



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Birdie Hamilton

SPECIES
Canine

BREED
Labrador Mix

SEX
Female

AGE
10 Years

WEIGHT
38 lbs

History: Patient has had increased thirst and vomiting as well as decrease appetite for past few weeks. Patient had last heat cycle end of May 2023. Owner reports still eating people food and playing in the yard.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, Pale Pink MM, T: 102 CBC: RBC 4.24, HCT 24.4%, HGB 9.0, MCV 57.5, WBC 303.22% NEU 171.34, Bands suspected, LYM 103.33, MONO 23.90, EOS 4.61, PLT 100, MPV 16.8, CBC submitted for path review -CHEM: WNL -SDMA: 23 -TT4: WNL -Flex4: Negative -Rads: No evidence of mets in chest, enlarged spleen, loss of abdominal detail

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 left kidney measured 5.4 cm. The right kidney measured 5.3 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.

Spleen

The **spleen** was significantly enlarged with scalloping contour and surrounding free fluid. Splenic lymphadenopathy was noted. The splenic lymph node was enlarged and measured 2.0 x 1.5 cm.

Liver

The **liver** revealed coarse architecture with increased portal markings and swollen contour. Passive congestion liver pattern. 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

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INVOICE

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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

Splenic infiltrative pattern with secondary ascites and lymphadenopathy, possible hepatic involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver, CBC path review and bone marrow aspirate are all indicated. Lymphocytic leukemia is suspected/lymphoma. The prognosis is extremely guarded. An echocardiogram is recommended as there is mild passive congestion liver pattern that may be contributing to the ascites.

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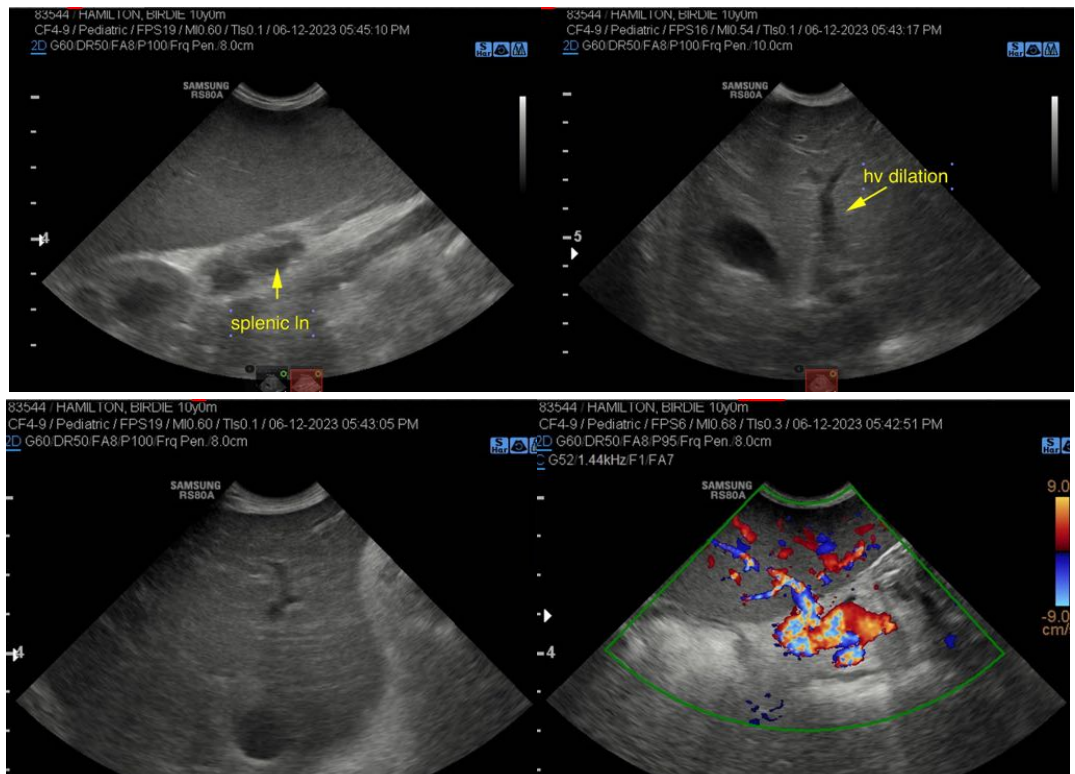
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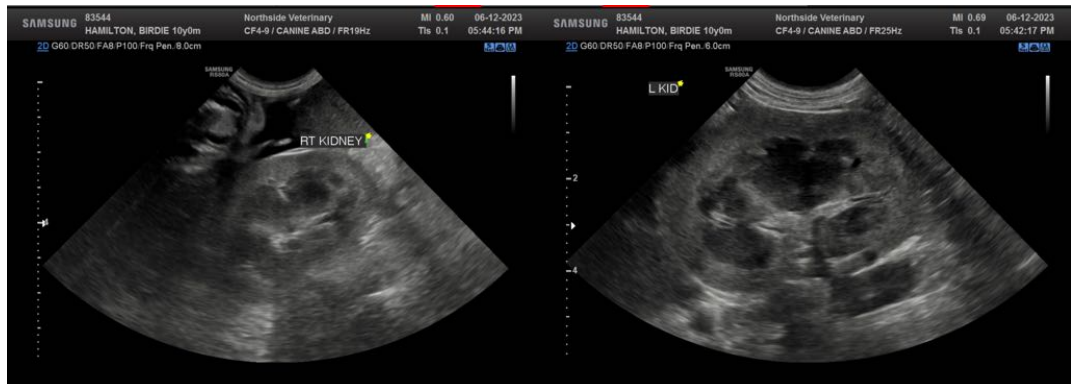
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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