



**PATIENT PRESENTING CLINICAL SIGNS**

Barney Karcher

Dog has history of chronic azotemia on all bloodwork done since he has been our patient since 2013. Owner reported this was known and was told it may be "normal for him". History of multifocal DJD, had TPLO surgery several years ago. Presented in April 2022 for acute onset hyporexia. PE unremarkable at that time except for multiple fluctuant truncal masses. Labwork revealed azotemia. Dog treated with anti-nausea medications and per owner appetite improved and was doing well on follow-up calls. Dog presented for follow-up appointment today. Owner feels overall he is bright and has normal energy, but his appetite has significantly declined, did not in fact rebound after April appointment. Will readily eat most treats or people food but refuses all dog food, which is new for him. No vomiting, diarrhea, cough, or pu/pd. PE: afebrile, 5# wt loss since 4/15, very large fluctuant SQ mass (FNA FAT) R lateral thorax.H/LS wnl. Abd feels doughy, not painful. Primary concern: chronic azotemia, recent weight loss and poor appetite.  
Abnormal PE/Chem/CBC/UA Results: 4/5/22: Labwork revealed azotemia (SDMA 16, creat 2.2, BUN 52) and mild elevation in UPC (0.7), dilute urine, inactive sediment.. 4dx/tick testing all negative. Recheck chem 21, CBC, T4, U/A and UPC are pending.

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered male

**AGE**

11 ½ years

**WEIGHT**

39 kg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 right **kidney** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Areas of mineralization were noted. The **left kidney** was not visualized.

The iliac trifurcation was unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Haley Harasimowicz

**HOSPITAL NAME**

Waterbury VH

**Adrenal Glands**

The **adrenal glands** were not visualized.

**REFERRING VET**

Dr. Crawford

**Spleen**

The **spleen** revealed multiple parenchymal masses that measured up to 3.0 cm. There was no evidence of cavitation. Capsular expansion and disruption of architecture was noted. Multiple, other nodular changes were noted throughout the spleen with disrupted architecture. The nodules in the spleen were target type nodules. This is strongly consistent with a neoplastic event.

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**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not



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clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**Gastrointestinal**

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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.

**SEX**

Neutered male

**Pancreas**

**AGE**

11 ½ years

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.

**WEIGHT**

39 kg

**Free Abdomen**

A cystic renal lymph node was noted and is not pathological. The lymph node measured 2.0 x 1.0 cm in width.

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**ULTRASONOGRAPHIC FINDINGS**

Multi-focal splenic masses.

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Moderate degenerative renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen is warranted. Further imaging of the left kidney and adrenal glands would be ideal. However, 72 hour IV fluid protocol is recommended to correct the azotemia as well as FNA of the splenic nodules would be recommended. I recommend reassessment of the clinical status. The prognosis is guarded. Round cell neoplasia of the spleen is likely. Pronounced nodular hyperplasia or abscessation is possible, hemangiosarcoma is less likely. The prognosis is very guarded.

