



PATIENT

Kenda Naftzinger

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

8 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

31148

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for bleeding from L side of nose, labored breathing since Friday, not eating well for about a week. Previous Health Concerns: allergies Current Medications/Supplements/OTC: apoquel, cytopoint injection (2-3 weeks ago) Abnormal PE/Chem/CBC/UA Results: Respiratory: mild increase BV sounds bilaterally Abdominal: full/tender Bruising spot on abdomen. Rad- increased patchy / increased interstitial pattern(blood??); abd- NSF CBC: WBC 25.65(H) Neutro 22.84(H) RC 3.38(L) hct 25.5(L) Hgb9.3(L) plat 32k(L) Chem- TP 5.4(L) alb 2.2(L) alp2330(H) EPOC : Lactate 5.32(H) Hct 25%(L) Flex 4- Anaplasma (+); coag elevate aPTT(154)

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 8.8 cm. The left kidney measured 8.1 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 0.5 cm.

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 heterogenous nodular changes in the cranial liver, possible mass effect. The liver was slightly heterogenous with hepatic vein dilation. This is subjectively benign. The cranial liver revealed heterogenous, ill-defined mass that measured 6.0 cm and deviated the diaphragm cranially and the gallbladder caudally. The gallbladder presented acceptably thin walls with primarily anechoic content.



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The cystic and common bile ducts were normal. Hepatic lymph node appeared to be mildly enlarged and rounded measuring 1.0 cm. Transdiaphragmatic view revealed pleural or pericardial effusion.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Pleural effusion.

Left cranial liver mass adjacent to the diaphragm.

Current presentation is likely a paraneoplastic manifestation.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

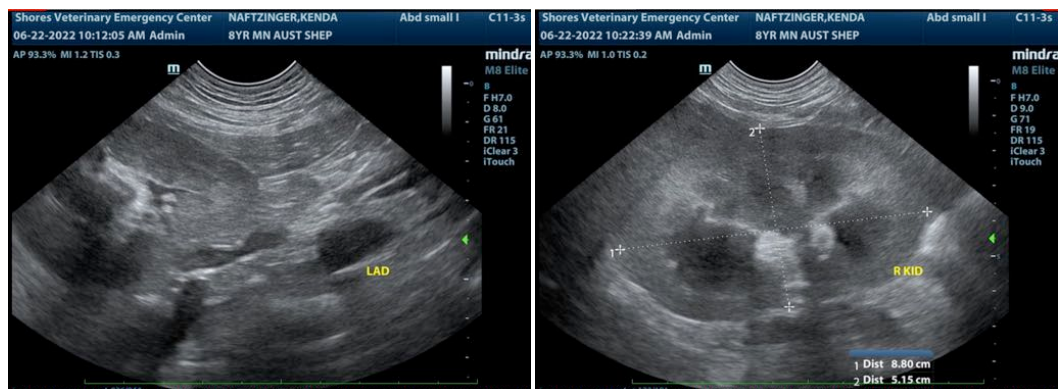
Given the patient's history thoracic neoplasia, lung lobe torsion or other thoracic pathology is suspected that is causing minor passive congestion liver pattern. The liver may be involved in a concurrent neoplastic process given the heterogenous changes.

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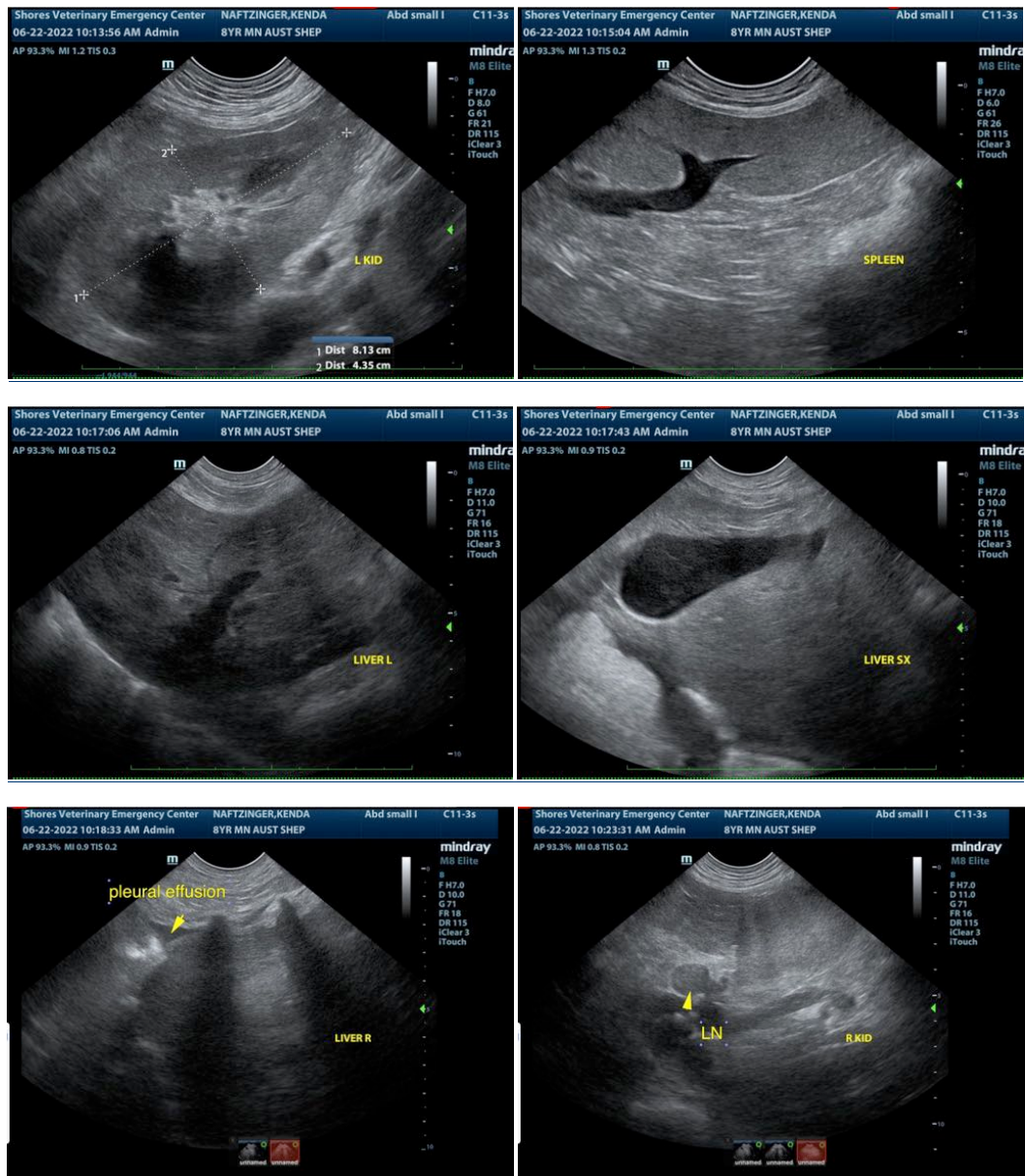
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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