



PATIENT

Shelby Smith

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

17 years

WEIGHT

5.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

31221

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: P presented for D+ on and off. Pet has been on Metronidazole, recently stopped and D+ has returned. P is now weak, lethargic, and anorexia. O notes liver values have been elevated in past. Radiographs done 2 weeks ago at rDVM were unremarkable.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 3.0 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.4 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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** in this patient presented thickened, increased portal markings. A significant amount of remodeling and irregular contour was noted. A minor amount of gallbladder debris was noted with striating bile. There was no evidence of masses or neoplasia. However, significant parenchymal disease is present.



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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa. A distal small intestinal mass was noted in this patient and measured approximately 3.5 cm with loss of structural detail and irregular contour. Enhanced surrounding mesentery was noted. This appears to be jejunal in position. This may be resectable; however, the regional lymph nodes are concerning. Variable intestinal thickening were noted elsewhere. Reactive mesentery was noted around the intestinal mass. The mesenteric lymph nodes were mildly enlarged and reactive.

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Pancreas

Regional **pancreatic** inflammation was noted primarily at the caudal limbs.

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ULTRASONOGRAPHIC FINDINGS

Variable intestinal thickening with an overt mass. Intestinal lymphoma, carcinoma, leiomyosarcoma and complicated inflammatory bowel with festering inflammation and reactive lymph nodes are all possible.

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Diffuse hepatic disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for intestinal neoplasia. Complicated inflammatory/granulomatous disease that meets neoplastic criteria is technically possible, yet less likely. The hepatic disease is consistent with chronic inflammatory hepatopathy, likely a comorbidity. Surgical exploratory can be considered; however, a large portion of small intestine would need to be resected as well as obtain hepatic biopsies. Micrometastasis is a strong potential in this case. The prognosis is extremely guarded. Chest radiographs are warranted for further intervention to assess for metastatic disease.

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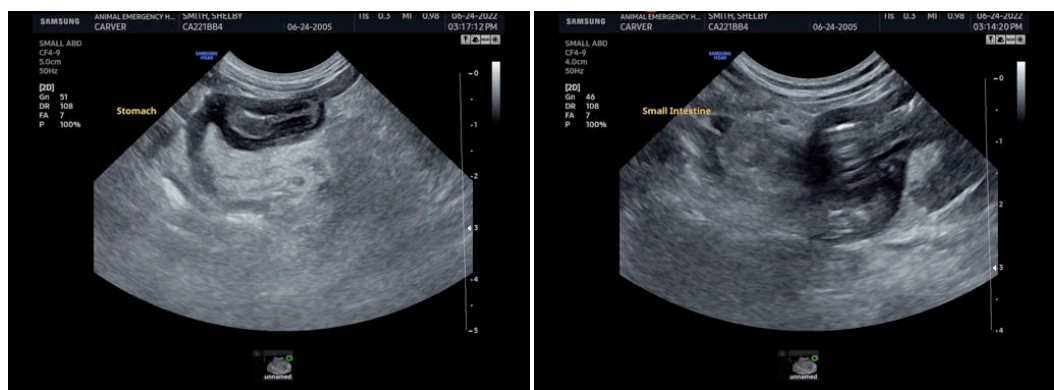
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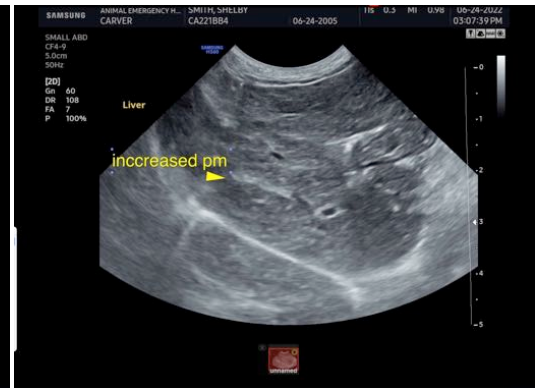
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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