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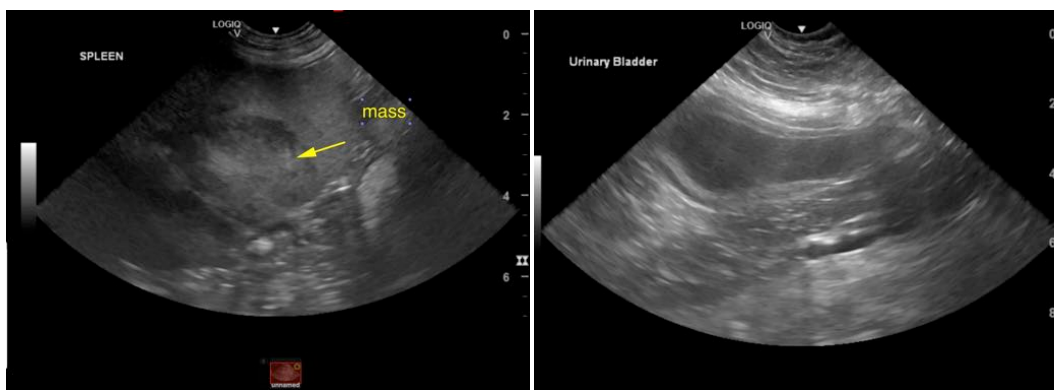
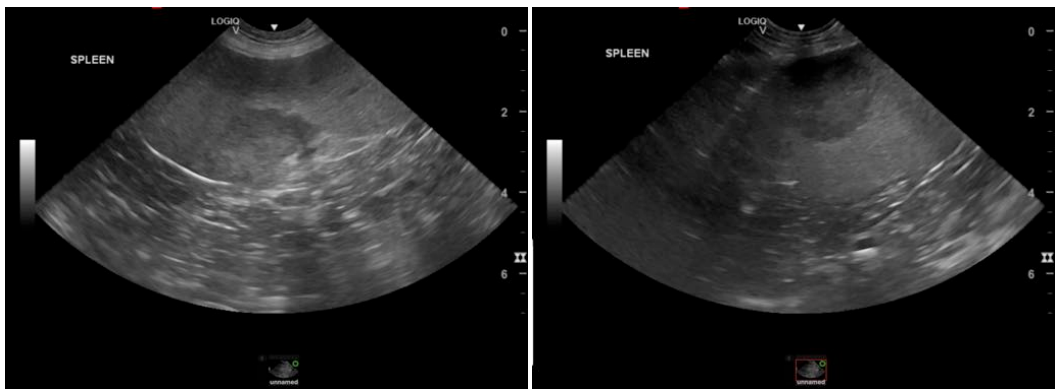
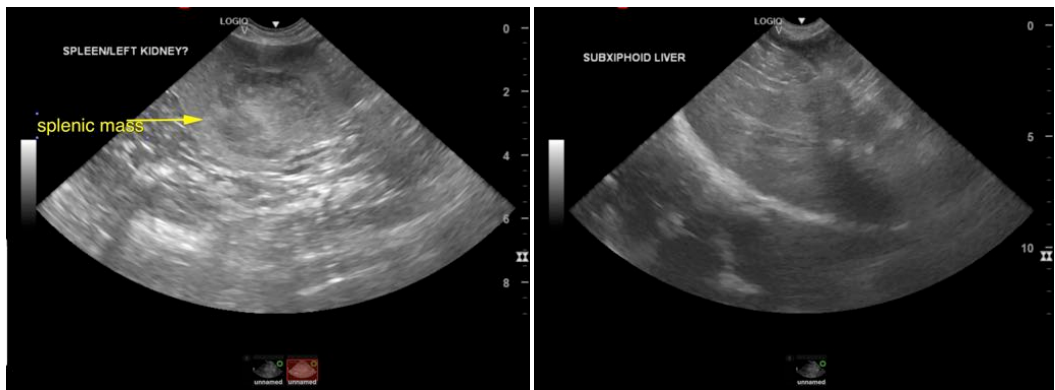
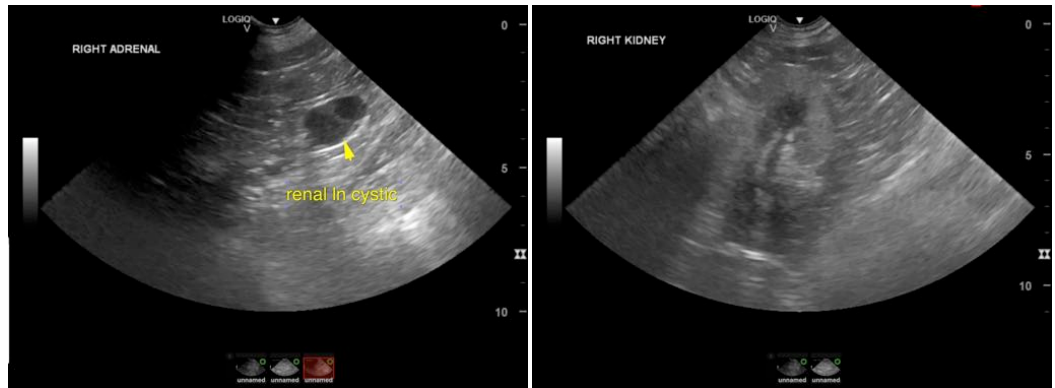
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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