

**PATIENT**

Onyx Fisher

SPECIES

Canine

BREED

Cane Corso

SEX

Neutered Male

AGE

3 year

WEIGHT

99 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Pinecrest AH

INVOICE

30817

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Vomiting, not Eating, lethargy, progressive weight loss, foreign body ingestion in march potentially, persistent fever, lameness

Abnormal PE/Chem/CBC/UA Results: Fever, Inflammatory leukogram, high amylase

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 7.46 cm. The left kidney measured 7.17 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. The left adrenal gland measured 0.45 cm at the cranial pole and 0.46 cm at the caudal 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** revealed slight, heterogenous, hypoechoic nodular changes with ill-defined margins measuring up to 2.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

Minor excessive gas was noted with no evidence of foreign body. The upper duodenum revealed an overt intestinal mass measuring up to 6.0 cm. A cluster of undifferentiated masses were noted around the stomach and pyloric outflow. Regional inflammation was noted.



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Pancreas

Regional inflammation was noted in the pancreas secondary to the gastrointestinal and lymphatic pathology.

Free Abdomen

An undifferentiated cranial abdominal mass was noted and measured up to 4.6 cm.

ULTRASONOGRAPHIC FINDINGS

Lymph node and gastric masses, non-resectable.

Secondary pancreatic inflammation.

Round cell neoplasia pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is indicated for further definition and chemotherapeutic intervention. This is particularly aggressive and undifferentiated.

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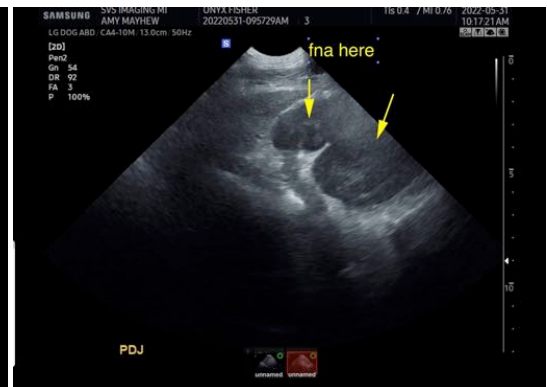
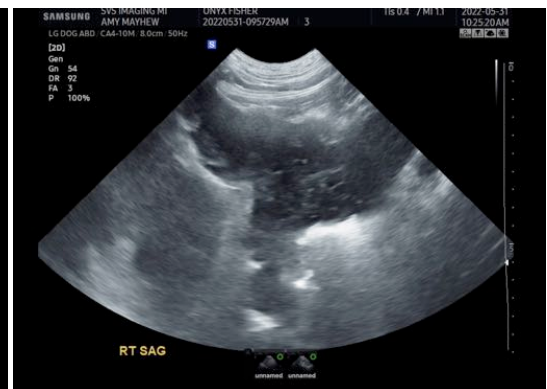
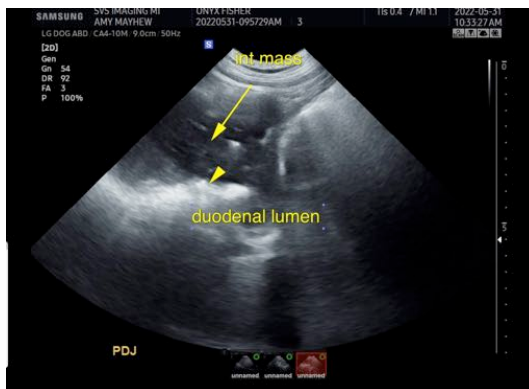
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svsimagingmi@gmail.com



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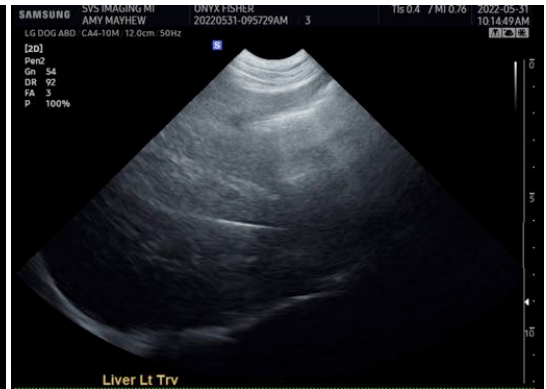
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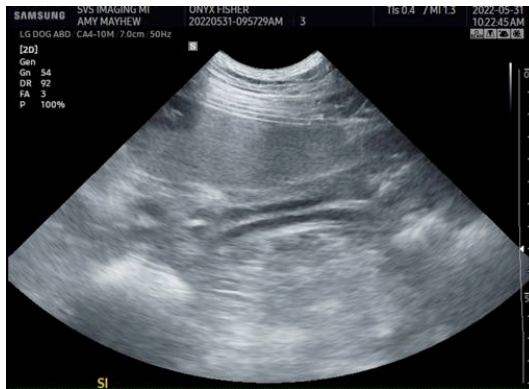
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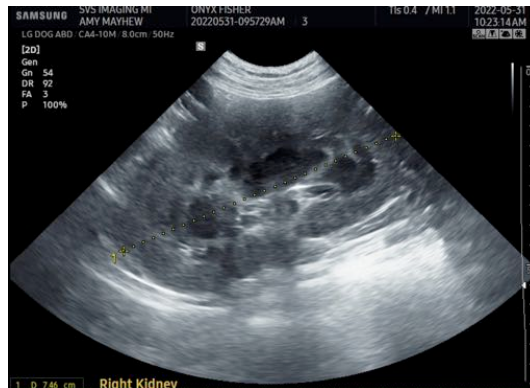
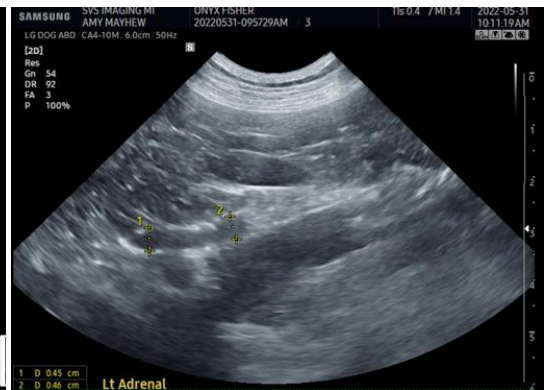
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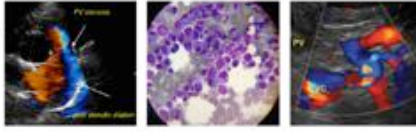
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric.Lindquist@SonoPath.com

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