



PATIENT

Raven Boix

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

87 Pounds

WEIGHT

8 Years 8 Months

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Robb Murphie

HOSPITAL NAME

Godspeed AC

REFERRING VET

Dr. Robb Murphie

INVOICE

47260

DATE

5/9/23

PRESENTING CLINICAL SIGNS

Had been chewing legs and having arthritis issues, and a cyst was noted on an exam on 3/31/23. Placed on carprofen. Presented again on 4/25/23 for a rash on abdomen, and bruising noted along left side of caudoventral abdomen, last mammary gland. Bruise also noted along left axillary region. Bloodwork noted a HCT of 38%, platelets at 61,000, but clumps noted, nRBC's and polychromasia noted, and total bilirubin at 0.9. 3 view rads noted possible mass effect in mid-abdomen. Placed on 25 mg prednisone BID and 400 mg doxycycline SID. For the past few weeks, owner noticed left shoulder/proximal humerus region getting quite swollen, about twice the size of the right shoulder, so went to the ER last weekend, and continued current rx. I first saw her last Friday for continued left forelimb lameness and swelling, and noted that her left shoulder is about 1 and 1/2 the size of her right. FNA difficult since it is more general swelling, and not really a mass. Saw some lipid and red cells, and muscle on inhouse cytology, but not a pathologist. See repeat inhouse labwork below, about the same as before, but bilirubin a little higher. Repeat rads, and left shoulder region soft tissue swelling, about twice the size of right shoulder. I can argue that possibly small chest nodules, but subjective for us, would need to have reviewed. Performed ultrasound Monday, was sedated with dexdomitor at 0.5 ml and butorphanol at 0.4 ml.

Abnormal PE/Chem/CBC/UA Results: Last Friday, HCT stable at 38%, total bilirubin a little higher at 1.3 I believe. Platelets higher. Neutrophils higher, but on prednisone.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 7.27 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 3.14 cm x 0.52 cm at the caudal pole and 0.39 cm at the cranial pole.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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 were noted.



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Liver

The **liver** presented uniform enlargement. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

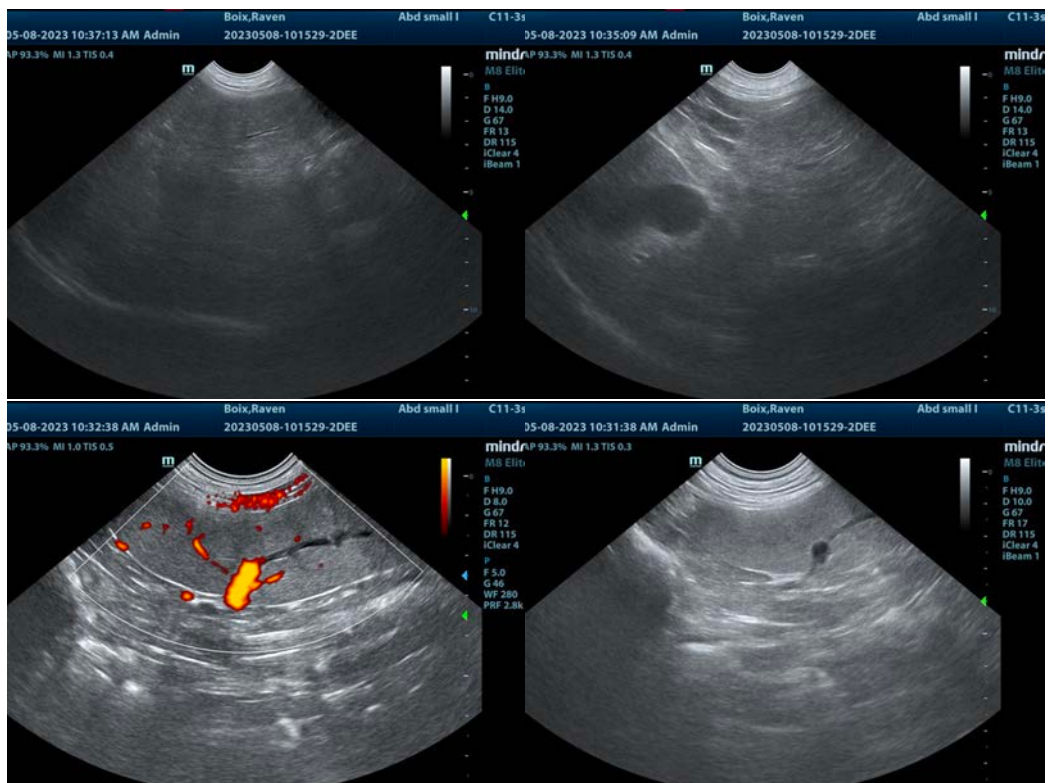
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild benign hepatopathy
- Folded spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic FNA warranted for further definition if bilirubin persists. However, low-grade hemolytic disease may be an issue, or potential sampling artifact regarding the bilirubin elevations.





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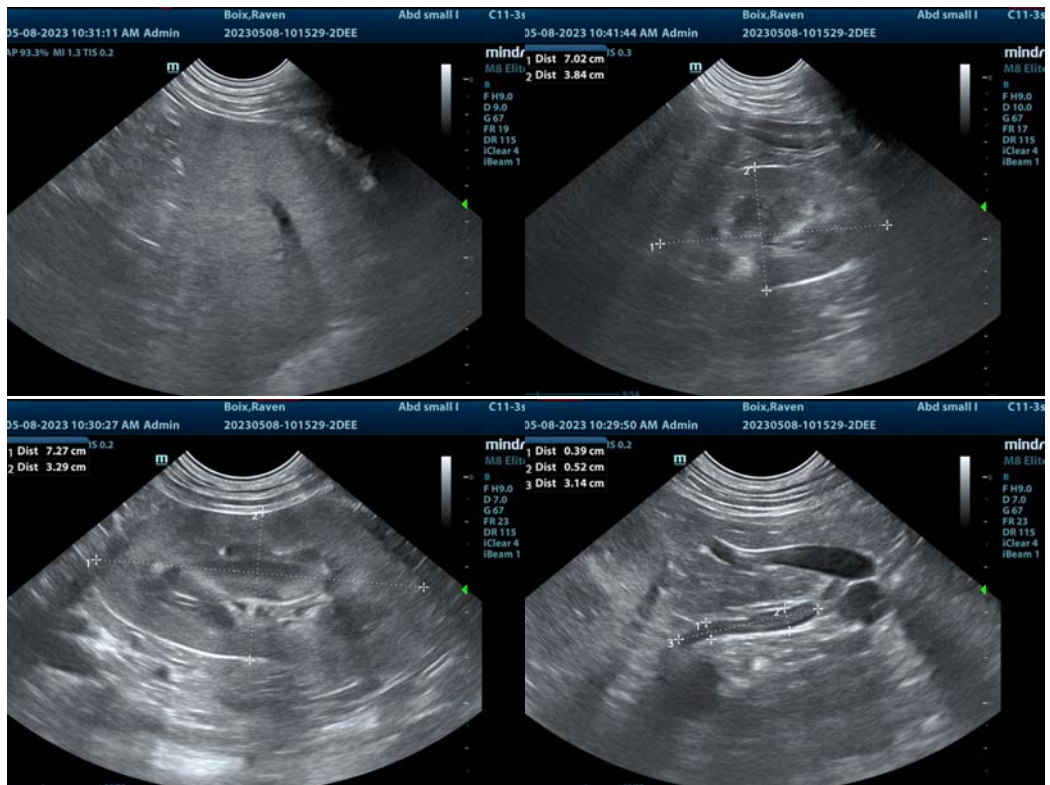
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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