



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Chili Garbutt
History: Presented on ER today for lethargy, increased respiratory effort, V+ once this AM (white foam), hyporexia. Xrays attached
Abnormal PE/Chem/CBC/UA Results: BW-NSF

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Pit Bull

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly.

SEX

Spayed female

This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

7 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

WEIGHT

33 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

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 right adrenal gland measured 0.6 cm.

IMAGING PERFORMED BY

Dallas Reynolds, LVT

Spleen

HOSPITAL NAME

Lone Mountain AH

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

REFERRING VET

Dr. Munoz

Liver

INVOICE

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

DATE

6/22/23



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted with an overt mass. The descending colon appeared to be significantly infiltrated with loss of mural detail and undifferentiated mural proliferative tissue and reactive mesentery. A mesenteric lymph node mass was noted. Lymph node measured up to 4.0 x 2.0 cm; however, the entire mass comprised of a cluster of lymph nodes and regional, inflamed mesentery measuring 6-8 cm.

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

Infiltrative proximal colonic mass and variable intestinal thickening with regional lymphadenopathy. Lymphomatosis type presentation or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph nodes and colonic mass is indicated. There is a potential for splenic involvement. This is not a surgical presentation.





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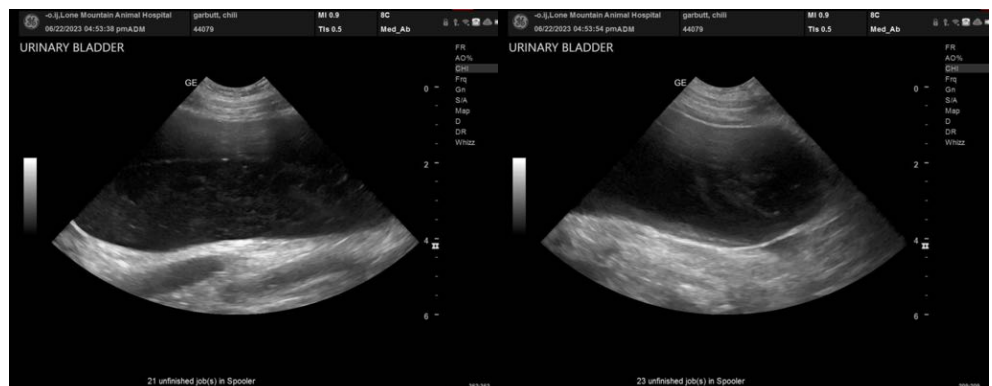
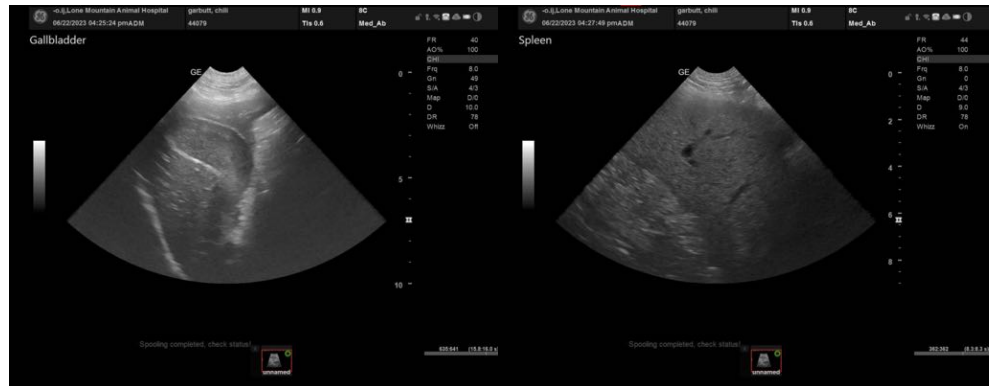
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Pit Bull

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

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