



PATIENT

Sacha Otero

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

18.10 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julissa Diaz

HOSPITAL NAME

Centro Veterinario del Norte

REFERRING VET

Dr. Ileana Rivera

INVOICE

38588

DATE

6/10/22

PRESENTING CLINICAL SIGNS

Patient presented by the end of April for being ADR. She was under-weight and had hookworms at that time. Kidney values were slightly elevated and mild anemia was also present. She was treated and send form with medications. She then presented on May 25 for re-evaluation of kidneys and noted in PE pale mucous membranes and decided to do CBC and the anemia has worsen. No other abnormality in physical exam. During that same visit did a slide agglutination and it was positive. Radiographs were taken and no mass/ evidence of neoplasia was observed she was treated as IMHA with prednisone. Couple of days after being on prednisone no improvement was observed and still had agglutination of blood; decided to add azathioprine. Patient has been active at home and eating but still underweight/ cachexic. At that time patient was referred to internist, but appointment is by the end of July. Today (6/10/22) after increasing dose of prednisone (owner was mistakenly underdosing pet) the anemia has worsened and recommended abdominal ultrasound. Suspect neoplasia and that prognosis is poor.

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 3.5 cm. The right kidney measured 3.5 cm. The right kidney measured 3.5 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 0.30 cm.

Spleen

The **spleen** revealed a parenchymal mass measuring approximately 2.0 cm with other nodular changes noted in the spleen.

Liver

The **liver** was enlarged, irregular and nodular. Nodules measured up to 1.0 cm. Generalized hepatomegaly noted. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** revealed shadowing material such as hairball accumulation, measuring approximately 3.0 cm. 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. 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.



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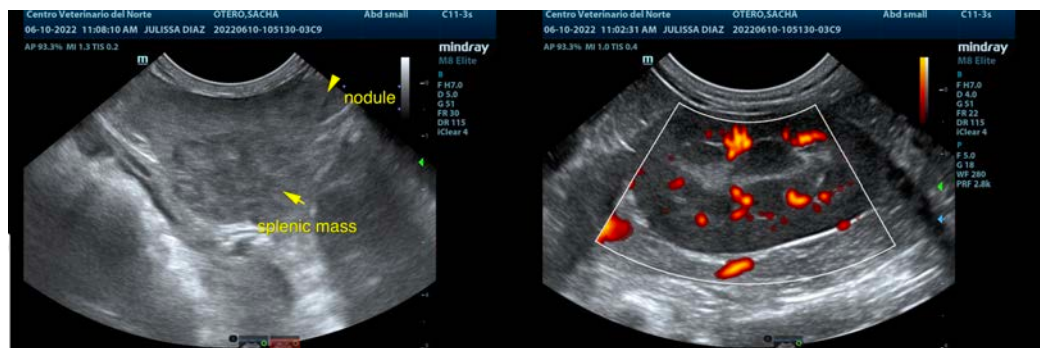
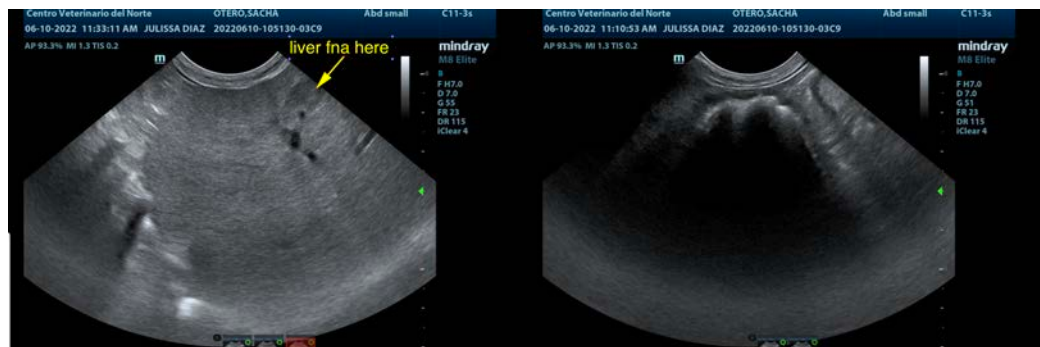
6/10/22

ULTRASONOGRAPHIC FINDINGS

- Splenohepatic infiltrative pattern with splenic mass and nodules, hepatic nodules and hepatomegaly
- Shadowing gastric material – hairball or grass ball suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic and hepatic lesions recommended. The Prednisolone therapy is likely suppressing a more aggressive presentation. However, this presentation is particularly aggressive as is. This is a multicentric process. PCR or PARR evaluation for definitive diagnosis may be necessary. Strongly recommended both splenic and hepatic aspirates for cytological accuracy. Prognosis is guarded to poor.





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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.

SPECIES

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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