass that measured 2.5 cm. The mass was deriving from the caudal pole with swollen, irregular contour and enhanced mesentery was noted around the remainder of the spleen.

**Liver**

The **liver** revealed increased portal markings with undulating contour. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**Gastrointestinal**

The gastric wall was also thickened and measured up to 0.9 cm with areas of loss of mural detail. The small intestine was slightly thickened without loss of detail. The colonic wall was slightly thickened with minor soft stool. Multi-focal, hypoechoic midabdominal lymph node enlargement was noted with reactive mesentery. The largest lymph node measured up to 2.5 x 1.0 cm encompassing the mesenteric artery. Regional free fluid was noted around the lymph node grouping.



**PATIENT**

**Pancreas**

Buddy Sponable

The **pancreas** was hypoechoic and irregular with undulating contour.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

Aggressive, multi-focal lymphadenopathy with splenic mass.

**BREED**

Chihuahua Mix

Infiltrative hepatic pattern.

Early infiltrative gastric pattern.

Concurrent pancreatitis.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the splenic mass, mesenteric lymph nodes and liver are all indicated with immediate chemotherapeutic intervention. Paraneoplastic protein losing enteropathy is likely.

**AGE**

13 years

**WEIGHT**

3.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

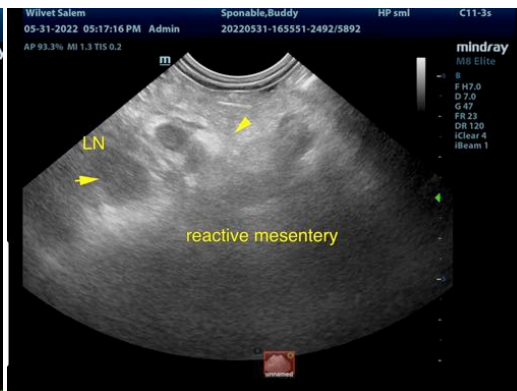
Dr. Garnder

**INVOICE**

30806

**DATE**

5/31/22





**PATIENT**

Buddy Sponable

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

3.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

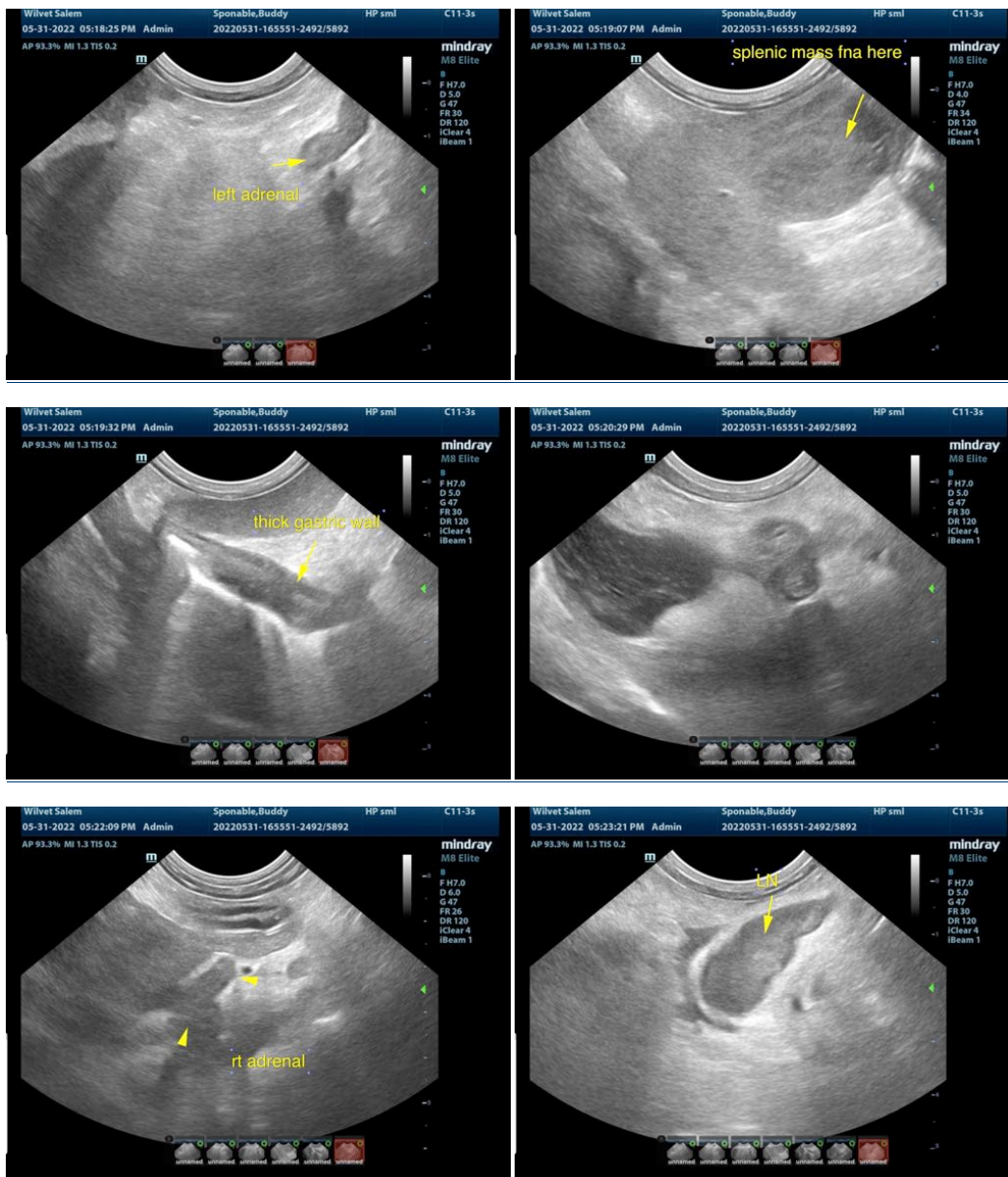
Dr. Garnder

**INVOICE**

30806

**DATE**

5/31/22



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